

Kings Corner Surgery

Quality Report

Kings Corner Surgery
Kings Road
Sunninghill
Ascot
Berkshire
SL5 0AE

Tel: 01344 623181

Website: www.kingscornersurgery.co.uk

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Requires improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We undertook a comprehensive inspection of Kings Corner Surgery on the 9 October 2014. Overall we have rated the practice as good. We found the effective domain was rated as requires improvement and the safe, caring, responsive and well led domains were rated as good.

Our key findings were as follows:

Patient feedback was positive. Patients told us that staff are very understanding and supportive. They said all staff treated them with respect and dignity. The practice results for the national GP patient survey 2013 were higher than the clinical commissioning group (CCG) and national average. The 2014 GP patient survey showed 96% of patients had confidence and trust in the GP they saw or spoke with and 83% of patients said they had confidence in the last nurse saw or spoke with. Ninety three per cent of patients rated their overall experience of this practice as good.

We found the service was responsive to patient's needs. The needs of the practice population were understood and systems were in place to address identified needs.

Patients benefited from a stable staff team, which enabled good continuity of care and accessibility to appointments with a GP of choice. A range of clinics and services were offered to patients, which included antenatal clinics and travel clinics.

The practice MUST

- Ensure systems are in place for clinical staff to document safety advice and potential risks to patients in patient records.

There were also areas of the practice where the provider needs to make improvements

Importantly, the provider should:

- Ensure all relevant policies and procedures are adapted to the practice and a system is put in place to review these regularly.
- Ensure areas of improvements identified in infection control audits are actioned.
- Ensure an updated Disclosure and Barring Service (DBS) risk assessment is completed and all relevant staff have a DBS check undertaken.

Professor Steve Field CBE FRCP FFPH FRCGP

Summary of findings

Chief Inspector of General Practice

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 good for safe. The practice had a system in place to manage alerts safety alerts. The practice had a system in place for reporting, recording and monitoring significant events. Staff had access safeguarding policies and procedures. A safeguarding lead had been appointed who had undertaken appropriate safeguarding training. Safe medicines management systems were in place and the practice had systems and procedures to deal with emergencies. However, we noted that Disclosure and Barring Checks (DBS) checks (formally the Criminal Records Bureau (CRB)) were not fully undertaken for all nurses who worked at practice.

Good



Are services effective?

The practice was rated as requires improvement for effective. All the GPs and nursing staff had access to National Institute for Health Care Excellence (NICE) guidelines. The senior partner told us new NICE guidelines were disseminated and the implications for the practice's performance and patient were discussed in team meetings. The practice routinely collects information about patients care and outcomes. Training and professional development was in place. The practice worked well with other services. This included holding monthly multidisciplinary team meetings with community professionals in order to support patients. However, we found safety advice and potential risks to patients was not always documented in patient records

Requires improvement



Are services caring?

The practice is rated as good for caring. Patient feedback was positive. Patients said staff were understanding and supportive. They said all staff treated them with respect and dignity. The 2014 GP patient survey showed 96% of patients had confidence and trust in the GP they saw or spoke with and 83% of patients said they had confidence in the last nurse they saw or spoke with. Ninety three per cent patients rated their overall experience of this practice as good.

Good



Are services responsive to people's needs?

The practice is rated as good for responsive. The needs of the practice population were understood and systems were in place to address identified needs. Patients benefited from a stable staff team, which enabled good continuity of care and accessibility to appointments with a GP of choice. A range of clinics and services were offered to patients, which included antenatal clinics and travel

Good



Summary of findings

clinics. Patients who used the service were given appropriate information and support regarding their care or treatment. The practice has a system in place for handling complaints and concerns.

Are services well-led?

The practice is rated as good for well-led. The practice had a statement of purpose which outlined key values including a delivery of high quality and person centred care and patient involvement in the running of the practice. The practice had number of policies and procedures in place and these were available to staff on the practice computer system. However, we found some policies had not been adapted specifically to the practice. The practice used the Quality and Outcomes Framework (QOF) to measure their performance about patient outcomes. The practice gathered feedback from patients through patient survey, the patient participation group (PPG) and QOF. All staff had regular training and development opportunities. Staff had received regular supervision and appraisal to discuss individual support needed to develop their knowledge and skills. The practice had number of policies and procedures in place and these were available to staff electronically.

Good



Summary of findings

What people who use the service say

We spoke with 14 patients on the day of the inspection and received feedback from 49 patients through comment cards. Generally the patients we spoke with were complimentary of the service they received from the practice. Feedback for about the GPs, nursing, administration and reception staff was positive. For example, patients described staff as courteous, professional, caring, accommodating and considerate. Patients were satisfied with the appointment system and told us they were seen on the same day if an emergency appointment was required. One patient told us it was sometimes difficult to get through to speak to staff in the morning. Another patient who had been with the practice for over 30 years, and had used the practice frequently

told us they always found the staff to be professional and caring. Patients said the practice was clean, hygienic and safe. Patients told us staff treated them with respect, dignity and their privacy was preserved. Patients explained that they felt involved and GPs and nursing staff always kept them informed about their health. Patients commented the practice was well led. Some patients commented that they had not been asked for feedback about the practice.

In the 2014 GP patient survey, 93% of patients rated their overall experience of this practice as good. Eighty nine per cent of patients said they would recommend this practice to someone new to the area.

Areas for improvement

Action the service **MUST** take to improve

- Ensure systems are in place for clinical staff to document safety advice and potential risks to patients in patient records.

Action the service **SHOULD** take to improve

- Ensure all relevant policies and procedures are adapted to the practice and a system is put in place to review these regularly.

- Ensure areas of improvements identified in infection control audits are actioned or risk assessed where changes are not possible due to building or financial restraints.
- Ensure an updated Disclosure and Barring Service (DBS) risk assessment is completed and all relevant staff have a DBS check undertaken

Kings Corner Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, and a GP specialist advisor. The team included a nurse specialist advisor, a practice manager and an expert by experience. Experts by experience are members of the team who have received care and experienced treatment from similar services.

Background to Kings Corner Surgery

Kings Corner Surgery has been established for over 100 years. The practice has been using the current purpose built premises for 28 years and is located in the semi-rural village of Sunninghill in Ascot, Berkshire. The practice occupies a two storey building, which comprises of eight consulting rooms and administrative office space.

The practice provides medical services to local colleges and schools. The practice has approximately 7250 registered patients, with low deprivation scores. The practice serves population which is one of the more affluent areas of England.

Care and treatment is delivered by a number of GPs and practice nurses. There is two male and two female GPs working at the practice. In addition, the practice is supported by the district nurses, midwives and health visitors. Outside normal practice hours patients were able to access emergency care from an Out of Hours (OOH) provider. The practice has a General Medical Services (GMS) contract.

The practice provides services from:

Kings Corner Surgery

Kings Road

Sunninghill

Ascot

Berkshire

SL5 0AE

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. 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. This provider had not been inspected before and that was why we included them.

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

How we carried out this inspection

Prior to the inspection, we reviewed wide range of intelligence we hold about the practice. Organisations such as local Healthwatch, NHS England and the local clinical commissioning group (CCG) provided us with any information they had. We carried out an announced visit on the 9 October 2014. During our visit we spoke with practice

Detailed findings

staff, which included GPs, nurses, and the administration team. We spoke with 14 patients who used the service and reviewed 49 completed patient comment cards. We observed interactions between patients and staff in the waiting and reception area and in the office where staff received incoming calls. We reviewed policies and procedures the practice had in place.

To get to the heart of patients experiences of care, we always ask the following five questions of every service and provider:

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care.
- People experiencing a mental health problems

Are services safe?

Our findings

Safe track record

The practice had a system to manage safety alerts. All safety alerts were received via email, which were then passed to the GP partners for them to be actioned. The senior partner told us safety alerts were discussed in the weekly clinic meetings, and information was shared with all GPs and nursing staff. The practice had not raised any safeguarding alerts within the last year.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. We saw records of significant events that had occurred during 2013/14. We saw evidence the practice had discussed and analysed all significant events during clinical meetings. Key learning points were shared with staff. Complaints were also discussed during team meetings, and an annual review of all complaints took place to identify trends. There was evidence appropriate learning had taken place and changes had been made in working practices, where necessary.

Reliable safety systems and processes including safeguarding

Staff had access to safeguarding policies and procedures. A safeguarding lead had been appointed and undertaken appropriate safeguarding training. All other staff had received training in safeguarding. Staff we spoke with knew their responsibility regarding information sharing and in the documentation of safeguarding concerns. Staff told us they would discuss safeguarding concerns with GPs or with the practice manager. Patients we spoke with told us they felt safe when attending the practice.

The practice had registers for vulnerable patients, such as children and patients with learning disability. These patients were flagged on the computer system to nurses and GPs. The practice worked with external organisations through multi-disciplinary meetings such as the local social care team to share information about vulnerable children and adults.

A chaperone policy was in place. We saw information about the chaperone service was visible in the waiting room and in consulting rooms. Chaperone training had been undertaken by all nursing staff. Only GPs and nurses

performed chaperone roles. If a GP or nurse was not available as a chaperone, then the patient was rebooked for another appointment. The GPs and nurses explained how they documented that a chaperone had been offered and either accepted or declined by the patient, in their medical record.

Medicines management

The practice had a medicine management policy in place for staff to follow. This included guidance on cold chain requirements, vaccine storage, use and disposal and protocols for dealing with vaccine spillages. Vaccines were stored appropriately in dedicated vaccine fridges. These fridges were subject to daily temperature checks to ensure the vaccines were stored at the correct temperatures. Both hardcopy and electronic fridge temperature logs were made available to us. We found all medicines and vaccines stored were within expiry date and there were appropriate stock levels. The practice did not keep controlled drugs at the practice.

Prescription pads were stored safely and securely. All new prescriptions were signed for and stored in a safe, and only the reception manager had access to this. The practice did not hold large stocks of blank prescriptions because they were not required. All prescriptions were signed by the GP before they issued to the patient. There was a system in place for reviewing repeat prescriptions and we were told that patients who failed to attend for their prescription review were followed up and reminded to attend their review. Reception staff were trained to identify over and under prescribing and if this was spotted then the appropriate GP was informed. One GP told us the practice had not had any prescribing incidents or errors in the last two years.

A member of the nursing team was qualified as an Independent Prescriber and had received regular supervision, mentoring and support in their role.

Cleanliness and infection control

We observed the practice to be clean and tidy. Patients commented that the practice was always clean and hygienic. We saw medical instruments such as ear syringing equipment were cleaned regularly and there were recorded checks to ensure the equipment was clean. We reviewed the cleaning schedules, and these showed the areas in the

Are services safe?

practice which had been cleaned and when. The practice had a lead for infection control. The lead told us they had received training in infection control. There was an infection control policy and protocols for staff to follow.

We saw evidence of some recent completed infection control audits. We found areas of improvement that had been identified were not actioned. For example, one audit had identified that some of the treatments rooms did not have elbow taps and that the current flooring was not in line with best practice. We saw in the subsequent audit, there was no evidence this had been actioned or risk assessed. We spoke with the infection lead about this who told us this had not been actioned due financial constraints. They told us they had discussed findings of the audit with the management team and had asked for these changes.

Equipment

The practice had access to a defibrillator and oxygen and the equipment was checked and recorded regularly. All equipment calibration was carried by an external organisation. There were records detailing these checks.

New staff were made aware of the location of the fire extinguishers, fire exits and fire alarms during their induction programme. They were also provided with fire procedures and evacuation protocols. A staff member had been trained as a fire warden and was the responsible person for the practice.

Staffing and recruitment

The practice had a comprehensive and up to date recruitment policy in place. We reviewed three personnel files. These included a GP, nurse and administration staff. We found information required by regulation was documented in the staff records. This included an application form or curriculum vitae for each staff member,

references, a recent photo, identity checks and interview notes. We saw evidence that GP and nursing staff professional registrations had been verified. The practice had undertaken a risk assessment on which staff members required Disclosure Barring Service (DBS) checks. This included the three nurses who had not received DBS checks since working at the practice. The practice manager told us application for DBS checks had been made for all three staff; however at time of the inspection the DBS checks had not been completed. The practice had not completed a DBS check on all administration and reception staff, as it was deemed it was not required for their roles.

Monitoring safety and responding to risk

The practice had system to monitor and assess risks. For example, we saw a fire risk assessment dated March 2014. This covered the practice premises, fire hazards, risks to patients and staff and evaluation of the risk. We saw the risk assessment had identified one of the treatment room windows could be used as an emergency exit. Another treatment required a new socket protector for the extension block. We saw evidence these had been actioned.

Arrangements to deal with emergencies and major incidents

The practice had a 'Disaster and Recovery Plan' in place to deal with emergencies that could interrupt the smooth running of the practice. We noted this had not been signed and did not include a review date. The practice had alarm buttons to alert staff in the event of emergencies.

Staff told us they had received training in basic life support. Staff had access to emergency medicines and we found these were within their expiry date.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

All GPs and nursing staff had access to National Institute for Health Care Excellence (NICE) guidelines. The senior partner told us new NICE guidelines were disseminated and the implications for the practice's performance and patient were discussed in team meetings. We saw examples of some new guidelines that had been saved on the computer system. The GPs and nursing staff we spoke with were aware that it was their own responsibility to maintain knowledge and to stay updated regarding new NICE guidance.

We found the practice refers patients appropriately to secondary and other community care services. Referrals were made using the Choose and Book service. The practice had a dedicated staff member who processed all referrals. Routine referrals were sent within 24 hours via the Choose and Book system. Urgent referrals were marked as urgent and were sent via fax on the same day. The CQC specialist GP advisor reviewed two medical records, for patient who had been referred recently. We saw evidence the two week wait referrals were also well managed and had been appropriately dealt with. Patients were informed when being referred and were offered choice of various hospitals and clinics by the referring GP. One patient commented they had recently been referred to a local hospital and that the referral process was dealt with promptly.

The CQC GP specialist advisor reviewed four patient records for patients with high blood pressure (BP), with a GP. We found patients were on appropriate treatment. However, we found safety advice and potential risks to patients was not always documented in patient records. For example, We saw one patient was prescribed a blood thinning medicine, and the patient had been having falls. However, there was no written evidence of discussion with patient regarding risks of blood thinning drugs with falls. We found in another patient's record it had been documented that patients medication compliance was poor. However, there was no written evidence that blood pressure had not been acted upon due to poor compliance. We saw the third patient's BP had not been checked since last year. This patient was house bound. We saw evidence this person had been visited by the

community matron for care planning and the care plan was made available to us. The fourth patient record showed the patient was on appropriate treatment and their care had been planned accordingly.

The CQC GP specialist advisor reviewed three patient records for patients who had been prescribed a blood thinning medicine, and who had been seen by a nurse recently. We saw in two patient records there was no written evidence of the potential risks with such blood thinning medication. We found in the third patient record, there was no documented risk assessment or written evidence to confirm safety net advice had been given to the patient.

We spoke with the GP partner and nurse who told us these discussions did take place and the GP or nurse would discuss potential risks such as falls with the patient, however these were not documented. They told us they would review the current recording template, to ensure systems were in place to record this information and all clinicians would be made aware of this.

Management, monitoring and improving outcomes for people

We found the practice routinely collects and reviews information about patients care and outcomes. The practice used the Quality and Outcomes Framework (QOF) which is a voluntary system for the performance management and payment of GPs in the National Health Service. This enables GP practices to monitor their performance across a range of disease indicators including how they manage medical conditions. The practice achieved 98% on their QOF 2013/14 score compared to a national average of 96%. The practice achieved well on some specific areas including medicine management, sexual health and maternity services.

The practice has a system for completing clinical audit cycles. These included recent audits in areas such as; diabetes, intrauterine device (IUD) fittings, implant fittings and chronic obstructive pulmonary disease (COPD). All of these were incomplete audits, where the second cycle of audit had not been undertaken and reflected on. We were therefore unable to evidence completed audit cycles on the day of inspection. However, some of the GPs told us that clinical audits were discussed in team meetings and learning was shared with staff.

Effective staffing

Are services effective?

(for example, treatment is effective)

The administration and reception staff we spoke with told us they had completed comprehensive induction programmes. This covered reviewing policies and procedures, understanding the clinical system and training specific to their role. Staff told us they shadowed more experienced staff before they were allowed to work on an unsupervised basis.

Training and professional development was in place. All the staff we spoke with told us they were well supported by the practice and their training and development needs appropriate to their roles were being met. GPs were actively involved in professional revalidation. Regular appraisals took place for GPs, nurses, administration and reception staff. The nursing team told us their last appraisal was overdue, however this had been discussed and a plan was in place for these to take place in December 2014. During appraisals staff reviewed their work, set targets and discussed any training needs. The training completed by staff at the Kings Corner Surgery was recorded and this was made available to us. We saw staff had received training in child and adult safeguarding, fire and safety, chaperone, risk management and infection control.

The patients benefited from a stable staff team because staff retention was high. This was supported by staff we spoke with who told us the practice was sufficiently staffed. Staffing levels were frequently reviewed by the practice manager, to ensure they had enough staff members with appropriate skills.

Working with colleagues and other services

The practice worked well with other services. The practice held monthly multidisciplinary team meetings. These were attended by the district nurses, health visitors, palliative care nurses and community matrons. Patients' needs were discussed, to share information and collaborative working system was formed to ensure patients were well supported.

The practice also held regular practice based commissioning (PCB) meetings. PCB is where a group of GP practices come together to form larger groups, known as localities, to discuss the pathways of care and services available to the patients that they treat. Through these meetings the practice was able to offer patients better choice. For example, the practice was able to identify other treatment and care services from hospital sites, which were closer to patients' homes.

The practice provided specialist service. These included minor surgery procedures. The practice is a centre for Chlamydia and HIV testing. These services assisted patients in not having to travel to the secondary care providers.

Information sharing

The practice engaged in multidisciplinary meeting with the Ascot Long Term Conditions (LTC) Cluster, where information was shared for patients with long term conditions. There was liaison with the community cancer nursing teams for end of life care. The practice had strong working relationship with the local authority learning disabilities (LD) team, who regularly attended multidisciplinary meetings held at the practice. The practice used this as forum to share information, and plan patients care with the LD team.

Consent to care and treatment

The practice had a consent policy in place. This provided staff with guidance on gaining consent from patients. We saw the policy had been signed and dated by staff to confirm they had read and understood the policy.

The GPs and nursing staff knew how to access to guidance and information for the Mental Capacity Act 2005, if a need arose. Staff members were aware of local Independent Mental Capacity Advocates (IMCA) and knew how to access their support, if required. One GP we spoke with told us they obtained written consent for minor surgery procedures.

GPs and nursing staff demonstrated a clear understanding of Gillick competency considerations, when dealing with young patients. Gillick competence is used to decide whether a person (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental consent or knowledge.

Health promotion and prevention

A range of literature was accessible in the practice waiting room and on the practice website aimed at supporting health promotion and self-care. For example, the practice website provided information on long term conditions, family health, carers and minor illness. GPs had referred patients to appropriate support groups. The practice manager told us patients were signposted to services for counselling patients who misuse alcohol and drugs. In addition, the practice signposted patients to other local services, such as dental services and local hospitals.

Are services effective?

(for example, treatment is effective)

The GPs and nurse we spoke with told us they promoted health information through consultations. This was done by providing leaflets or providing information from the internet.

The practice offers a full range of immunisations for children. The local commissioning plan includes increasing the take up of childhood immunisations to above 90%. The practice had exceeded this target over the last year.

Flu vaccination is offered to all over the age of 65, those in at risk groups and pregnant women.

Shingles vaccination is offered according to National guidance to older people. The practice also offers full travel vaccination service including yellow fever.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients completed Care Quality Commission comment cards to provide us with feedback about the practice. We received 49 completed comment cards. The feedback was positive. Patients said staff very understanding and supportive. They said all staff treated them with respect and dignity. Similarly patient we spoke with on the day of our visit were very complimentary of the practice. Patients described the practice as organised, very well led and efficient. We observed how patients and staff interacted during the inspection and found this to be caring, positive and friendly. Staff members were committed to delivering quality treatment and care.

Patients told us that all consultations and treatments were carried out in purpose built consultation rooms with appropriate couch for examination and curtains to protect privacy and dignity. We noted treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. All computers were password protected and we saw each time a staff member moved away from their screen they had locked the computer. This helped to ensure confidential information was protected. We observed staff were careful to follow the practice's confidentiality policy when discussing patient's treatment in order that confidential information was kept private.

The 2014 GP patient survey for this practice received approximately 117 responses. Sixty seven per cent of patients were satisfied with level of privacy when speaking to receptionist at the practice and 93% patients rated their overall experience of this practice as good. Ninety six per cent of patients said they had confidence and trust in the GP they saw or spoke with and 83% of patients said they had confidence in the last nurse saw or spoke with. Ninety one per cent of patients said they found the receptionists at the practice helpful and 90% patients said they GP they saw was good at treating them with care and concern.

There was information on the practice leaflet and website stating the practice's zero tolerance for abusive behaviour.

Care planning and involvement in decisions about care and treatment

Patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and rated the practice well in these areas. For example, data from 2014 GP survey showed 90% of patients said the GP they saw or spoke with was good at listening to them. Eighty per cent of patients said the last GP they saw or spoke with was good at involving them in decisions about their care. Eighty eight per cent of patients were satisfied with the time their GP gave them and 90% of patients said the GP was good at explaining tests and treatment.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. Patient told us they were very well supported by the GPs and nursing staff. Patients said they have enough time during consultations to ask questions about their treatment and had sufficient time to make an informed decision about the choice of treatment they wished to receive.

Patient/carer support to cope emotionally with care and treatment

Patients we spoke with told us they were well supported by the practice staff. GPs and nursing staff told us for they did not have access to a language line, for patients who did not speak English as a first language. They said it was rare that this service was required. The senior partner told us, if there was ever a need for this they would contact the local clinical commissioning group for support.

We saw there was a variety of health topics information in leaflet form for patients to take away near the waiting and reception area. The GPs and nursing staff we spoke with told us they would provide printouts of relevant information. We saw there was information available for carers on the practice website and in the waiting area, which signposted to them various support organisations.

The practice nurse told us families who had suffered bereavement were given a condolence card. This was then followed up by call from their GP and a face to face appointment would be offered, if required. We saw there was information on bereavement support services, on the practice website. However, we noted there was no such information in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The needs of the practice population were understood and systems were in place to address identified needs. The practice used the risks stratification tool, which enabled them to profile patients by allocating a risk score dependent on the complexity of their disease type or comorbidities.

Patients benefited from a stable staff team, which enabled good continuity of care and accessibility to appointments with a GP of choice. All patients needing to be seen urgently were offered same-day appointments and there was an effective triage system in place. This was supported by the patients we spoke with.

A range of clinics and services were offered to patients, which included antenatal clinics and travel clinics. The practice offers other general medical services; such as family planning and minor surgery. The practice runs regular nurse led clinics for long-term conditions. These included diabetes and Chronic Obstructive Pulmonary Disease (COPD) clinics. Longer appointments were available for patients if required.

The practice also carried out specialist work. This included specific diagnostic procedures such as phlebotomy, micro-biology samples and biopsies, which were taken off site for analysis. Specific screening programmes, for example cervical screening were also offered to patients. The practice also provided support for HIV and Chlamydia testing.

Alternative systems were introduced to allow all patients who were unable to attend the practice due to work commitments to book appointments and order their prescriptions online. The practice also had an electronic prescribing service. One patient described the online appointment as progressive and efficient. The practice offered home visits to all patients who were unable to visit the practice. This ensured older patients and patients in vulnerable circumstances were able to access medical care and treatment.

Tackling inequity and promoting equality

Patients with limited mobility were seen on the ground floor consulting rooms. The practice had an automatic

door with a push button to assist entry. We saw there was a doorbell for patients who required additional help to enter the building. Adapted toilet and washroom facilities were available for patients with disabilities.

Some staff had completed training in Equality and Diversity.

Access to the service

Patients we spoke with were satisfied with the appointment system and said it was easy to get an appointment. Patients said the appointment system was responsive to their needs. One patient, who had recently been diagnosed with diabetes, commented they had regularly seen the practice nurse for this, and always got an appointment when needed. Another patient said sometimes it was difficult to get through to reception staff in the morning, but this was uncommon and not a norm.

The practice website and leaflet outlined how patients could book appointments. They were able to do this in person, by telephone or online. The practice also offered extended hours such as morning and evening appointments. Appointments were available in a variety of formats including pre-bookable appointments, a telephone triage system, on the day and emergency appointments. This ensured patients were able to access medical care and support when they needed to.

The GP national survey 2014 showed 94% of patients were able to get an appointment that was convenient for them. Ninety three per cent of patients were able to get an appointment to see or speak to someone the last time they tried. Seventy seven per cent of patients were satisfied with the practice opening hours and 81% rated their experience of making an appointment as good.

Patients who used the service were given appropriate information and support regarding their care or treatment. The practice website and leaflet provided information to patients about opening hours and the service the practice offered. There was also information on the GPs, nurses, administration and reception team and how to make an appointment. We saw information was provided to patients advising them where they could seek medical assistance when the practice was closed. Information leaflets on self-care were available at the practice giving patients other options on who to contact for medical advice.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice.

The practice had a complaints procedure. All complaints were records in a log and this was made available to us. We saw evidence all complaints had been acknowledged, were fully investigated and resolved, where possible, to patient's satisfaction.

Information on how to make a complaint was provided on the practice website and practice leaflet. Reception staff told us if patients wanted to make a complaint, a face to face meeting was offered with the practice manager or the relevant GP or nursing staff. One patient commented they had been with the practice for over 50 years and had not had any reason to complain.

Are services well-led?

(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 statement of purpose which outlined key values including a delivery of high quality and person centred care and patient involvement in the running of the practice. The practice did not have a long term strategic planning approach. Patients benefitted from a stable team because staff retention was high. All GP partners offered diverse experience, expertise and skills set. The practice had not experienced any recruitment issues recently and there were no planned retirements for any of the GPs and nursing team, in the next three to four years.

The registered manager told us the practice had a development plan in place and this had been discussed and shared with all staff during a team meeting. The development plan was not made available to us. The practice's strategic plan was to work collaboratively with other local practices and the clinical commissioning group to ensure practice was delivering high quality care and promote good outcomes for patients. GP partners were currently considering about the practice opening seven days a week. We saw evidence this had been discussed with the patient participation group (PPG). The management team was in the process of developing a plan to meet these demands.

Governance arrangements

The practice had number of policies and procedures in place and these were available to staff on the practice computer system. These included policies, in safeguarding, recruitment, chaperone, information governance and prescription security. However, we found some policies had not been adapted specifically to the practice. For example, we saw in the 'Adult Risk Policy' there were 'insert name' sections throughout the policy that had not been completed. This policy had not been signed or dated and had no review date. We reviewed the 'Prescription security policy' dated July 2006 and found this had not been reviewed since its inception.

We reviewed the staff handbook. This was available to all staff and included sections on health and safety, whistleblowing, welfare and hygiene and harassment and bullying at work.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed they were performing in line with national standards. Staff told us QOF data was regularly reviewed and discussed in team meetings and actions plans were implemented to improve outcomes.

The practice had had systems in place to identify; record and manage risks. Significant events and complaints were investigated, shared with staff and learning outcomes were reviewed. However, we found a risk assessment had not been completed for nursing staff when they had commenced their positions, to identify the nurses should have a DBS check undertaken. We found patient records did not always document the discussion the GP or nurse had with the patients re safety net advice or potential risks.

Leadership, openness and transparency

Staff told us the management team had "open door" approach. They felt comfortable to speak to them if any concerns or issues arose. All staff had a 'buddy GP partner' who they could approach to discuss any concerns and ask for any support that they needed. The practice held sensitivity meetings on ad hoc basis, which allowed staff members to voice any pressing concerns or issues. All the staff we spoke with told us they were supported by the management team and felt valued.

The GP partners were leaders for the practice and had designated responsibilities. For example, one GP was the clinical governance and medicine management lead. They also maintained an overview of the business. Another GP was the safeguarding lead. The practice manager was information governance lead and the practice nurse had been appointed as infection control lead. Staff knew who to approach for advice when required.

We saw from minutes that team meetings were held monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or informally

Practice seeks and acts on feedback from its patients, the public and staff

The practice gathered feedback from patients through patient survey and the PPG. We looked at results of the practice patient survey, where many patients had commented that it was difficult to get an appointment. This differed from those patients we spoke with on the day

Are services well-led?

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

of inspection who confirmed they felt it was easy to get and appointment that suited their needs. These comments were analysed by the practice, and as result the appointment system was changed recently. The practice now handled emergencies only on the day and patients were able to book appointments 10 days in advance. The practice also now offered online appointments. This had reduced waiting times for appointment and improved telephone access in the rush hour.

The practice had an active patient participation group (PPG) which had steadily increased in size. We spoke with the PPG secretary who told us the PPG was now better represented. Three new members had joined in September 2014, who represented the younger age group. The group met every month, which was attended by the practice manager, a GPs and nursing team member. The PPG was involved in number of different ways. This included carrying out patient surveys, communicating with patients via newsletter and recruiting new PPG members. We saw analysis of the last survey which had been considered in conjunction with the PPG. The results and actions of the survey were available on the practice website.

The PPG publicised upcoming health education meetings, which were organised by another practice PPG. The PPG promoted these meetings in the waiting area, practice website and newsletter. This had been well received by patients and many Kings Corner Surgery patients had attended these meetings. The last meeting covered diabetes and support available for patients who live with the condition. We saw the next event had been organised to discuss minor illness in children.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Learning and improvement was identified during annual appraisals and relevant supported was provided. The staff we spoke with told us practice was very supportive of training and professional development.

The practice held regular team meetings where they discussed complaints, significant events and new guidelines. Staff told us the management team were open to new ideas and suggestion to improve patient care and working practises.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Regulation 13 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010- Management of medicines. The registered person must protect patients against the risks of associated with unsafe use and management of medicines, by means of making appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. Regulation 13.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers Regulation 21 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010- Recruitment relation to workers The provider did not take reasonable steps to ensure that employees were of good character, were physically and mentally fit to perform their roles, that staff were registered with their professional bodies and that information required under schedule 3 was available. Regulation 21 (a)(i)(iii)(b)(c).