

Townhill Medical Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Townhill Medical Practice on 24 August 2016. 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.
- Risks to patients were assessed and well managed, with the exception of those relating to training, recruitment checks and risk assessments.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they 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.
- There was a clear leadership structure and staff felt supported by management.
- 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 that an accurate, complete and contemporaneous record in respect of each patient is securely maintained.
- Ensure that training appropriate to job role is completed including safeguarding, Mental Capacity Act (2005), basic life support and fire safety.
- Ensure that all appropriate risk assessments are carried out.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

Summary of findings

- Ensure that blank prescription forms are stored and tracked within the practice in accordance with national guidance and practice protocol.
- Ensure that all practice specific policies and procedures are in place and up to date.

The areas where the provider should make improvement are:

- Develop and implement a system for recording when Deprivation of Liberty Safeguards are in place.

- Continue to monitor patient satisfaction scores particularly around telephone access to the surgery and nurse consultations.
- Continue to review processes to ensure patients with long term conditions receive the best care.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, however not all staff had received safeguarding training appropriate to their job role.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example; liquid nitrogen risk assessment and maintaining contemporaneous medical records for patients living in residential facilities .
- The practice had introduced a visual system that allowed GPs and staff to easily identify equipment and clinical areas that had been cleaned and were ready for use.

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 at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff, although recruitment checks and training appropriate to job role were not completed for all GPs and staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- 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.

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. For example the practice hosts a wellbeing counselling service.
- 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 acted on feedback from patients regarding difficulties getting through to the surgery on the phone. They had installed a new telephone system and increased the number of staff available to answer the phone when call volumes are high.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a robust system in place for prioritising home visits with a single member of staff each shift taking responsibility for the visit and urgent appointment requests.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, but some of these were missing or overdue a review, and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice was rated as requires improvement for providing safe and effective 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.

Requires improvement



People with long term conditions

The practice was rated as requires improvement for providing safe and effective 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.
- Performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and national averages. For example, 88% of patients with diabetes, on the register, last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months compared to the CCG average of 80% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was comparable with the clinical commissioning group (CCG) average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a one-stop clinic for new babies where the 8 week check and first immunisations were delivered by a GP and nurse working together.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice was rated as requires improvement for providing safe and effective 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.
- The practice offered electronic prescribing which allows patients to have their prescriptions sent to a chemist of their choice, for example one near their place of work.

Requires improvement



People whose circumstances may make them vulnerable

The practice was rated as requires improvement for providing safe and effective 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.

Requires improvement



Summary of findings

- 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.
- The practice had a robust system in place for prioritising home visits with a single member of staff each shift taking responsibility for the visit and urgent appointment requests.

People experiencing poor mental health (including people with dementia)

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

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the local average of 83% and the national average of 84%.
- 92% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was comparable to the CCG average of 93% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages with the exception of how easy patient found it to get through to the practice by phone. Of the 265 survey forms that were distributed 109 were returned. This represented 1% of the practice's patient list.

- 58% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received; two cards also mentioned difficulty in getting convenient appointments.

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

Townhill Medical Practice

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 Townhill Medical Practice

The Townhill Medical Practice is based in a purpose built property in Caterham. The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS East Surrey Clinical Commissioning Group.

At the time of our inspection there were approximately 13,400 patients on the practice list. The practice has a slightly higher than average number of patients from birth to 19 years and also over 85 years, there is a slightly lower than average number of patients aged 20 to 44 years old. The practice has a higher than average number of female patients aged 11 to 18 years which is due to the practice providing care to the pupils of a girls boarding school. The practice also provides care and treatment to one large residential home, three nursing homes and two specialist neurological rehabilitation residential centres. The practice also has a higher than average number of patients with long standing health conditions. Deprivation amongst children and older people is low when compared to the population nationally.

The practice has three GP partners and four salaried GP (three male and four female GPs). They are supported by three practice nurses, two healthcare assistants, a phlebotomist, a practice manager, an assistant practice manager and a team of clerical and reception staff.

Townhill Medical Practice is a training practice so it takes supernumerary registrars who are qualified doctors completing their specialist training as GPs. At the time of our inspection there were two registrars attached to the practice.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered 6.30pm to 8pm Monday evening, 6.30pm to 7.30pm Wednesday evening and Saturday morning from 8am to 11am. When the practice is closed patients are advised to call NHS 111 where they will be given advice or directed to the most appropriate service for their medical needs.

The service is provided from the following location:

Guards Avenue

Caterham

Surrey

CR3 5XL

The NHS Friends and Family Test results show that 100% of patients who responded would recommend this practice to their friends and family.

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

Detailed findings

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 24 August 2016. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We noted that the practice reviewed positive incidents as significant events and they also reviewed near miss events. For example a child was taken seriously ill after the surgery was closed and was treated by out of hours services but the practice reviewed how it should have been handled if the child had been taken ill whilst the surgery was open. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when electronic prescribing was introduced there were some incidents regarding prescriptions, as a result the GPs received further training and the practice worked with the pharmacy located in the same building to develop an updated process.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. We noted that not all GPs were trained to child protection or child safeguarding level three. Nurses were trained to child protection or child safeguarding level three with one exception who was trained to level two.

- 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 either a Disclosure and Barring Service (DBS) check or a risk assessment to determine one was not required. (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 noted that the chaperone policy did not reflect the DBS risk assessments that had been carried out. When we brought this to the attention of the practice they took action on the day of inspection to rectify this.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice nurse had introduced a "green label" system to easily and visually identify which areas and equipment had been cleaned. Once an area or equipment had been cleaned the member of staff who cleaned it would attach a green label to it with their initials and date.
- 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

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored prior to distribution within the practice. However blank prescription forms for use in printers were not tracked in accordance with national guidance. On the day of inspection we observed blank prescription forms which had been left in a printer in an unlocked room which would have been accessible to patients and was not in accordance with the practice protocol which states they must be removed and placed in a lockable drawer. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed three personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, we saw evidence of the following; proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However when asked the practice did not provide evidence of full employment history or explanations of gaps in employment in three of the four personnel files.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

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

checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We also noted that there was liquid nitrogen on site but there was no risk assessment in place for storage, transport and use of liquid nitrogen.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all the computers in the practice and there were panic buttons in all the consultation and treatment rooms which alerted staff to any emergency.
- We noted that not all staff had received annual basic life support training. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.9% of the total number of points available.

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

- Performance for diabetes related indicators was higher than the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 89% which was better than the CCG average of 79% and the national average of 78%. However the practice exception reporting rate for diabetes related indicators was 21% which was higher than the CCG average of 14% and the national average of 11%. (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).
- Performance for mental health related indicators was similar to the local and national averages. For example 92% of patients with severe and enduring mental health

problems had a comprehensive care plan documented in their records within the last 12 months which was comparable to the CCG average of 93% and the national average of 88%.

Although the practice was not an outlier for any QOF clinical targets the practice exception reporting was significantly different to the CCG and national averages in several areas. The practice exception reporting rate was zero for several areas including cancer, depression and osteoporosis which was significantly lower than the CCG and national averages. For example, the practice had no patients which were exception reported for depression compared to the CCG average of 23% and the national average of 25%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits in the two years and all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the introduction of a new patient recall system for eligible patients with a history of diabetes during pregnancy, to ensure that their blood glucose was tested annually to assist in early diagnosis of type 2 diabetes.

Information about patients' outcomes was used to make improvements such as: results from audits of hip and knee referral rates were used to ensure that patients were offered less invasive treatments such as physiotherapy before they were referred to secondary care.

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 fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured some role-specific training and updating for relevant staff. For example, we saw evidence of disease specific training for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- We noted that not all staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

We noted that the practice was not maintaining complete medical records for all of the registered patients, this related particularly to the pupils of a boarding school and patients that were in nursing and residential care homes.

Consent to care and treatment

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

- Clinical staff demonstrated understanding of consent, but had not received training that included the requirements of 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. We noted that where Deprivation of Liberty Safeguards were in place they were not always recorded in the patient's records. The practice took action on the day of inspection to rectify this.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a stop smoking advisor who ran weekly clinics at the practice.
- The practice hosted a wellbeing advisor who ran weekly clinics in the practice and takes non-medical referrals (including self-referrals). The advisor signposts patients of the details of appropriate social or health care providers.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample

Are services effective?

(for example, treatment is effective)

taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 90% (CCG 71% to 79%) and five year olds from 85% to 88% (CCG 69% to 88%).

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; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced, although two cards also mentioned difficulty in getting convenient appointments. 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 one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 were in line with local and national averages for its satisfaction scores on consultations with GPs and below local and national averages for its satisfaction scores on consultations with nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 88% and national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 91% and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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 with the exception of nurse consultations which were worse. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 89% and national average of 85%.

The practice were aware that satisfaction scores with the nurse consultations were lower than CCG and national averages. They had addressed this by restructuring the nursing team. . At the time of our inspection it was too early to tell whether this had increased patient satisfaction.

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

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

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 265 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. There was easily accessible information for carers on a noticeboard and in a folder in the main entrance hall, which included information about support organisations for young carers.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice hosted clinics to improve access in the community, for example, a weekly ultrasound clinic and a fortnightly consultant led gynaecology clinic.

- The practice offered extended hours appointments from 6.30pm to 8pm on Monday evenings, 6.30pm to 7.30pm on Wednesday evenings and 8am to 11am every Saturday morning for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had installed a lift to improve access to the first floor patient areas.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 6pm daily. Extended hours appointments were offered at the following times; 6.30pm to 8pm on Monday evenings, 6.30pm to 7.30pm on Wednesday evenings and 8am to 11am every Saturday morning. In addition to pre-bookable appointments that could be booked up to two 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 comparable to local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average 76% and the national average of 78%.
- 58% of patients said they could get through easily to the practice by phone compared to the CCG average 72% and the national average of 73%.

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

The practice was aware of the difficulties that patients had faced in getting through to the practice by phone. The practice had recently installed a new phone system with a live monitoring system, which enable extra staff to answer the phone once there were two or more patients being held in the telephone queue. The practice showed us evidence that since this system had been implemented the average wait time had decreased to less than three minutes, even during peak hours, and the number of abandoned calls (calls where patients decided not to wait in the queue any longer and hung up) had also decreased. It was too early to tell whether the patients felt this had improved phone access to the surgery, although patients we spoke to on the day of inspection told us that they thought the phone access was better since the new system had been installed.

The practice had a system in place to assess:

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

Requests for home visits were all directed to a single member of the administration team who had oversight of the home visit and urgent appointment requests for that shift. This member of staff completed a template which captured the information that the GPs had requested. If the home visit was urgent the patients usual GP or the on call GP was informed. The GP would make a decision how to proceed based on the information obtained which could include calling the patient or carer to obtain further information. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs? (for example, to feedback?)

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

We looked at the complaints received in the last 12 months and found that these were satisfactorily handled, dealt with

in a timely way, and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, after receiving a number of complaints about telephone access the practice installed a new telephone system and increased the number of staff who answer the telephones when call volumes were high.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The partners we spoke with told us that they are reviewing the business plan more frequently than normal due to a number of recent and upcoming changes in key roles to ensure that patient care is not affected.

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.
- Some practice specific policies were implemented and were available to all staff. However we noted that not all policies or protocols were available. For example there was no policy or protocol in place for the safe storage, transport or use of liquid nitrogen.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording risks, issues and implementing mitigating actions, however these were not always sufficiently managed.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted all staff meetings were held every month.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Some staff we spoke with told us that they felt the partners had not always acted in a timely manner when they raised concerns.
- 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.

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 was a virtual group although the practice and some of the PPG members had been encouraging face to face meetings. They carried out patient surveys and submitted proposals for improvements to the practice management team for example, the PPG were consulted about how to improve telephone access to the practice.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example feedback from staff at an all practice meeting was used to develop the house visit protocol. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice hosted clinics to improve access in the community, for example, a weekly ultrasound clinic and a fortnightly consultant led gynaecology clinic.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>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.</p> <p>We found that the practice was unable to provide evidence that training appropriate to job role had been completed for all GPs and staff; including safeguarding and the Mental Capacity Act 2005 .</p> <p>The practice could not provide evidence that there was a risk assessment in place for the transport, storage or use of liquid nitrogen.</p> <p>We found that the practice could not demonstrate that prescription forms were tracked and always stored securely.</p> <p>This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found the practice did not demonstrate that it was maintaining securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>We found the practice could not demonstrate that all appropriate policies were in place.</p>

This section is primarily information for the provider

Requirement notices

We also found that the practice was not completing recruitment checks in accordance with the practice policy and Schedule 3.

This was in breach of Regulation 17(1) & (2) Health and Social Care Act 2008(Regulated Activities) Regulations 2014