

Little Park Surgery

Quality Report

281 Hounslow Road,
Feltham,
Middlesex, TW13 5JG
Tel: 020 8894 6588
Website:

Date of inspection visit: 12 October 2016
Date of publication: 03/04/2017

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Little Park Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Little Park Surgery on 12 October 2016. Overall the practice is rated as requires improvement.

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

- The system for reporting and recording significant events was not clear to all staff.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had received some training to provide them with the skills and knowledge, however we found this was limited and they had not received any training in infection control.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it difficult to get through to the practice by phone to make appointments.
- There was a leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- There were some governance arrangements in place, however there was no clear vision for the practice that staff were aware of.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure systems and process are in place to assess the risks to the health and safety of patients and do all that is reasonably practicable to mitigate risks. Such as:
- Implement systems to carry out a thorough analysis of the significant events to identify any themes and take appropriate action.

Summary of findings

- Ensure all staff receive infection control training and there is a cleaning schedule for all parts of the premises.
- Ensure electrical equipment testing is carried out to ensure the equipment is safe to use. Implement systems to ensure emergency equipment is fit for use and keep a record of such checks.
- Implement risk assessment processes to monitor safety of the premises such as control of substances hazardous to health and legionella.
- Ensure appropriate emergency medication is available in line with guidance such as Benzyl penicillin or Hydrocortisone or undertake a risk assessment to support the decision not to.
- Carry out quality improvement activity such as clinical audits including re-audits to ensure improvements have been achieved.

- Develop a clear vision for the practice and a strategy to deliver it. Ensure it is shared with staff and ensure all staff know their responsibilities in relation to it.

The areas where the provider should make improvement are:

- Identify a lead member of staff for safeguarding and ensure all staff know who it is.
- Continue to address issues identified in the infection control report such as replacing the taps and carpets in the consulting rooms.
- Review the phone system to ensure patients are able to contact the practice to make appointments and improve patient satisfaction.

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 a system in place for reporting and recording significant events. However staff were unclear about which documentation to use.
- The practice did not carry out a thorough analysis of the significant events to identify any themes and take appropriate action.
- Staff were not clear about who the lead member of staff was for safeguarding.
- The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Non-clinical staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check.
- The practice nurse was the infection control clinical lead and had received training, however no other staff had received training.
- The practice had a defibrillator and oxygen available on the premises, however there was no evidence of any checks being carried out.
- Some risks to patients were assessed and appropriately managed, however electrical equipment checks were not carried out to ensure they were safe to use.
- The practice did not have appropriate emergency medication available such as Benzyl penicillin or Hydrocortisone and had not risk assessed the decision not to include them.
- The practice had not carried at a COSHH or legionella risk assessment.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been started to monitor quality and to make improvements, however there were no completed ones.

Requires improvement



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good 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.
- Patients found it difficult to get through to the practice by phone to make an appointment.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice did not have a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a leadership structure and staff felt supported by management.

Requires improvement



Summary of findings

- 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.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for safe, effective and well led services. The issues identified as requiring 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. The GPs carried out home visits when needed.
- Patients over 75 years had a named GP to co-ordinate their care.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective and well led services. The issues identified as requiring 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.
- 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.
- Performance for diabetes related indicators was 86%, which was 1% above the CCG and 3% below national averages.

Requires improvement



Families, children and young people

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

- 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.

Requires improvement



Summary of findings

- 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 80%, which was above the CCG average and just below the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The practice offered working age patients access to extended appointments.
- They offered on-line services which included appointment management, repeat prescriptions and registration.
- The practice offered the NHS health checks for patients aged 40–74

Requires improvement



People whose circumstances may make them vulnerable

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

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

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- Patients experiencing poor mental health were invited to attend annual physical health checks and all 53 who had care plans had been reviewed in the last 12 months. However, we found some patients on high risk drugs were not monitored effectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those 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.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is 3% above the national average.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing similar to local and national averages in some areas and below in relation to being able to contact the practice. There were 100 responses and a response rate of 34% which was approximately 1.5% of the patient list.

- 67% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 91% found the receptionists at this surgery helpful compared to CCG average of 86% and a national average 87%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 80% and a national average 85%.
- 83% said the last appointment they got was convenient compared to a CCG average 88% and a national average 92%.

- 63% described their experience of making an appointment as good compared to a CCG average 70% and a national average 73%.
- 43% usually waited 15 minutes or less after their appointment time to be seen (CCG average 57%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards and all were positive about the standard of care received. Patients felt the practice offered an excellent service and staff were considerate and treated them with dignity and respect. However, most of the comment cards received stated they found it difficult to get through on the phone.

We spoke with five patients during the inspection. All said that they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure systems and process are in place to assess the risks to the health and safety of patients and do all that is reasonably practicable to mitigate risks. Such as:
 - Implement systems to carry out a thorough analysis of the significant events to identify any themes and take appropriate action.
 - Ensure all staff receive infection control training and there is a cleaning schedule for all parts of the premises.
 - Ensure electrical equipment testing is carried out to ensure the equipment is safe to use. Implement systems to ensure emergency equipment is fit for use and keep a record of such checks.
 - Implement risk assessment processes to monitor safety of the premises such as control of substances hazardous to health and legionella.

- Ensure appropriate emergency medication is available in line with guidance such as Benzyl penicillin or Hydrocortisone or undertake a risk assessment to support the decision not to.

- Carry out quality improvement activity such as clinical audits including re-audits to ensure improvements have been achieved.
- Develop a clear vision for the practice and a strategy to deliver it. Ensure it is shared with staff and ensure all staff know their responsibilities in relation to it.

Action the service **SHOULD** take to improve

- Identify a lead member of staff for safeguarding and ensure all staff know who it is.
- Continue to address issues identified in the infection control report such as replacing the taps and carpets in the consulting rooms.
- Review the phone system to ensure patients are able to contact the practice to make appointments and improve patient satisfaction.

Little Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist adviser.

Background to Little Park Surgery

The Little Park Surgery provides GP primary care services to approximately 6000 people living in Feltham Hounslow. The local area is relatively diverse.

The practice is staffed by five GPs, four female and a male, who work a total of 23 sessions. It was also a training practice and at the time of our inspection there were two GP trainees. Other staff included a nurse, a healthcare assistant, a practice manager and five administrative staff. The practice holds a General Medical Services (GMS) contract and was commissioned by NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury and maternity and midwifery services.

The practice was open from 8am to 6.30pm Mondays to Friday. They offered extended hours appointments on Mondays between 6.30 and 8pm. The telephones were staffed throughout working hours, except between 11.30am and 2pm. Appointment slots were available throughout the opening hours. The out of hours services are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed

them and those with long-term conditions. This also included appointments with a named GP or the nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them.

The practice provided a wide range of services for patients with diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provided health promotion services including a flu vaccination programme and cervical screening.

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.

The practice has not been inspected before.

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 12 October 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff including the GPs, the practice manager and the nurse. We also 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 in place for reporting and recording significant events.

- The practice manager told us staff would report any incidents to them and then complete a form which was kept in a folder in reception. However we found there were two different templates and staff were not clear which one should be completed for which incident although they were aware of their responsibility to bring them to the attention of the practice manager. We were told these were usually discussed on the day they occurred and at the monthly clinical meetings.
- 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.
- The practice did not however, carry out a thorough analysis of the significant events to identify any themes and take appropriate action.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings and found they were not always discussed at these meetings. We saw some evidence that lessons were shared and action was taken to improve safety in the practice. For example we saw that they had recently discussed where a GP was unable to get access to a patients notes as the room where the notes were kept was occupied, they implemented a new process for admin staff to ensure all notes for patients with booked appointments were available at the start of the day.

Overview of safety systems and processes

The practice had some 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. We found staff were

not clear about who the lead member of staff was for safeguarding, although we were told both partners were the lead. 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. Clinicians were trained to child protection level 3 and non- clinicians were trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check, however they had not received any training for the role. (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. However, cleaning records were not available to show how often the practice was cleaned. The nurse was the infection control clinical lead and told us they attended annual updates, however no other practice staff had received any training in this area. The NHS commissioning unit had completed an audit in July 2016. We noted that the practice had taken some action in relation to the required improvements that had been identified, however other actions remained outstanding such as the need to replace the taps and carpets in the consulting rooms. The practice had submitted a detailed grant application to NHS England earlier in the year to fund these improvements, which was supported by the CCG. However, a decision was awaited on the application at the time of our inspection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk 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

Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment for all staff. There was proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for staff, however we noted the practice did not always follow their own policy in relation to how they recruited staff when advertising posts.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were some 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. However, the practice did not have up to date fire risk assessments although we were told that fire alarms were tested weekly and we saw evidence that the last fire drill was carried out in July 2016.
- Clinical equipment was checked to ensure it was working properly in March 2016, however we found electrical equipment had not been checked to ensure the equipment was safe to use. Further there were no risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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. Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. For example, the practice manager provided cover for the receptionist staff when needed for all absences.

Arrangements to deal with emergencies and major incidents

The practice had some 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, however there was no evidence that these were checked regularly. 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, although we noted they did not have any Benzyl penicillin or Hydrocortisone for injections used to treat infections, available and there was no risk assessment as to why they were not included.
- The practice had a 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 GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance and told us they accessed them from the Hounslow extranet and they were also discussed at CCG monthly meetings and locality meetings.
- 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 94% of the total number of points available, with 7% exception reporting. (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).

Data from QOF showed:

- Performance for diabetes related indicators was 87%, which was 1% above the CCG and 3% below national averages.
- Performance for mental health related indicators was 87%, which was 4% below the CCG and 6% below national averages.

There was some limited evidence of quality improvement:

- There had been two clinical audits started in the last two years, none of these were completed audit where the improvements made were implemented and monitored. For example, the practice had started an audit of patients who were deficient in B12 to ensure they were receiving the most effective medication.

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 and health and safety.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to some training to meet their learning needs and to cover the scope of their work. This included ongoing support, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- 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.

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 quarterly 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.

Are services effective?

(for example, treatment is effective)

- 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 and smoking cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was provided at the practice and they had achieved an award for helping the most patients quit in July 2016.

The practice's uptake for the cervical screening programme was 80%, which was above the CCG average of 78% and

below 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. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 95% and five year olds from 79% to 90%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups 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 and conversations taking place 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.

We received 10 patient Care Quality Commission comment cards and all were positive about the care and treatment experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients on the day, including one from the PPG who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.

- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. 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 in line with local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

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.
- The practice did not have a hearing loop installed but had alternative arrangements in place to support patients who had hearing loss.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 59 patients as

carers (approximately 2% of the practice list). The practice had a carer's pack that contained written information 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. 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. For example, the practice attended a monthly network meeting with the Clinical Commissioning Group (CCG) and other practices to discuss local needs and plan service improvements that needed to be prioritised such as A&E attendances.

- Patients over 75 years had a named GP to co-ordinate their care. Longer appointments were available for these patients when required. The GPs carried out home visits when needed. We saw evidence to demonstrate that all attendances at A/E and admissions were reviewed with team to see if they could have been avoided and if any lessons could be learnt to improve Community care provision by integrated care management teams.
- The practice held registers for patients in receipt of palliative care, had complex needs or had long term conditions. Patients in these groups had a care plan and would be allocated longer appointment times when needed.
- The practice was pro-actively managing patients with Long Term Conditions (LTC). The nurses attended training for chronic obstructive pulmonary disease (COPD), asthma, diabetes and hypertension. The nurse carried out reviews of patients with diabetes and respiratory conditions. All patients with diabetes had care plan. We were told two of the GPs held 'virtual clinics' together with the Community Consultant in Diabetes with patients who had poorly controlled diabetes. GPs attended multidisciplinary meetings with district nurses, social workers and palliative care nurses to discuss patients and their family's care and support needs

Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, they would refer families for additional support and had multidisciplinary meetings with health visitors where any safeguarding concerns would be discussed. The practice triaged all requests for appointments on the day for all children when their parent

requested the child be seen for urgent medical matters, thus were able to offer appointments at a mutually convenient times, for example after school, when appropriate.

- The practice offered working age patients access to extended appointments one evening a week. They offered on-line services which included appointment management, repeat prescriptions and registration. They also offered telephone consultations for those who may not be able to get to the surgery during the working day.
- The GPs told us that patients whose circumstances may make them vulnerable such as people with learning disabilities and homeless patients were coded on appropriate registers. These patients had 'pop ups' on their computer notes to alert all members of staff of vulnerable patients who may present as chaotic. Patients with learning disabilities were invited annually for a review and all 20 on the register had been reviewed in the last twelve months.
- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and 53 were on care plans and had been reviewed in the last 12 months. However, we found some patients on high risk drugs were not monitored effectively. Patients were also referred to other services such as IAPT. Reception staff we spoke with were aware of signs to recognise for patients in crisis and to have them urgently assessed by a GP if presented.
- There was a GP lead for dementia and the practice carried out advanced care planning for patients with dementia.
- The premises were accessible to patients with disabilities. The waiting area was large enough to accommodate patients with wheelchairs. Accessible toilet facilities were available for all patients attending the practice.

Access to the service

The practice was open from 8am to 6.30pm Mondays to Friday. They offered extended hours appointments on Mondays between 6.30 and 8pm. The telephones were staffed throughout working hours, except between 11am and 2pm. Appointment slots were available throughout the

Are services responsive to people's needs?

(for example, to feedback?)

opening hours. The out of hours services are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or the nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were 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 comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 67% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients we spoke with on the day told us found it difficult to get through on the phone most of the time, but when they did they were able to get routine appointments. Most of the comment cards we received also stated it was difficult to get through to the practice by phone. When we discussed this with the practice they told us this was because they only had one telephone line. They said they thought this was adequate.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. All verbal complaints were recorded.
- The practice manager handled all complaints in the practice. We saw that these were discussed at the clinical meetings but we noted the outcome and actions were not always circulated to all members of staff.
- We saw that information was available to help patients understand the complaints system, for example posters were displayed on notice boards and a summary leaflet was available and given to patients when they registered. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at three complaints received in the last 12 months and found not all had been dealt with in a timely way. We saw a complaint that had been received in May 2016 still had not been investigated and concluded. We pointed out to the practice that this was not, in line with the complaints policy. We also noted that themes were emerging and saw evidence that the practice had discussed these and taken action as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice did not have a specific vision to deliver high quality care and promote good outcomes for patients.

- The practice manager told us the vision was to appoint more partners to grow the surgery and offer more in-house services. However, we found the vision and values were not documented and other staff we spoke with were not clear about what they were.
- The practice had a business forward strategy which was reviewed annually.

Governance arrangements

The practice had a governance framework in place however, we found they did not keep abreast of risk management processes such as infection prevention control, electrical safety we found some patients on high risk drugs were not monitored effectively. Further, periodic analysis of significant events was not carried out.

There were some structures and procedures in place to ensure that:

- There was a staffing structure and staff were aware of their own roles and responsibilities. We spoke with seven members of staff and they were all clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Staff had to read the key policies such as safeguarding, health and safety and infection control as part of their induction. All four policies and procedures we looked at had been reviewed and were up to date.
- The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed its performance had decreased slightly this year but was still comparable to national standards. They had scored 530 out of 559 in 2015 and 527 out of 559 in 2016. We saw QOF data was regularly reviewed and discussed at the monthly clinical meeting.

- There was no programme of quality improvement and although clinical audits had been started to monitor quality and identify improvements, these had not been completed.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, all patients deemed vulnerable had risk assessments in their records.

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 leadership structure in place and staff felt supported by management.

- Staff told us that the practice had monthly team meetings and that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. Staff felt they worked well together and that they were a highly functional team which listened and learnt, and were aware of their challenges such as succession planning.
- 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.

Are services well-led?

Requires improvement 

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

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 did not meet regularly, however they told us they were contacted when the practice wanted feedback on particular issues and proposals for improvements. For example, they told us the practice had installed a check-in monitor as a result of their feedback.
- The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff at all levels were actively encouraged to raise concerns.

All staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged to improve how the practice was run. Following the inspection the practice informed us they held 'away days.'

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. A systematic approach was taken to working with other organisations to improve care outcomes and tackle health inequalities.

The practice was also a training practice. One GP partner was qualified trainer and at the time of our inspection they had two trainees. We saw that on occasions they held educational GP meetings attended other health professionals such as cardiologists.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not adequately assessed the risks to the health and safety of patients and done all that was reasonably practicable to mitigate any such risks:</p> <ul style="list-style-type: none">• The practice did not have systems in place to carry out a thorough analysis of the significant events to identify any themes and take appropriate action.• All staff had not received Infection control training and there were no cleaning schedules available.• The provider had not carried out electrical equipment test to ensure the equipment is safe to use.• The practice did not have any processes to monitor the safety of the practice in relation to control of substances hazardous to health and legionella.• The practice did not have appropriate emergency medication available in line with published guidance and had not risk assessed the reason not to. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems and processes in place to ensure that there was adequate governance oversight of the running of the practice:</p>

This section is primarily information for the provider

Requirement notices

- There was no vision or strategy in place for the practice to deliver high quality care, which was shared with all staff to ensure they understood their responsibilities in relation to it.
- The provider had not carried out any quality improvement activity including clinical audits, to ensure improvements in outcomes for patients.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014