

Capelfield Surgery

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		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Capelfield Surgery on 21 January 2016. Overall the practice is rated as good.

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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a 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.

The areas where the provider must make improvement are:

- Ensure Person Specific Directions (PSD) are in place for the health care assistant. A Patient Specific Direction (PSD) is the written instruction, signed by a doctor, for medicines to be administered to a named patient after the patient has been assessed on an individual basis.

Summary of findings

- Ensure that only medicines are stored in the medicine fridge. Specimens must not be stored in the same fridge as medicines.
- Ensure that prescription paper is stored securely and monitored within the practice.
- Ensure that when fire drills are regular and include evacuation drills.
- Ensure that there is a mercury spill kit on site if instruments containing mercury remain on site.
- Ensure that all staff have an awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The areas where the provider should make improvement are:

- Ensure that the process to register a manager with CQC is completed.
- Ensure that all regulated activities being provided are registered with CQC including maternity and midwifery.
- Ensure that all staff complete adult safeguarding and basic life support training.
- Ensure that the recruitment process and checks are robust and appropriate records kept.

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, truthful information, a verbal and 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.
- 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.
- The practice could not demonstrate a system of Person Specific Directions (PSDs) was in place to authorise the health care assistant to give vaccines to named patients. A Patient Specific Direction (PSD) is the written instruction, signed by a doctor, for medicines to be administered to a named patient after the patient has been assessed on an individual basis.
- We observed clinical specimens were stored in the same fridge as medicines which does not comply with the Public Health England Protocol for ordering, storing and handling vaccines.
- We observed a wall mounted mercury sphygmomanometer, an instrument used for measuring blood pressure, in one room and the staff told us there was no mercury spill kit on site.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 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.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- 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 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.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they could make an appointment with a GP and there were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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.

Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

- 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 patients, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 87.8% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less which was better than 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.

Good



Families, children and young people

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

- 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.
- 78.6% of patients with asthma, on the asthma register, have had an asthma review in the preceding 12 months which was comparable to the national average of 75.4%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 83.1% which was slightly above the national average of 81.8%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice was able to provide us with data that showed they were achieving 96-98% of the target for initial immunisations and 89-97% for booster immunisations.

Working age people (including those recently retired and students)

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

- 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 extended hours appointments between 9am – 12pm every Saturday morning for patients who find it difficult to attend during normal surgery opening times.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, 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 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 92.1% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months which was better than the national average of 88.5%.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published January 2016. The results showed the practice was performing in line with local and national averages. 247 survey forms were distributed and 106 were returned. This represented 1.4% of the practice's patient list.

- 86% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group average of 67% and a national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 86% and national average 85%).
- 95% of patients described the overall experience of their GP surgery as good (CCG average 85% and national average 85%).

- 90% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 79% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Patient comments included "always received excellent care", "staff are caring, appropriate and efficient".

We spoke with two patients during the inspection. All two 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

- Ensure Person Specific Directions (PSD) are in place for the health care assistant. A Patient Specific Direction (PSD) is the written instruction, signed by a doctor, for medicines to be administered to a named patient after the patient has been assessed on an individual basis.
- Ensure that only medicines are stored in the medicine fridge. Specimens must not be stored in the same fridge as medicines.
- Ensure that prescription paper is stored securely and monitored within the practice.
- Ensure that when fire drills are regular and include evacuation drills.

- Ensure that there is a mercury spill kit on site if instruments containing mercury remain on site.
- Ensure that all staff have an awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Action the service **SHOULD** take to improve

- Ensure that the process to register a manager with CQC is completed.
- Ensure that all regulated activities being provided are registered with CQC including maternity and midwifery.
- Ensure that all staff complete adult safeguarding and basic life support training.
- Ensure that the recruitment process and checks are robust and appropriate records kept.

Capelfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Capelfield Surgery

The Capelfield Surgery is situated in the Claygate area of Esher. The practice is located in a purpose built property owned by the partners. At the time of our inspection there were approximately 7,700 patients on the practice list.

The practice has three female GP partners and two salaried GPs (one male, one female), two nurses, a healthcare assistant, two phlebotomists, a practice manager, reception and administration staff.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are offered 9am to 12pm every Saturday. Patients requiring a GP outside of normal hours are advised to call 111 where they are redirected to the most appropriate external out of hours service. The practice has a Personal Medical Services (PMS) contract and offers enhanced services for example; various immunisation schemes.

The service is provided at the following location:-

Capelfield Surgery

Elm Road

Claygate

Esher

Surrey

KT10 0EH

The practice population has a higher number than average of younger patients from birth to 14 years and patients from 40 to 54 years. It has a lower number than average of patients from 20 to 34 years. It also has a lower than average percentage of patients with long standing health conditions and of patients with health-related problems in daily life.

The CQC (Registration) Regulations 2009 require a GP partnership to have a registered manager and to be registered for all the regulated activities that they provide. Capelfield Surgery do not currently have a registered manager although they have started the application process and are not registered to provide maternity and midwifery services which they are providing.

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 21 January 2016. During our visit we:

- Spoke with a range of staff , and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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 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.

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

Overview of safety systems and processes

The practice 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding Children level 3. The practice was unable to provide evidence of safeguarding vulnerable adults training for any staff however the GPs that we spoke to were able to demonstrate their understanding of an adult at risk and the types of abuse they may be subject to. The GPs were also aware of practice arrangements for recording safeguarding adult concerns and of the external process for reporting the concern and this was in line with local multi-agency policy and procedures.

- The practice was able to provide evidence that one GP had Mental Capacity Act (MCA) and deprivation of liberties (DoLs) training and that a session was planned for a clinical meeting where she would share her learning with clinical staff.
- Notices in the consulting and treatment rooms 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 and we saw evidence that action was taken to address any improvements identified as a result.
- Most arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, and security). However, prescription paper was not monitored within the practice and we observed large quantities of prescription paper left in printers that were in unlocked rooms. Prescription pads were securely stored and there were systems in place to monitor their use. 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.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, the practice did not have a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed five personnel files and found appropriate recruitment checks for recent employees had been undertaken prior to employment with the exception of verifying full employment history for one member of

Are services safe?

staff. Recruitment checks included, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were 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 tests of the fire alert system, however none of the staff could remember evacuating the practice during a fire drill and the practice were unable to provide evidence that an evacuation drill had been carried out. The practice did not have a central fire alarm or emergency lighting but did have battery operated smoke detectors and a manual horn to raise the alarm in case of fire.
- 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).

- 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 were available. Emergency medicines were easily accessible to staff in a secure area of the practice and all clinical staff knew of their location. All the medicines we checked were in date and fit for use. We noted that a particular medicine which is recommended for practices where coils are fitted was not included in the emergency medicines. We brought this to the attention of the Practice manager. We were informed that coil fitting would be suspended until this medicine had been ordered and received by the practice.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.4% of the total number of points available, with 5.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was comparable to the national average. For example; 79.8% of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months compared to national average 77.5%.
- The percentage of patients with hypertension having regular blood pressure tests was 87.6% which was better than the national average of 83.7%.
- Performance for mental health related indicators was better than the national average. For example; 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months which was better than the national average of 88.5%.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last year, one of these was a completed audit 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 was taken after an audit review for food supplements resulted in more appropriate nutritional supplement prescribing.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: fire procedures, and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The practice could not demonstrate on the day of inspection that all staff had adult safeguarding training, however speaking to the

Are services effective?

(for example, treatment is effective)

clinical staff it was clear that they understood the risks and knew what to do should they suspect a safeguarding issue. Not all staff had completed basic life support 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation however the practice could only provide evidence of one GP having completed training on the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 83.1%, which was comparable to the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice was able to provide us with data that showed they were achieving 96-98% of target for initial immunisations and 89-97% for booster immunisations. Flu vaccination rates for the over 65s were 65.7%, and at risk groups 45.5%. These were comparable to national averages of 73.2% and 44.8%.

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. We observed that sometimes conversations taking place in these rooms could be overheard, the practice was aware of this and played videos with soundtracks in the waiting room which helped maintain patient confidentiality.
- 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 15 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 91% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 89%.
- 93% of patients said the GP gave them enough time (CCG average 88% and national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 96% and national average 95%).

- 89% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87% and national average 85%).
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92% and national average 91%).
- 89% of patients said they found the receptionists at the practice helpful (CCG average 83% and 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 in line with 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 Clinical Commissioning Group (CCG) average of 87% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% and national average 82%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85% and 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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a Saturday morning clinic from 9am to 12pm for working 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 difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccinations available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services such as providing urgent appointments for those patients who were unlikely to return for a later appointment.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30 to 11am every morning with a sit and wait clinic from 11.30am and 4pm to 6pm every afternoon. Extended surgery hours were offered every Saturday 9am to 12pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients 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 Clinical Commissioning Group (CCG) average of 69% and national average of 75%.
- 86% of patients said they could get through easily to the surgery by phone (CCG average 67% and national average 73%).
- 54% of patients said they usually get to see or speak to the GP they prefer (CCG average 59% and national average 59%).

Patients 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.

- The complaint 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 on the practice website and a leaflet was available from reception.

We looked at seven complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely manner with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice received a complaint in relation to the booking of appointments. As a result of this further training was given to reception staff and the appointment booking system explained to the patient.

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 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.

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.
- An understanding of the performance of the practice was maintained.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised 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 patients 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.
- 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. We noted team social events were held during the year and the staff took part in events organised by the patient participation group (PPG).
- 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. The practice proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG are a group formed from the Friends of Capelfield which is a registered charity that had been working with the surgery for over twenty years. The charity runs surveys, raises money for the practice and tries to engage the practice population through events such as quizzes and walks around the community. The Friends of Capelfield had recently contributed a significant amount of funding to the building works that improved access to the practice for disabled patients.
- 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>We observed that there were specimens being stored in the same fridge as medicines.</p> <p>This was in breach of regulation 15(1) (a) (c) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found the practice could not demonstrate that appropriately signed Patient Specific Directions (PSD) were in place for the health care assistant.</p> <p>We found that the practice was not storing prescription paper securely.</p> <p>We found the practice was unable to provide evidence that recent fire drills or evacuation drills had taken place.</p> <p>We found that the practice had a mercury containing instrument on site with no suitable equipment to deal with a mercury spillage.</p> <p>We found that the practice was unable to provide evidence that training was sufficient for all GPs and staff, for example awareness of Mental Capacity Act and basic life support.</p> <p>This was in breach of regulation 12(1)(2)(b)(c)(e)(g) Health and Social Care Act 2008(Regulated Activities) Regulations 2014.</p>