The Hythe Medical Centre

Quality Report

Rochester Road
Staines
Middlesex
TW18 3HN
Tel: 01784 454965
Website: www.thehythemedicalcentre.co.uk

Date of inspection visit: 17 December 2015
Date of publication: 14/04/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Hythe Medical Centre on 17 December 2015. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
  - Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate building safety checks had not been undertaken.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patients gave us examples where the GP had gone over and beyond for his patients such as late evening home visits.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a number of policies and procedures to govern activity.
- There was a clear leadership structure and staff felt supported by management. The practice proactively 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.

The areas where the provider must make improvement are:

Summary of findings

- Improve staff understanding and the subsequent recording of significant events and communication of any learning points to appropriate staff.
- Ensure that oxygen is available to deal with medical emergencies.
- Ensure that building safety checks are completed including electricity safety checks, legionella risk assessments and the routine testing of fire alarms and fire drills.
- Ensure that portable electrical safety testing is carried out and that clinical equipment is calibrated.
- Ensure that infection control audits are completed regularly and any subsequent concerns actioned.
- Ensure the annual appraisal process is robust so that all staff have annual appraisals.
- Ensure that recruitment checks are completed in line with practice policies.
- Implement a schedule of clinical audit to support improvement.

The areas where the provider should make improvements are:

- Review how patient confidentiality in the reception area is maintained.
- Review the results of the national GP survey and ways that the practices performance could be improved in areas where results are below average.
- Review the facilities available for patients with hearing impairments.

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?

Requires improvement

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

- There was a system in place for reporting and recording significant events. However, however staff we spoke to gave us an example of an incident which had not been reviewed as a significant event.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staffing levels were maintained to keep patients safe. Administrative systems were responsive and ensured that incoming correspondence was dealt with in a timely and effective manner.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for some staff although some of these were over two years old.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

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.

Summary of findings

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example where carers were bringing patients into the surgery they were offered longer appointments outside clinic times.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Are services responsive to people's needs?

Good

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 said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

- There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity.
- The practice proactively sought feedback from patients, which it acted upon and had an active patient participation group (PPG).
- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and worked in partnership with the practice.

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

Requires improvement

The practice is rated as requires improvement for the care of older people.

The practice was rated as requires improvement for providing safe 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. Longer appoinments and appointments outside of surgery times were available when needed.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 72% which was comparable to the national average 73%.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions.

The practice was rated as requires improvement for providing safe 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 and patients at risk of hospital admission were identified as a priority.
- Diabetic indicators were comparable to other practices, for example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was comparable with national average (practice 80.5%, national average 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.

Summary of findings

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people.

The practice was rated as requires improvement for providing safe 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.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 84.9% which was comparable with the national average 75.4%.
- 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 percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 79.8% which was comparable with the national average 81.3%.
- 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)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

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

Summary of findings

- The practice offers appointments between 7:30 and 8am on a Thursday morning and 6:30 to 8:15pm on a Tuesday evening for patients who find it difficult to attend during normal surgery hours.
- The practice also offers telephone appointments.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

The practice was rated as requires improvement for providing safe 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 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 multi-disciplinary teams in the case management of vulnerable people.
- 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)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

The practice was rated as requires improvement for providing safe 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:-

- 84.6% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published January 2016 showed the practice was performing in line with local and national averages. There were 302 survey forms distributed and 113 were returned. This represented 2.6% of the practice's patient list.

- 74% of patients found it easy to get through to this surgery by phone compared to a CCG average of 64% and a national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 79% of patients described the overall experience of their GP surgery as good (CCG average 82%, national average 85%).
- 77% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, of which 31 were positive about the standard of care received. Comments from patients were positive about the service and that the staff were always friendly and helpful.

We spoke with three patients during the inspection, who were all members of the patient participation group. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring. The Friends and Families test had five responses all of whom would recommend the practice. Patients also told us that they felt the doctors went the extra mile to care for their patients.

Areas for improvement

Action the service MUST take to improve

- Improve staff understanding and the subsequent recording of significant events and communication of any learning points to appropriate staff
- Ensure that oxygen is available to deal with medical emergencies.
- Ensure that building safety checks are completed including electricity safety checks, legionella risk assessments and the routine testing of fire alarms and fire drills.
- Ensure that portable electrical safety testing is carried out and that clinical equipment is calibrated.
- Ensure that infection control audits are completed regularly and any subsequent concerns actioned.
- Ensure the annual appraisal process is robust so that all staff have annual appraisals.
- Ensure that recruitment checks are completed in line with practice policies.
- Implement a schedule of clinical audit to support improvement.

Action the service SHOULD take to improve

- Review how patient confidentiality in the reception area is maintained.
- Review the results of the national GP survey and ways that the practices performance could be improved in areas where results are below average.
- Review the facilities available for patients with hearing impairments.

The Hythe 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 The Hythe Medical Centre

The Hythe Medical Centre is located in Staines. The main site is housed in a portacabin which is located near a the community centre. The branch site is located in the Staines Health Centre which is a purpose built property. The building is sublet from a private landlord by NHS Estates. At the time of our inspection there were approximately 4,400 patients on the practice list.

The practice is owned by a single GP who works with two salaried GPs. There were two male and one female GPs. There are also two nurses, a practice manager and deputy practice manager, reception and administration staff.

The practice is open between 8.30am and 6pm Monday, Tuesday, Thursday and Friday. On Wednesday the practice closes early and is open from 8.30am to 1pm. Calls were answered by an external service between the hours of 8am to 8.30am, 6pm to 6:30pm and Wednesday afternoons between 1pm to 6.30pm where a GP from the practice is on call. Extended hours surgeries are offered 6.30pm to 8.15pm Tuesday and 7.30am to 8am Thursday mornings. Patients requiring a GP outside of normal hours are advised to call NHS 111 where they are redirected to an external out of hours service.

The practice has a General Medical Services contract and offers enhanced services for example; childhood vaccination and immunisations, flu and pneumococcal immunisation schemes.

Services are provided from two locations:-

Hythe Medical Centre

Rochester Road

Staines

Middlesex

TW18 3HN

Staines Health Centre

Knowle Green

Staines-upon-Thames

Middlesex

TW18 1XD

We did not inspect the branch surgery during this inspection.

The age profile of the practice population is comparable to the national average although the practice has a slightly lower number than average of younger male patients birth to 24 years and slightly higher number than average of female patients birth to four years. It also has a lower than average percentage of patients with long standing health conditions.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 December 2015. During our visit we:

- Spoke with a range of staff including the GP owner, associate GPs, nurse, practice manager and deputy practice manager, reception staff 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. However staff gave us an examples of a significant event that had not been recorded.

- 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 practice carried out an analysis of the significant events that were recorded.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, protocols were changed for how referrals were handled following a delayed referral.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice did not always have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, the practice had not recorded infection control audits since 2010, or had adhered to their own policy of requiring two references when recruiting staff.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We saw evidence that two out of the three GPs were trained to level three for safeguarding children and that the third GP was working towards level three. Since the inspection we have seen evidence that all three GPs have now completed level three safeguarding for children training. 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 check (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).
- We observed the premises to be clean and tidy and the practice nurse was the infection control lead. However, the practice could not provide evidence that annual infection control audits had been undertaken recently. The last audit the practice were able to show us on the day of inspection was 2010. The staff we spoke to were able to tell us about action from an earlier audit but were unable to provide evidence of the audit or the actions from it. There was an infection control protocol in place and staff had received up to date training. The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. 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 found that appropriate recruitment checks had been undertaken prior to employment with the exception of references. Files we reviewed contained one reference from past employers. However, the practice safeguarding children policy stated all staff should have two references. Therefore the practice was not working to its own policy. We saw evidence of other recruitment checks for example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Requires improvement

Are services safe?

- 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.

Monitoring risks to patients

Risks to patients were not always assessed or well managed.

- The practice did not have up to date fire risk assessments and staff told us they did not carry out fire drills. Electrical equipment was not checked to ensure the equipment was safe to use and not all clinical equipment was checked to ensure it was working properly. The practice could not provide any evidence of 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). There was also no electrical safety certificate 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice did not have 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 access to a defibrillator at the community centre next door at all times the surgery was open. The surgery did not have access to oxygen which is considered essential in dealing with certain medical emergencies such as acute exacerbation of asthma. 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice 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 91.1% of the total number of points available, with 9.1% 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). 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 similar to the clinical commissioning group (CCG) and national average. For example; 80.5% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared to national average 78%.
- The percentage of patients with hypertension having regular blood pressure tests was 88.2% similar to the national average 83.7%.
- Performance for mental health related indicators was similar to the national average. For example 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to national average 88.5%.

Clinical audits were used but have not yet demonstrated quality improvement.

- There had been two clinical audits in the last year, neither of these were completed audits, improvements made were implemented but at the time of our inspection their impact had not yet been monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, 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 and nurse forum meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs, however the practice was unable to provide evidence that all staff had current appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79.8%, which was comparable to the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, 85.4% under twos were given MMR compared to CCG average 82.4%, 86.0% five years olds were given MMR vaccine compared to CCG average 87.5%.

Flu vaccination rates for the over 65s were 71.8%, and at risk groups 46.3%. These were also comparable to national averages (73.2%, 44.9%).

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

Good

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. However we did observe that whilst sat in the waiting room we could hear conversations between staff which included patient details.
- Patients we spoke with told us that they felt the principal GP offered a service level to patients that was above and beyond what their normal expectations would be. They gave us examples such as late night and extended house calls when this benefitted the patients.

All bar one of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. This was contradictory to the comments we received on our comment cards and from the patients we spoke with. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and national average of 89%.
- 77% of patients said the GP gave them enough time (CCG average 85%, national average 87%).
- 94% of patients said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 79% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 91% of patients said they found the receptionists at the practice helpful (CCG average 83%, national average 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 on the comment cards we received was also positive and aligned with these views. This is quite different to the results of the patient survey where the practice results were below average in these areas.

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 with local and national averages. For example:

- 74% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 85%.
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 77% said the last nurse they saw was good at involving them in decisions about their care (CCG average 90%, national average 91%).

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

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as carers. 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.

Good

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 evening appointments 6.30pm till 8.15pm on a Tuesday evening and 7.30am till 8am on a Thursday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those who would benefit from them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Staff told us they were able to add appointments to the end of the GPs clinical session to allow all patients that needed an appointment to be seen.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. The practice did not have a hearing loop but staff were able to explain how they communicated with patients that had a hearing impairment.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services such as offering appointments outside of clinic hours for carers for example longer lunchtime appointments offered outside of clinic hours, this was in addition to extended hours surgeries.

Access to the service

The practice was open between 8.30am and 6pm Monday, Tuesday, Thursday and Friday. On Wednesday the practice closed early and was open from 8.30am to 1pm. Calls were answered by an external service between the hours of 8am to 8.30am, 6pm to 6:30pm and Wednesday afternoons between 1pm to 6.30pm where a GP from the practice was on call. Extended hours surgeries were offered 6.30pm to 8.15pm Tuesday and 7.30am to 8am Thursday mornings.

Patients requiring a GP outside of normal hours are advised to call NHS 111 where they are redirected to an external out of hours service. In addition to pre-bookable appointments that could be booked up to six 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 above local averages and above or comparable to national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 74% patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%).
- 76% patients said they always or almost always see or speak to the GP they prefer (CCG average 53%, national average 59%).

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

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, there was a poster in waiting room and a leaflet was available.

We looked at the only complaint received in the last 12 months and found that it was satisfactorily handled in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice has amended its protocol for handling referrals and reviewed the way that the GPs documented consultations.

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

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

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined 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.
- There were a number of practice specific policies which were implemented and were available to all staff.
- The practice was unable to provide evidence that all staff had current appraisals and some of the appraisals we saw were over two years old. On the day of inspection the practice were unable to show us a schedule for when appraisals would be completed.
- The practice did not have robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, not all significant events were recorded and recruitment for staff did not always follow the practice's own policy.
- The practice did not always assess and mitigate risk, for example there was a lack of clarity around infection control audits, fire risk assessment and electrical safety checks.

Leadership and culture

The principal GP had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise high quality and compassionate care. The principle GP was visible in the practice and staff told us that he was approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents recorded:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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 team meetings, however on the day of inspection the practice could not provide evidence of regular meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the management team and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice and encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested that an area should be provided in the waiting room where patients could measure their own blood pressure, height and weight, the PPG had contributed towards the cost of this through fund raising.

- 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice was unable to demonstrate that it had done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The practice could not demonstrate that it was adequately assessing the risk of spreading infection or provide evidence that it was acting on the risks that were identified. The provider had not completed a legionella risk assessment and therefore was not doing all that was reasonably practicable to mitigate risks. The provider had not tested fire alarms on a regular basis or completed fire drills The provider had not ensured that oxygen was readily available to deal with emergencies This was in breach of regulation 12(1) (2) (a) (b) (d) (e) (h) 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 15 HSCA (RA) Regulations 2014 Premises and equipment The practice was unable to demonstrate that the practice had an electrical safety certificate, that portable appliances had been tested for safety or that all clinical equipment had been calibrated to ensure that it was working correctly. This was in breach of regulation 15(1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

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 could not demonstrate that a robust system is in place to ensure all significant events recorded and investigated and learning disseminated to appropriate staff. We also found that the practice was not following its own policies regarding recruitment checks. This was in breach of Regulation 17(1) & (2)(a) (b) 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 18 HSCA (RA) Regulations 2014 Staffing We found the practice could not demonstrate that all staff had annual appraisals. This was in breach of Regulation 18 (2)(a) Health and Social Care Act 2008(Regulated Activities) Regulations 2014