

Dr P Kerr & Partners

Quality Report

The Wall House Surgery
Yorke Road,
Reigate,
Surrey,
RH2 9HG

Tel: 01737244325
Website: www.wallhousesurgery.nhs.uk

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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

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr P Kerr and Partners on 17 August 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, with the exception of the storage of blank prescriptions and the regular testing of fire alarms.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The 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 practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of a hospital admission.
- The practice ran regular paediatric asthma clinics ran by the paediatric advanced nurse practitioner.

Summary of findings

- The practice had signed up to the national breastfeeding friendly initiative. One of the GPs was the breast feeding support lead and a nurse was a breast feeding ambassador.
- The practice registration system ensured that all patients had a face to face meeting with the senior administrator. This ensured that any additional needs of the patient were identified and any additional support could be arranged for the patient in order to access healthcare.
- The practice worked closely with local services including the Safe Haven café in Redhill (people are able to go to the café in the evenings rather than A&E if they feel in crisis due to mental health concerns).
- The practice had also helped to create a Heart Failure Management Plan to empower patients to manage their own condition.

- The practice was leading on education for postnatal contraception and had developed a leaflet for patients

The areas where the provider must make improvement are:

- Ensure that blank prescriptions used in printers are tracked and securely stored.
- Test the fire alarms on a regular basis

Additionally the provider should:-

- Ensure patients with a learning difficulty or those with mental health problems have a new review and care plan in line with the practice's new policy and procedures.

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. With the exception of blank prescriptions used in the practices printers which were not securely stored or tracked and fire alarms which had not been regularly tested.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.
- Information about safety was valued and was used to promote learning and improvement. All staff were encouraged to be open and transparent and fully committed to reporting incidents. Incident reporting was thorough and analysis of incidents gave a robust picture of safety.

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 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 for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- The practice had also helped to create a Heart Failure Management Plan to empower patients to manage their own condition.
- The practice was leading on education for postnatal contraception and had developed a leaflet for patients.
- The practice registration system ensured that all patients had a face to face meeting with the senior administrator. This ensured that any additional needs of the patient were identified and any additional support could be arranged for the patient in order to access healthcare.

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.
- The practice worked closely with local services including the Safe Haven café in Redhill (people are able to go to the café in the evenings rather than A&E if they feel in crisis due to mental health concerns).

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

Summary of findings

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 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 strong focus on continuous learning and improvement at all levels.

Good



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.

Good



- The practice had 2426 patients over the age of 65 registered with the practice, which represented 15% of the practice population. All of these patients had a named and accountable GP.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with the local clinical commissioning group to improve their patient dementia diagnosis rate and was proactive in screening patients for dementia.
- The practice looked after patients at several care homes. Designated GPs conducted regular ward rounds at these homes.
- Older patients with complex care needs and those at risk of hospital admission had care plans that were appropriately shared with local organisations to facilitate the continuity of care.
- The practice was working to the Gold Standards Framework for those patients with end of life care needs.
- Patients were telephoned upon their discharge from hospital after an unplanned admission in order to offer support, and to enquire whether a visit or other assistance was required.
- The practice worked with the integrated care team to improve communication between different services, for patients who were vulnerable or had complex needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and had a wide range of expertise. For example, diabetes, respiratory, paediatric care and one nurse was trained in Macmillan cancer care.
- Performance for diabetes related indicators was comparable with the local clinical commissioning group (CCG) and national averages. For example, 80% of patients with diabetes, whose

Summary of findings

last measured total cholesterol was in a range of a healthy adult (within the last 12 months), was the same as the national average of 80% and the clinical commissioning group (CCG) average of 81%.

- 92% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness, which was slightly above the national average 90%
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured bi-annual review to check their health and medicines needs were being met. Patients were invited for a review of their condition by phone and letter. 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.
- The practice offered regular blood testing clinics for patients on the blood thinning medicine warfarin, to monitor risks associated with this medicine.
- The practice ran regular paediatric asthma clinics run by the paediatric advanced nurse practitioner.
- The practice was able to offer its patients in house phlebotomy, 24 and seven day ECGs as well as 24 hour blood pressure monitoring.
- The practice had also helped to create a Heart Failure Management Plan to empower patients to manage their own condition.

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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The number of women aged between 25 and 64 who attended cervical screening in 2014/2015 was 81% which was comparable to the clinical commissioning group (CCG) and national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.
- One of the nurses was trained as an advanced paediatric nurse practitioner.
- The community midwives were based in the building and ran antenatal clinics four days a week from the practice.
- The practice had signed up to the breastfeeding friendly initiative. One of the GPs was a breast feeding support lead and a nurse was a breast feeding ambassador. Mothers wishing to breast feed were welcome to do so in the waiting room or if they required somewhere quiet, the practice was able to offer a quiet room next to the reception desk.
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse. Safeguarding policies and procedures were readily available to staff.
- One of the GPs was the lead for sexual health and was a trainer for The Faculty of Sexual & Reproductive Healthcare (FSRH). The practice offered family planning and routine contraception services including implant/coil insertion.
- The practice was leading on education for postnatal contraception and had developed a leaflet for patients.
- The practice had signed up to the breastfeeding friendly initiative. One of the GPs was a breast feeding support lead and a nurse was a breast feeding ambassador.

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.
- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice offered NHS health-checks and advice for diet and weight reduction.

Good



Summary of findings

- The practice offered in-house enhanced service for patients which reduced the need to be seen at a hospital. For example, 24 hour blood pressure monitoring and minor operations.
- Clinics for family planning and routine contraception services were available at various times of the day.
- The practice offered advice by telephone each day for those patients who had difficulty in attending the practice.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice registration system ensured that all patients had a face to face meeting with the senior administration. This ensured that any additional needs of the patient were identified and any additional support could be arranged for the patient in order to access healthcare.
- The practice employed a patient liaison officer who coordinated services for patients with communication difficulties.
- Children with special needs were supported by the paediatric advanced nurse practitioner. This ensured patients had a single point of contact and was informed of suitable services available to them.
- Translation services were available for patients who did not use English as a first language Staff also told us they used a sign language service for those patients who had a hearing impairment.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Carers, and those patients who had carers, were flagged on the practice computer system and were signposted to the local services and the local carers support team.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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.

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).

- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the last 12 months, which was higher than the national average of 88%.
- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84% and the clinical commissioning group (CCG) average of 83%.
- 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 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.
- The practice had a dementia lead GP and had worked with the local clinical commissioning group to improve their dementia diagnosis rate.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice worked closely with local services including the Safe Haven café in Redhill (people are able to go to the café in the evenings rather than A&E if they feel in crisis due to mental health concerns).

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 269 survey forms were distributed and 116 were returned. This represented 0.7% of the practice's patient list.

- 81% of patients who responded found it easy to get through to this practice by phone compared to the national average of 73% and the local clinical commissioning group average of 71%.
- 79% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76% and the local clinical commissioning group average of 78%.
- 85% of patients who responded described the overall experience of this GP practice as good which was the same as the national and local clinical commissioning group average of 85%.
- 83% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79% and local clinical commissioning group average of 81%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 18 comment cards which were all positive about the standard of care received. Patients described the GPs and nurses as caring, professional and told us that they were listened to. Comments written by patients included that they felt staff were friendly, approachable and excellent. We received four comments that sometimes patients waited up to three weeks to have a routine appointment.

We spoke with four patients during the inspection including a member of the patient participation group (PPG). All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients told us they were given advice about their care and treatment which they understood and which met their needs. They told us they always had enough time to discuss their medical concerns.

Several Friends and Family Test suggestion boxes were available within the waiting areas. Data showed that 39 patients had responded from 1 June 2016 to the 31 July 2016, with 35 (90%) of patients extremely likely or likely to recommend the practice, two (5%) had no opinion and two (5%) patients would not recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that blank prescriptions used in printers are tracked and securely stored.
- Test the fire alarms on a regular basis

Action the service **SHOULD** take to improve

- Ensure patients with a learning difficulty or those with mental health problems have a new review and care plan in line with the practice's new policy and procedures

Dr P Kerr & Partners

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 Dr P Kerr & Partners

Dr P Kerr and Partners offers personal medical services to the population of Reigate, Surrey and the surrounding area. There are approximately 16,000 registered patients.

Dr P Kerr and Partners is situated in two large converted residential buildings with a connecting modern reception and waiting area. The ground floor has full disabled entrance access with two large seated waiting areas. Most of the GP consulting rooms and treatment rooms are located on the ground floor with four GPs rooms being available on the first floor. Staff offices and facilities are also located on the first floor. There is a toilet for patients with disabilities on the ground floor, which has baby changing facilities.

At the time of the inspection the provider had plans in place to rebuild the practice. We were able to see detailed plans of the new rebuild which would take into account full patient access and parking. The practice informed us they were hoping the build would start before the end of 2016.

Dr P Kerr and Partners is a training practice for FY2 doctors. (FY2 doctors are newly qualified doctors who are placed with a practice for four months and will have their own surgery where they see patients).

Dr P Kerr and Partners is run by four partner GPs (two male and two female). At the time of the inspection a fifth GP had sent in documentation to register with CQC as a partner. The practice is also supported by four GP associates (three female and one male), an advanced nurse practitioner, a lead nurse and three practice nurses, two healthcare assistants and a phlebotomist. The practice also has a team of receptionists and administrative staff, a finance manager, a patient services manager and a practice manager.

The practice runs a number of services for its patients including asthma reviews, child immunisation, diabetes reviews, new patient checks and holiday vaccines and advice.

Services are provided from:-

The Wall House Surgery, Yorke Road, Reigate, Surrey, RH2 9HG

Opening Hours are:-

Monday to Friday 8am to 6.30pm

Saturday 8.30am to 1pm

During the times when the both practices are closed, the practice has arrangements for patients to access care from an Out of Hours provider.

The practice population has a higher number of patients aged between birth and 14, 35 to 49 and over 85 years of age than the national and local clinical commissioning group (CCG) average. The practice population shows a lower number of patients aged 15 to 34 and 55 to 74 years of age than the national and local clinical commissioning group (CCG) average. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England. Less than 10% of patients do not have English as their first language.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 August 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, a healthcare assistant, secretaries, reception and administration staff and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- There was a clear learning cycle documented for any incidents or significant events for the practice.
- The practice held a rolling programme of meetings which all staff could attend and which covered multiple topics. For example, practice meetings, referrals and multidiscipline team meetings, palliative care and clinical governance. Topics such as audits, complaints and comments, significant events and updates were discussed at these meetings

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had raised a significant event after an urgent laboratory result had not been forwarded to the duty GP for immediate review. This resulted in a new system being put in place to ensure that all urgent results were highlighted on the duty GP triage list.

The practice informed us of a significant event raised by the practice nurse for two patients who were on a blood thinning medicine. The patients had blood tests which highlighted a higher than normal reading. The nurse investigated this with the patients which resulting in the findings that both patients had bought the same over the

counter medicine from the local pharmacist that had affected the blood thinning medicine. This was discussed with the clinical commissioning group medicine management team and raised at a Surrey wide medicines management group. Alerts were also sent out to pharmacists.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.
- A notice in the waiting room and in all of the 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 (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 kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription pads were securely stored. However, the prescriptions forms for the computer were not always kept secure and their use was not tracked or monitored.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four 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.

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. The practice had up to date fire awareness training and carried out regular fire drills. However, we noted that the regular testing of the fire alarm was not taking place.
- 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 enough staff were on duty.
- The practice had reviewed and updated their measles protocol after seeing a patient who was then diagnosed with measles. This ensured that patients and staff were protected from coming into contact with a highly contagious infection.

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 which was easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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.
- The practice had a dedicated team member who met with patients directly to register them at the practice. This ensured the patients could receive any health care required urgently and that the practice could identify and address any additional patient needs.

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 96.5% of the total number of points available. The practice had an 8.8% exception rate. This was around average when compared with the national average and local clinical commissioning group. (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 with the local clinical commissioning group and national averages. For example, 80% of patients with diabetes, whose last measured total cholesterol was in a range of a healthy adult (within the last 12 months), was around the same as the national average of 80% and the clinical commissioning group (CCG) average of 81%.

- 91% of patients on the diabetes register had a record of a foot examination within the last 12 months, which was higher than the national average of 88% and comparable with the CCG average of 92%.
- 80% of patients with hypertension had regular blood pressure tests, which was slightly lower than the CCG average of 81% and the national average of 84%.
- Performance for mental health related indicators were comparable or higher than the national average. For example, 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan, compared to the national average of 88% and the CCG average of 93%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We reviewed clinical audits that had been carried out within the last 18 months. The audits indicated where improvements had been made and monitored for their effectiveness.
- We saw that the practice also completed audits for medicine management and infection control. For example, the practice completed regular audits for medicines prescribed. The audits were to ensure that prescribing was in line with National Institute for Health and Care Excellence (NICE) guidelines. When necessary patients had a medicine review to ensure they were on the optimal medicine for their needs.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, a patient information letter regarding "pre diabetes" and dietary / weight loss adaptations that could help prevent progression to diabetes was developed after an audit for patients with possible diabetes.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice had driven changes in shared care of patients with inflammatory bowel disease on disease modifying drugs. The practice had also helped to develop changes within the local service for early detection and treatment of Rheumatoid Arthritis with disease-modifying antirheumatic drugs (DMARDs).

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an effective induction programme for all newly appointed staff. We saw there was separate role-specific inductions for new 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 reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff were given dedicated time for training and the practice meetings had a section for learning incorporated into the agenda. Staff were encouraged to find relevant courses which they felt would be beneficial to their role and development and were supported to undertake any training. All staff had received training in domestic violence.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice had a system to make sure that any 'two-week wait' cancer referrals sent had been received by the relevant hospital department.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. All GPs had received recent training in the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLs).
- When providing care and treatment for children and young patients, 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.
- Patients provided consent for specific interventions. For example, minor surgical procedures. The risk associated with the intervention was explained to them and prompted patients signing a consent form. The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Health information was made available during consultation and GPs used materials available from online services to support the advice given to patients. There was a variety of information available for health promotion and the prevention of ill health in the waiting area and on the practice website
- Smoking cessation advice was available at the practice.
- Midwives were available at the practice.
- The practice offered family planning and routine contraception services including implant/coil insertion.
- The practice's uptake for the cervical screening programme was 81%, which was comparable with the clinical commissioning group (CCG) and national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age, were at 62% which was slightly higher than the clinical commissioning group (CCG) average of 59% and the national average of 58%.
- Most childhood immunisation rates for vaccines given were comparable or higher than the CCG average. For example, 84% of children under 24 months had received the MMR (measles, mumps and rubella) vaccine which higher than the CCG average of 79%. A system was in place for the practice to contact the parent or carer of those patients who did not attend for their immunisations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. 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. Music was played in the upstairs waiting area. This ensured that conversations taking place in these rooms could not be overheard.
- The practice had installed an electronic booking-in system which helped with 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.
- The practice was breastfeeding friendly and could offer nursing mothers a private room if they required.

All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 90% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 95% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%
- 92% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans and regular communication with the community matron and district nursing team. Unplanned admissions were also discussed at meetings to identify any improvements necessary.

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:

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.

Are services caring?

- 80% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Patient communication needs was being monitored when new patients registered with the practice. This was to ensure that the practice could provide patients with their required method of communication. For example, larger print information leaflets.
- Staff told us that there were aware of a number of patients who needed the aid of a sign language interpreter and two members of staff were planning to attend a British sign language course.
- The practice leaflet were available in large print.

- The practice website also had the functionality to translate the practice information into approximately 90 different languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 388 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice also had information for carers on their website.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered appointments for Saturday morning from 8.30am to 1pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice had responded to comments from a patient survey regarding patient access to appointments. A triage system was in place for urgent on the day appointments. Patients were called by the duty GP and if necessary could be offered a face to face appointment.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Electronic Prescribing was available which enabled patients to order their medicines on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice used text messaging to remind patients of appointments.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- There were toilet facilities available for all patients, including an adapted aided toilet and a baby nappy changing facility.
- The practice remained open throughout the day so patients could still ring for appointments, collect prescriptions or drop off prescriptions or samples during the lunchtime period.
- The practice telephoned patients on discharge from hospital to offer support, and enquire whether a visit or other assistance was required.

- The practice offered NHS health-checks and advice for diet and weight reduction

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Saturday morning pre-bookable appointments were available from 8.30am to 1pm. A triage system was in place for urgent on the day appointments. Patients were called by the duty GP and if necessary could be offered a face to face appointment. Patients could book appointments at the reception desk, via the telephone or via an on-line booking service.

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

- 81% of patients who responded were satisfied with the practice's opening hours compared to the local clinical commissioning group average of 76% and the national average of 78%
- 81% of patients who responded said they could get through easily to the practice by phone compared local clinical commissioning group average of 72% and the national average of 73%

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

The practice had a system in place to assess:

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

Reception staff recorded information centrally on the practice's electronic system. Information was also recorded on a home visit board behind the reception desk. GPs tried to ensure that where possible the patient's regular GP conducted the home visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were posters on display in the waiting area and information was on the practice website.
- A Friends and Family Test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided.

- None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

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 Practice Charter which was on their website for patients. The statement of purpose included the statements:-

- To provide high quality, safe, professional Primary Health Care General Practice services to patients.
- To work in partnership with patients, their families and carers towards a positive experience and understanding, involving them in decision making about their treatment and care.
- To be a learning organisation that continually improves what they are able to offer patients
- To ensure all staff have the competency and motivation to deliver the required standards of care ensuring that all members of the team have the right skills and training to carry out their duties competently.

At the time of the inspection the provider had plans in place to rebuild the practice. We were able to see detailed plans of the new rebuild, which would take into account full patient access and parking. The practice informed us they were hoping the build would start before the end of 2016.

We spoke with 16 members of staff. They told us there was a strong focus on being patient centred, and the practice achieved this by supporting good team working, professional development and training.

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 was used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff throughout the practice were proud of their work and there were high levels of staff satisfaction. They told us that felt there was pro-active culture and that there was no difference between clinical and non-clinical staff, everyone was treated the same. They told us that everyone in the practice, including partners, were approachable and always took the time to listen and they were actively encouraged to raise any concerns or suggestions.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings and they could attend all meetings within the practice with the exception of the partner meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had conducted a survey on patient appointments and due to comments received had requested the practice trial the use of triage for urgent appointments. This system was now fully embedded at the practice and the PPG had plans to conduct a further survey to ensure the new system was working well for patients.
- The practice had gathered feedback from staff through a staff survey in May 2016 and 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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example,

- The practice informed us of a significant event raised by the practice nurse for two patients who were on a blood thinning medicine. The patients had bought an over the counter medicine from the local pharmacist that had affected the blood thinning medicine. The practice contributed to national learning which included clinical commissioning groups and safety warnings were sent out to pharmacies.
- The practice had driven changes in shared care of patients with inflammatory bowel disease on disease modifying drugs. The practice had also helped to develop changes within the local service for early detection and treatment of Rheumatoid Arthritis with Disease-modifying antirheumatic drugs (DMARDs).
- The practice had also helped to create a Heart Failure Management Plan to empower patients to manage their own condition.
- The practice was leading on education for postnatal contraception and had developed a leaflet for patients.
- The practice had plans in place to install an ultrasound machine.
- The practice itself was being redeveloped with a new build hopefully starting before the end of 2016

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	
Maternity and midwifery services	The provider had failed to ensure that blank prescriptions used for printers were properly tracked or stored securely.
Surgical procedures	
Treatment of disease, disorder or injury	The provider had failed to ensure the premises was safe by not testing the fire alarms on a regular basis.