

York House Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at York House Medical Practice on 7 July 2016. Overall the practice is rated as requires improvement.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, we noted that learning from these was not shared widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example; recruitment

checks; completion of actions identified by risk assessments, cold storage of medicines and training. Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they did not find it easy to make an appointment with a GP of their choice but there were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The practice provided specialist support to patients and their families who were affected by cancer. We saw evidence of how this service had helped and supported patients and patients said they felt empowered and were more prepared for hospital appointments, for example they knew which questions they wanted to ask.

Summary of findings

The areas where the provider must make improvement are:

- Ensure training appropriate to job role is completed by all clinical and non-clinical staff and GPs, including fire safety, infection control and information governance.
- Ensure all significant events are recorded and learning from significant events is shared widely enough to support improvement.
- Ensure actions identified from risk assessments are completed and recorded. This includes actions from Legionella risk assessment.
- Ensure recruitment arrangements include all necessary employment checks for all staff in accordance with Schedule Three.

- Ensure that patient satisfaction including access to appointments and telephone access continues to be reviewed and improved.
- Ensure that medicines and vaccines are stored safely by appropriate monitoring of the temperatures of fridges used to store medicines and vaccines.

The areas where the provider should make improvement are:

- Review how blank prescription forms are stored and tracked within the practice to ensure it is in accordance with national guidance.
- Review how meetings are recorded to ensure that all team meetings are minuted.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events. However lessons were not always shared widely enough to support improvement.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example; recruitment checks; completion of actions identified by risk assessments, cold storage of medicines and training.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 73% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Data from the latest national GP patient survey showed patients satisfaction had improved but still rated the practice lower than others for access. For example; 56% of patients who responded said it was generally easy to get through to the surgery by phone compared to the CCG average of 64% and the national average of 73% and 56% of patients who responded said they were satisfied with the practice opening hours compared to the CCG average of 71% and the national average of 78%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on learning and improvement at all levels.

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 good for providing a caring, effective and well-led service and requires improvement for providing a safe and responsive service. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The provider was rated as good for providing a caring, effective and well-led service and requires improvement for providing a safe and responsive service. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 89% which was above the CCG average of 80% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There was support offered to patients with cancer and their families as part of the long-term conditions management.

Requires improvement



Families, children and young people

The provider was rated as good for providing a caring, effective and well-led service and requires improvement for providing a safe and responsive service. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the clinical commissioning group (CCG) average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The provider was rated as good for providing a caring, effective and well-led service and requires improvement for providing a safe and responsive service. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. However some patients said they had difficulties accessing the practice by telephone and getting appointments with a GP of their choice at a convenient time.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered the electronic prescribing service which allowed patients to nominate a pharmacy of their choice to receive their prescriptions electronically.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as good for providing a caring, effective and well-led service and requires improvement for providing a safe and responsive service. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as good for providing a caring, effective and well-led service and requires improvement for providing a safe and responsive service. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the clinical commissioning group average of 83% and the national average of 84%.
- 100% of patients with severe and enduring mental health problems had care plans documented in their medical records in the preceding 12 months which was above the clinical commissioning group average of 91% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 110 were returned. This represented less than 1% of the practice's patient list.

- 46% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 71% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

Since our inspection a further set of national GP patient survey results were published in July 2016. The majority of the results were similar to the January data however the results for patients who found it easy to get through the practice by phone had improved to 56% whilst the national average remained at 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards of which were all except one were positive about the standard of care received, although seven mentioned difficulties getting appointments with a doctor of their choice. Comments on the cards mentioned the patience, politeness and helpfulness of all staff including receptionists, nursing team and doctors.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

York House Medical Centre

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 practice manager specialist adviser.

Background to York House Medical Centre

York House Medical Practice is based in a purpose built two storey health centre where another GP practice and a community pharmacy are also located. There are treatment and consulting rooms on both floors. There is also a branch surgery which was not inspected as part of this inspection.

At the time of our inspection there were approximately 12,500 patients on the practice list. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England. A GMS contract is one between the practice and NHS England and the practice where elements of the contract such as opening times are standard. Deprivation amongst children and older people is low when compared to the population nationally

The practice has six GP partners (two male and four female) and two salaried GPs (both female) who are supported by five nurses, one health care assistant and a phlebotomist. There is also a practice manager and deputy practice manager and a team of reception and administration staff. The practice is open from 8am to 6.30pm Monday to Friday.

Extended hours surgeries are offered from 8.30am to 11.30am on Saturday mornings. Patients requiring a GP outside of normal hours are advised to call the NHS 111 service or 999 for medical emergencies.

Services are provided from the following locations:

York House Medical Centre

Heathside Road

Woking

Surrey

GU22 7XL

Goldsworth Park Health Centre

Denton Way

Woking

Surrey

GU21 3LQ

Only the main York House Medical Centre location was inspected during this inspection.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We noted that recording of significant events and the dissemination of learning could be improved. Staff gave an example of a needlestick injury to a clinical member of staff that was not recorded as a significant event.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw some evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was an incident in the waiting room where a diabetic patient was unwell and the doctor suspected a hypoglycaemic episode (very low blood sugar). The doctor and staff could not easily locate a blood glucose machine to check the patient's blood glucose levels although when a machine was found the patient was treated appropriately. As a result of this incident the practice has ensured that blood glucose machines and testing strips are kept with the emergency medicines in both surgeries to ensure there is no similar delay in future.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses were trained to level two or above.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place although we noted not all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, security and disposal) with the exception of the stock of approximately ten vaccines which were stored in a small fridge. Although all the temperatures recorded for both fridges were within recommended range there were gaps of up to a week in the temperature records for the small fridge. Since the inspection the practice have told us they have updated their internal fridge monitoring policy to ensure that the temperatures are checked and recorded twice daily and that the records are checked by management once a week. The practice also told us that data loggers have been installed in each fridge.
- Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored; and consulting rooms were locked however there was no system to track the use of blank computer prescription forms within the practice. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and the file of one locum doctor. We found that not all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and the appropriate checks through the Disclosure and Barring Service (or a risk assessment to determine this check was not necessary).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives, although we noted that the health and safety policy was not practice specific. The practice had up to date fire risk assessments and carried out regular fire drills however we noted that not all staff had received up to date fire safety training. Since the inspection the practice have told us they have improved the way they record and monitor staff training to ensure staff training is up to date including fire safety.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health(COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However we noted that mitigating actions identified in the legionella risk assessment had not been completed and COSHH data sheets were not available.

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

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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available with an exception rate of 12% (national average 9%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was better than the local and national averages. For example; patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 89% which was above the CCG average of 80% and the national average of 78%.
 - Performance for mental health related indicators was comparable to or above the CCG and national averages. For example; 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the clinical commissioning group average of 83% and the national average of 84%. 100% of patients with severe and enduring mental health problems had care plans documented in their

medical records in the preceding 12 months which was better than the CCG average of 91% and the national average of 88%. Although the practice had significantly higher exception reporting (24%) compared to CCG average (9%) and national average (13%).

Since the inspection the QoF data for 2015-2016 has been published and the practice performance was similar to the 2014-2015 data.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included arranging for a pain management consultant to give an educational talk to the GPs about the use of pain medicines.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. We noted that when asked the practice did not provide evidence that all staff had received basic life support, fire safety, infection control or information governance 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.

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 99% (CCG average 75% to 81%) and five year olds from 91% to 97% (CCG average 76% to 91%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All except one of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced, although seven mentioned difficulty getting appointments with a doctor of their choice. 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). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They also mentioned difficulty in getting through to the practice by phone and getting appointments with a doctor of their choice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 63% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 65% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Since our inspection more recent results for the national GP patient survey have been published. The results were similar to the results above with the exception of the percentage of patients who said the last nurse they spoke to was good at treating them with care and concern which had improved to 85% compared to the national average of 91%.

Care planning and involvement in decisions about care and treatment

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

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

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 50% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

Are services caring?

Since our inspection more recent results for the national GP patient survey have been published. The results were better than the results above which brought them in line with local and national averages.

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

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

Patient and carer support to cope emotionally with care and treatment

The practice provided specialist support to patients and their families who were affected by cancer. This was led by one nurse, supported by the GPs and other staff. The nurse who led this programme had experience of working with patients who were at the end of their life and their families and had completed additional training in cancer care. The practice held a register of cancer patients and they were contacted by the nurse to offer support, this was often the first contact after diagnosis, and followed up regularly.

Other clinical staff informed the lead nurse if they had contact with the patients to ensure continuity of care. We saw evidence of how this service had helped and supported patients and patients said they felt empowered by this and were more prepared for hospital appointments, for example they knew which questions they wanted to ask.

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 261 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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 reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments from 8.30am to 11.30am on Saturday mornings for 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 and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments were available to book online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was in discussion with the other services located in the building regarding plans to install a lift to improve access, however currently patients who had difficulty with stairs were seen in a ground floor consulting or treatment room.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Extended hours surgeries were offered from 8.30am to 11.30am every Saturday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 47% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 78%.

- 46% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.

In the more recent national GP patient survey results published since our inspection these figures have both improved; 55% of patients are satisfied with the practices opening hours (national average 76%) and 56% of patients said they could get through easily to the practice by phone (national average 73%).

People told us on the day of the inspection that they were able to get urgent appointments when they needed them but found it difficult to get an appointment with a doctor of their choice at a convenient time.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, as a result of complaints the practice has reviewed their access and appointments system.

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 vision to deliver high quality care and promote good outcomes for patients.

- Staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured 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, with the exception of the health and safety policy which was not practice specific.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Although we noted that at least one significant event had not been recorded and mitigating actions from the Legionella risk assessment had not been completed.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we noted that there was not always a clear and monitored action plan to ensure mitigating actions were completed. For example actions identified by the Legionella risk assessment had not been completed. We also noted that not all staff had completed training appropriate to their job role and that the practice was not following its own policy as recruitment checks had not been completed for some staff in accordance with Schedule three and we noted that at least one significant event had not been recorded.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings, which were all minuted with the exception of the nurse meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the cancer support service provided by the practice was an idea from a member of the nursing team.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met

Are services well-led?

Good 

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

regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. Last year the practice carried out a patient survey about access in conjunction with the PPG. The practice worked with the PPG to develop planned improvements, for example, as a result of feedback from the PPG the practice had promoted online booking of appointments.

- The practice had gathered feedback from staff through generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give

feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. However, this could be improved by sharing learning more widely within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice was not doing all that was reasonably practicable to mitigate risks. The practice did not provide evidence that all GPs and staff had received training appropriate to their job role, including fire safety, infection control, basic life support and information governance. The practice did not provide evidence that actions identified by the legionella risk assessment had been completed. We found that the practice did not demonstrate that all significant events were recorded or that learning was always shared widely enough to support improvement. We found that the practice did not demonstrate that medicines were being stored safely as there were gaps in the recording of fridge temperatures. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
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 We found the practice did not demonstrate that a suitable system was in place to ensure that all patients could easily contact the practice by telephone and could access appointments with a doctor of their choice or at a convenient time. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found the practice did not have established recruitment procedures that operated effectively to ensure that information was available in relation to each person employed for the carrying on of the regulated activities, because references had not been obtained, as specified in Schedule 3.

This was in breach of regulation 19 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.