

# Drs Davies, Taylor & Golton

## 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13
Areas for improvement	13

### Detailed findings from this inspection

Our inspection team	14
Background to Drs Davies, Taylor & Golton	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16
Action we have told the provider to take	27

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Davies, Taylor and Golton's practice (Rotherfield Surgery) on 23 February 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.
- 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.
- 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.
- 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.
- The practice had proactively sought feedback from patients but did not have an active patient participation group.
- A GP from the practice attends local school assemblies to give advice regarding issues such as body image, disabilities and risk taking to children of various age groups including those of Junior school and senior school ages .
- There were gaps identified in the staff training records.
- There were areas of infection control that had not been addressed such as not having elbow taps in their treatment rooms.

# Summary of findings

- Certain areas of building management had not been checked at the appropriate intervals and the provider had not always acted on safety recommendations made as a result of reviews or audits.
- The practice did not have evidence that the gas heating and hot water boiler was safe to use.
- Not all staff had received a recent appraisal.

The areas where the provider must make improvements are:

- To ensure staff appraisals are undertaken for all staff on an annual basis.
- To ensure that appropriate training for staff is completed and monitored to ensure that time frames for re-training are met. This includes training in respect of fire safety, infection control, safeguarding (adults and children) and information governance.

- To ensure that all safety assessments are undertaken and reviewed as required.
- To ensure the provider takes action to address issues identified in the infection control audit.

The areas where the provider should make improvements are:

- To actively identify patients that have caring responsibilities within the patient list.
- Review the complaints process to ensure patients are given the information on how they can escalate the complaint if they remain dissatisfied.
- To continue in their attempts to establish a Patient Participation Group (PPG).

**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.

**Requires improvement**



- 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 there were unintended or unexpected safety incidents, patients received reasonable support, accurate information, a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Processes to keep patients safe were not up to date. For example, a fire safety assessment undertaken in 2009, had not been reviewed recently. The premises electrical installation safety certificate was out of date as this was last undertaken in 2010. These should be carried out every 5 years.
- The practice had policies and procedures in place to help with continued running of the service in the event of an emergency. This policy had last been reviewed in February 2015.
- The practice were unable to provide an up to date gas installation safety certificate in respect of the Central Heating Boiler. The certificate examined lapsed on 28/1/15. We were informed that the re-inspection was booked for 26/3/16.
- The practice had not yet undertaken a Risk Assessment for Legionella although evidence was seen that this was planned for 08/03/16.
- The appointment of new staff was supported by recruitment checks.
- Procedures for dealing with medical emergencies were robust. Emergency medicines were stored in a central location.
- The practice was clean and tidy.
- All staff who acted as chaperone had received a criminal record check from the Disclosure and Barring Service (DBS) in order to perform this duty.

### Are services effective?

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

**Requires improvement**



# Summary of findings

- 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.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans had been undertaken but not all staff had received an appraisal in the previous 12 month period. The current practice manager had only been in post since August 2015 and an action plan was seen to address this issue.
- Staff had received some training appropriate to their roles, however, further training needs were identified, including infection control, information governance, safeguarding children, safeguarding adults, and fire safety.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the National GP Patient Survey published January 2016 showed patients rated the practice higher than others for several aspects of care. For example, data shows the percentage of respondents who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care was 87% compared to a national average of 82%.
- 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.
- We observed a strong patient-centred culture.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- Practice staff 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 had

# Summary of findings

identified that telephone access to the practice had been a problem for patients and at the time of inspection a new telephone system had been planned to be installed at the beginning of March 2016.

- 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.
- Appointments at the practice were of 15 minutes duration to enable patients to discuss any issues they had thoroughly.
- The practice regularly referred frail elderly patients to a local charity group that offered them use of a day centre including lunch and also day trips so as to ease their possible isolation.
- A GP undertook a clinic for adolescents at the branch surgery to focus on areas of concern to these patients. The practice had the highest testing rate for chlamydia in the CCG area.
- Information about how to complain was available and easy to understand. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However, the final response letter did not contain information on what the complainant could do if they were unhappy with the response from the practice.

## 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The response from the Friends and Family Test for January 2016 had 73 responses of which 68 documented that the respondents were “extremely likely” or “likely” recommend the practice. There were no negative responses.
- There was a focus on continuous learning and improvement at all levels.
- The practice had a very active league of friends but had been unsuccessful in developing a patient participation group.

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as requires improvement for safe and effective and good for caring, responsive and well led. 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. Patients that had not seen a GP in the last year are prioritised for this service.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients and their carers are given telephone numbers appropriate for their needs to enable them to obtain advice and support.
- The practice offered continuity of care with a named GP.
- Patients were encouraged to have their flu vaccine to prevent severe flu related illnesses.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safe and effective and good for caring, responsive and well led. 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.
- Data from 2014/15 showed that the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 87% which was comparable to the national average of 88%.
- Longer appointments and home visits were available when needed.
- Nurses had received the appropriate training in order to take ownership and review the needs of all diabetic patients. This would include home visits for housebound diabetic patients by the practice nurse. Systems were in place to maintain continuity of care to patients with diabetes which avoided fragmentation of care.

**Requires improvement**





# Summary of findings

- 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.
- Patients with chronic obstructive pulmonary disease (COPD) were given “rescue packs” where appropriate. These packs contained antibiotics to be used at the onset of chest infections for example.

## Families, children and young people

The provider was rated as requires improvement for safe and effective and good for caring, responsive and well led. 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 high for all standard childhood immunisations.
- Data for 2014/15 showed the percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that includes an assessment of asthma control was 73%; this is comparable to the national average of 75%.
- 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.
- Data for 2014/15 showed that 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%; this is comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. A separate waiting area with books and toys were available for younger children.
- We saw positive examples of joint working with midwives, health visitors and school nurses. Multidisciplinary team meetings were held quarterly to discuss relevant cases.
- A GP from the practice attends local school assemblies to give advice regarding issues such as body image, disabilities and risk taking.

**Requires improvement**



# Summary of findings

## Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe and effective and good for caring, responsive and well led. 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 provided extended hours appointments on the first, second and fourth Monday evening each month and the third Thursday evening of each month. There were also early morning appointments every Wednesday morning and Saturday morning appointments on the second and fourth Saturday of the month.
- The practice offered advice by telephone, where appropriate, each day for those patients who had difficulty in attending the practice.
- We saw that the practice was implementing electronic prescribing in April 2016 so as to enable patients to have their prescriptions sent to the pharmacy of their choice.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and effective and good for caring, responsive and well led. 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.
- The practice actively referred frail, elderly patients to a local charity group which could offer these patients day trips and visits to their day centre which would also include lunch.

Requires improvement



# Summary of findings

- 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 has two counsellors who are able to take referrals direct from the GPs working at the practice. These were provided by the local mental health services.
- Carers and those patients, who had carers, were flagged on the practice computer system and were signposted to the local carers support team.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.

## People experiencing poor mental health (including people with dementia)

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

- 77% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%. Evidence was seen that the practice had increased their activity regarding dementia care resulting in a further thirty care plans being composed in the previous six months.
- Data from 2014/15 showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 84%; this was comparable to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- There was counselling available at the practice provided by the local mental health care service.

**Requires improvement**



# Summary of findings

- 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 in January 2016. The results showed the practice was performing in line with local and national averages, 239 survey forms were distributed and 115 were returned. This represented 2% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to a national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 89% of patients described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 82% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were positive about the standard of care received. Positive comments made regarding the practice included that an excellent service was had, that there were amazing doctors that got to the core of the problem, friendly reception staff and that you would have to go a long way to find such a good practice

Five comment cards also noted some areas of concern including that it was sometimes difficult to make an appointment and that sometimes there was a long wait to be seen and suggested a water machine would be beneficial. All cards that documented issues also commented on the high quality of service and care received.

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

## Areas for improvement

### Action the service **MUST** take to improve

- To ensure staff appraisals are undertaken for all staff on an annual basis.
- To ensure that appropriate training for staff is completed and monitored to ensure that time frames for re-training are met. This includes training in respect of fire safety, infection control, safeguarding (adults and children) and information governance.
- To ensure that all safety assessments are undertaken and reviewed as required.

- To ensure the provider takes action to address issues identified in the infection control audit.

### Action the service **SHOULD** take to improve

- To actively identify patients that have caring responsibilities within the patient list.
- Review the complaints process to ensure patients are given the information on how they can escalate the complaint if they remain dissatisfied.
- To continue in their attempts to establish a Patient Participation Group (PPG).

# Drs Davies, Taylor & Golton

## 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 Drs Davies, Taylor & Golton

Drs Davies, Taylor and Golton are located in a residential area of Crowborough and provide primary medical services to approximately 7,380 patients.

There are three GP partners and three salaried GPs (two male, four female). There are three female practice nurses, two healthcare assistants, a team of receptionists, administrative staff, a practice manager and an assistant practice manager.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged 45-69 years when compared to the national average. The number of patients aged 20 to 39 is also slightly lower than the national average. The number of registered patients suffering income deprivation (affecting both adults and children) is below both the local clinical commissioning group and national average.

The practice is open Monday, Tuesday and Friday between 8am and 6:30pm. It is open between 8am and 1pm on Wednesday and Thursday. Patients access appointments at the branch practice during the closed times. Extended hours appointments are offered every first, second and fourth Monday evening per month from 6:30pm to 8pm, Wednesday mornings between 7:30am and 8am and on

the second and fourth Saturday morning each month between 9am and 10:30am. Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website. Out of hours care is accessed by calling NHS 111.

The practice runs a number of services for its patients including; chronic disease management, new patient checks, smoking cessation, and holiday vaccines and advice.

Services are provided from two locations. The main practice is: The Rotherfield Surgery, Rotherfield, East Sussex TN6 3QW.

The branch surgery is located at: The Brook Health Centre, Crowborough Hill, Crowborough, East Sussex, TN6 2ED. The branch surgery was not inspected.

The practice has a General Medical Services (GMS) contract. The practice is part of High Weald Lewes and Havens Clinical Commissioning Group.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 February 2016.

During our visit we:

- Spoke with a range of staff including three GPs, two nurses, five administrative staff, the assistant practice manager and the practice manager. We also spoke with two 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.
- Made observations of the internal and external areas of the building.
- Reviewed documentation relating to the practice including policies and procedures.

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 practice carried out a thorough analysis of the significant events.

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, a patient had been administered the wrong vaccine. An explanation was given immediately and the matter discussed at a clinical meeting. Information was then disseminated informing all clinical staff of the need to ensure that the immunisation records are double checked prior to giving any vaccine.

When there were unintended or unexpected safety incidents, patients received reasonable support, accurate information, a verbal or 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 had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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. Children and adults at risk were identified on the practice computer system using an alert on their record. Staff demonstrated they understood their responsibilities though not all had received training relevant to their role. GPs were trained

to Safeguarding level three and nurses to level two. However, non-clinical staff, apart from the practice manager and assistant practice manager, had not received training in adult safeguarding.

- 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).
- 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 though there were areas that needed to be acted upon, for example having elbow controlled taps in the treatment rooms and replacing a treatment room table that had a peeling surface.
- 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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads and forms were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccines.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.



## Are services safe?

- There were failsafe 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 assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. However, we found the practice had not reviewed the fire risk assessment carried out in 2009. We saw evidence that regular fire drills have taken place. All portable electrical equipment was checked in November 2015 to ensure the equipment was safe to use and clinical equipment was checked in February 2016 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 which we noted was planned for March 2016, (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, some of these were out of date for example, the electrical installation assessment had last been undertaken in December 2010 and the gas safety certificate lapsed but evidence was seen that this was planned to be undertaken in March 2016.

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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. Copies of this plan were held by key staff members off site.

# 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 97% of the total number of points available, with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for one QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 87% compared to the national average of 88%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2014 to 31/03/2015) was 85% which was better than the national average of 84%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in

the preceding 12 months (01/04/2014 to 31/03/2015) was 77% which was lower than the national average of 84%. The practice was formulating an action plan to address this issue.

The practice had recognised that data showed that 62% 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 compared to the national average of 78%. The practice was actively identifying these patients to ensure they are assessed and managed appropriately.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. We noted that the practice had completed audits for medicine management, one for medicines for managing pain and one for the management of cholesterol. Findings were used by the practice to improve services. The practice had completed two audits for patients who were receiving medicines in 2015 and in 2016 for high cholesterol. This had ensured that patients who were suffering from this condition were receiving treatment in accordance to best practice.
- 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 newly appointed members of staff, which included new staff shadowing long standing staff members. New staff underwent a probationary period in which competencies were reviewed.
- 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.

# Are services effective?

## (for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. There was evidence of appraisals and personal development plans had been undertaken but not all staff had received an appraisal in the previous 12 month period. The practice manager provided us with a spreadsheet which recorded staff mandatory training. This indicated that staff training was not up to date. We saw that from the staff members, only three members of staff had received training in fire safety, seven had received training in infection control and three members had training in information governance. All staff had received training in basic life support. Safeguarding training for children had been undertaken by most of the administrative staff but no adult safeguarding had yet been undertaken by this group. Not all staff had undergone an appraisal within the last 12 months. The practice manager joined the practice in August 2015 and evidence was seen of an action plan that addressed this need.
- 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 nurses could support patients with reviews for diabetes or asthma and could conduct cervical smears and vaccinations
- A GP from the practice attends local school assemblies to give advice regarding issues such as body image, disabilities and risk taking to children of various age groups including those of Junior school and senior school ages.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice was also very active in promoting chlamydia screening to people who were at risk from this.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for female patients aged between 50-70, screened for breast cancer within 6 months of invitation was 72% compared to the local CCG average of 65% and a national average of 73%.

### 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. 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 as required and that the practice held clinical meeting with GPs and nurses on a bi-weekly basis.

### Consent to care and treatment

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

## Are services effective?

(for example, treatment is effective)

The practice's uptake for patients aged between 60-69 to be screened for bowel cancer within 6 months of invitation was 56% compared to the local CCG average of 57% and a national average of 55%.

Childhood immunisation rates for the vaccinations given were comparable to clinical commissioning group/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 95% and five year olds from 93% to 100%.

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.

# 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 and they could offer them a private room to discuss their needs.
- The practice had a separate waiting area available for those attending with young children.
- We noted that the practice had installed an electronic booking in system.

All of the 46 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. Five comment cards, whilst still making positive comments, also contained comments stating that they found it difficult to get through on the telephone to obtain an appointment and that sometimes the appointments run late.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and national average of 89%.
- 92% of patients said the GP gave them enough time (CCG average 91%, national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 88% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85%).

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 92% of patients said they found the receptionists at the practice helpful (CCG average 88%, 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.

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 above local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

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

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%, 214 patients, of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement then they are flagged on the system so as to ensure that they are treated with empathy.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments every first, second and fourth Monday of the month until 8pm. On the third Thursday of each month appointments could be undertaken until 8pm and every Wednesday morning from 7:30am to 8am. A Saturday clinic was also held on the second and fourth Saturday between 9am and 10:30am for working patients who could not attend during normal opening hours.
- Older, frail patients were referred to a local charity by the practice to enable them to access their day centre and other options such as day trips to the coast.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Regular appointments at the practice were of 15 minutes duration to enable patients to discuss their issues effectively.
- The practice was accessible for patients with all services located on the ground floor.
- Counselling was available at the practice and was provided by the local mental health service.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations and advice for those available on the NHS only. For those vaccinations available privately patients were signposted to other services.
- There were disabled facilities and translation services were available.
- Patients with poor mobility were provided with information of a volunteer based community charity that could provide transport services to the practice.

### Access to the service

The practice is open between 8am and 6:30pm Monday, Tuesday and Friday. On Wednesday and Thursday the practice is open from 8am until 1pm. Patients were able to access the branch surgery for appointments on Wednesday

and Thursday afternoon. Appointments were from 8:30am to 1pm every morning and 3pm to 6:30pm on Monday, Tuesday and Friday. Between 1pm and 3pm GPs undertake home visits and other administrative tasks and patients are still able to contact the practice by telephone. Extended surgery hours were offered at the following times, 6:30pm until 8pm on the first, second and fourth Monday evening, between 7:30am and 8am every Wednesday morning, 6:30pm until 8pm on the third Thursday of each month and between 9am and 10:30am on the second and fourth Saturday per month. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 73% of patients said they could get through easily to the surgery by phone (national average 73%).
- 46% of patients said they always or almost always see or speak to the GP they prefer (national average 36%).

The practice was aware of the concerns raised by patients at being able to access appointments. It had put in place on-line booking of appointments and was in the process of updating the telephone system at the time of inspection. 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 were posters on display in the waiting area, a complaints leaflet and information was on the practice website.

We looked at five complaints received in the last 12 months and found these were all discussed, reviewed and learning

# Are services responsive to people's needs?

(for example, to feedback?)

points noted. We saw these were handled and dealt with in a timely way. We noted that lessons learned from individual

complaints had been acted on. However, we noted that the final response letter from the practice did not always contain relevant information should the complainant still be dissatisfied and wish to continue with their complaint.



# 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 knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We spoke with 12 members of staff and they all knew and understood the practice values and knew what their responsibilities were in relation to these. Staff spoke very positively about the practice.

### 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
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions though it was noted that some areas of assessment for managing risk had lapsed.
- The practice had a comprehensive and up to date Business Continuity Plan accessible to all staff electronically. We saw this had last been updated February 2015.

Staff had received some training appropriate to their roles however further training needs were identified, including fire safety, infection control, safeguarding (adults and children) and information governance.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were 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. The partners 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:

- 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 regular team meetings every six months. We saw evidence of the minutes from the staff meeting in May 2015, which included topics on; changes within the practice, management of results and a discussion of enhanced services provided by the practice.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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 national GP patient survey, the friends and family test, NHS choices reviews, a

# Are services well-led?

Good 

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

comments box in reception, and complaints received.

The last friends and family test for January 2016 had 73 responses which detailed that 93% of respondents were extremely likely or likely to recommend the practice.

- The practice had gathered feedback from staff through staff meetings, informal discussions and appraisals. 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.
- The practice did not have an active patient participation group though they had attempted to establish one by

advertising the opportunity within the practice but no patients had responded to form a group. However, the practice did have a very active league of friends which raised funds for the practice and assisted in purchasing equipment.

## 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.

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  <b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b>  Safe care and treatment  <b>How the regulation was not being met:</b>  We found that the registered provider had not Introduced measures to reduce or remove risks that had been identified with their infection control audit.  This was in breach of regulation 12 (2) (b) 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 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises  <b>Regulation 15 HSCA (RA) Regulations 2014</b>  Premises and Equipment.  <b>How the regulation was not being met:</b>  We found that the practice did not have current risk assessments for the building including Fire Risk Assessment, Electrical installation and gas certificate at the time of inspection.  This was in breach of regulation 15 (1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Requirement notices

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014

Staffing

**How the regulation was not being met:**

We found that the registered provider had not undertaken regular staff appraisals at the time of inspection.

We found that the registered provider had not ensured all relevant training had been undertaken by practice staff.

This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014