Dr. D. Colvin & Dr. O. B. Isinkaye

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

On 21 October 2014 we conducted an announced comprehensive inspection of Dr D Colvin and Dr O B Isinkaye. We found the practice was good.

Our key findings were as follows:

- The practice was a warm, friendly, caring and responsive practice when addressing patients' needs and working in partnership with other health and social care services to deliver individualised care.
- The clinical and administrative team had a solid understanding of their patient population needs and provided a highly individualised and personal service to patients.
- Partner health services reported the practice to be open and receptive to joint working. They had a commitment to embracing developments, such as in their work with the end of life care coordinator.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure their medical supplies are in date to avoid out of date medicines being used in error.
- Ensure the correct endorsement and delegation of clinical authority to administer a drug or medicine that can be injected.
- Ensure contingency arrangements are in place so patients can access care should the practice experience disruption to their services.

In addition the provider should:

- Establish formal channels of communication with patients to regularly capture their views and experiences of the service.
- Complete clinical audits to identify that care is being provided in line with standards.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns and report incidents and near misses. When things went wrong, reviews and investigations were sufficiently thorough and lessons learnt were communicated widely enough to support improvement. Risks to patients who used services were not consistently identified and assessed. Also systems and processes were not reviewed to ensure patients were kept safe such as the management of medicines and administration of a drug or medicine that can be injected.

Are services effective?

Good

The practice is rated as good for providing effective services. People's needs were assessed and care was planned and delivered in line with current legislation. This included the assessment of patients' capacity and the promotion of good health. Staff had received appraisals and training appropriate to their roles and further training needs had been identified and planned. Multidisciplinary working was evidenced.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they received a highly personalised service and were treated with compassion, dignity and respect. They told us they were involved in decisions about their care and treatment. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect, and ensured confidentiality was maintained.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Patients reported good access to the practice. Where appropriate patients had a named GP and 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 an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a vision and a strategy to deliver this and all staff were aware of their

Summary of findings

roles and responsibilities in relation to it. There was a leadership structure documented and most staff felt supported by management. The practice had a number of policies and procedures to govern activity and these were reviewed in order to reflect best practice. Issues were addressed immediately and revisited during formal meetings, although these were infrequent. The practice was receptive to patient feedback and aware of the patient group needs and in the process of formalising arrangements to capture views. All staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

What people who use the service say

People we spoke with during our inspection and the comment cards completed by patients ahead of our attendance spoke highly of the practice. 34 comment cards were completed by patients and they were overwhelmingly positive about the service they received from both administrative and clinical staff. People told us they were able to make same day appointments and book in advance. They appreciated the availability of parking and regarded the practice as safe and clean. Clinical staff were reported to take time to listen to patients and were respectful and caring in how they provided care and treatment to patients and relay information.

We spoke with partner health and social care services who worked with the practice. They told us the practice knew their patients. They described the service as open and receptive to working with others with an overwhelming commitment to improve services for their patients. Partner services valued their relationship with the practice who they thought highly of. They commented on how highly patients regarded the staff and clinician team who had in depth knowledge of them and delivered personalised care in a village environment.

Areas for improvement

Action the service MUST take to improve

- Ensure their medical supplies are in date to avoid out of date medicines being used in error.
- Ensure the correct endorsement and delegation of clinical authority to administer a drug or medicine that can be injected.
- Ensure contingency arrangements are in place so patients can access care should the practice experience disruption to their services.

Action the service SHOULD take to improve

- Establish formal channels of communication with patients to regularly capture their views and experiences of the service.
- Complete clinical audits to identify that care is being provided in line with standards.

Dr. D. Colvin & Dr. O. B. Isinkaye

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector, GP and practice manager.

Background to Dr. D. Colvin & Dr. O. B. Isinkaye

Abridge Surgery is located in the village of Abridge, Essex. It accepts patients from Abridge and neighbouring settlements such as Stapleford Abbotts, Lambourne End and Stapleford Tawney. The practice provides services to approximately 3650 patients living in the area. It is situated in a single storey building neighbouring the village hall. The practice benefits from a visiting dietician and patients can access a range of community health services in neighbouring villages and towns.

The practice is a partnership between two male GPs. They employ three regular locum GPs, all female, to cover GPs leave and Friday surgeries, and the practice has two practice nurses.

The practice morning appointments may be booked on the day and afternoon appointments may be booked up to four weeks in advance. Emergency appointments are available in the afternoon and the clinical staff are available to call back patients should they have a telephone enquiry.

Abridge Surgery does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed.

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. This 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.

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.

How we carried out this inspection

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

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

Detailed findings

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Before and after inspecting the practice we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We contacted and spoke with partner health and social care services such as the community matron, end of life care co-ordinator and team for people with learning disabilities. We also reviewed information we had requested from the provider and information available in the public domain.

We carried out an announced inspection on 21 October 2014. During our inspection we spoke with a range of staff, GP, practice manager, practice nurse, reception and administrative staff and spoke with patients who used the service.

We spoke with patients and carers who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed 34 comment cards where patients and members of the public shared their views and experiences of the service. We also conducted a tour of the surgery and looked at equipment and medications kept on the premises.

Requires improvement

Are services safe?

Our findings

Safe track record

We found the practice had clear lines of accountability and responded appropriately to safety concerns raised by the staff and public. These were reported to the practice manager who investigated them and provided a response. Wider learning from incidents was shared with the staff. This was done both informally in a timely manner and formally through practice meetings although these were infrequent.

We asked staff what they would do if they had concerns regarding health and safety arrangements such as risks to them during their employment. We reviewed the safety at work accident record book. Two incidents had been recorded. Both had been investigated and changes implemented to mitigate the risk of reoccurrences. Staff told us they felt safe and well supported by the practice.

There were systems for dealing with the alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). The alerts had safety and risk information regarding medicines and equipment, often resulting in the withdrawal of medicines from use and return to the manufacturer. We saw that all MHRA alerts received by the practice had been actioned and completed through cascading to staff.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant or untoward events such as medication errors. We reviewed the practice's records and found four incidents had occurred within the last 12 months, these related to staffing, prescribing, power outage and a contractual issue. We found investigations had been open and thorough, addressing both administrative and clinical issues. The findings were disseminated appropriately to staff.

We asked the practice how they ensured they learnt from local and national recommendations such as from safety alerts. They told us medical safety alerts were sent for the immediate attention of the lead GP who disseminated the information to the clinical team. However, we found an audit trail of this was not maintained.

Reliable safety systems and processes including safeguarding

We looked at arrangements in place to identify and safeguarding children and vulnerable adults. The practice had a system in place to help ensure that patients were safeguarded against the risk of abuse. We found the practice had a detailed safeguarding policy addressing the needs of both adults and children, and procedures for staff to raise concerns. There was a dedicated GP lead to whom staff would report any concerns if they suspected that children or vulnerable adults were at risk of harm. All staff had undertaken safeguarding training and clinicians had received enhanced training to an appropriate level. The safeguarding lead had also undertaken child sexual exploitation training. Those newly appointed staff had been booked on safeguarding training.

The practice maintained a record of children at risk or on a Local Authority Child Protection Plan (CPP). They used this to ensure children at risk were clearly identified by the practice. Safeguarding filters and alerts had been built into the computer software system used by the practice so that the GPs were able to immediately identify any concerns relating to children and to vulnerable adults. The clinicians monitored those children they had seen and those not seen within the last six months. The practice identified on a child's patient record when or if they had come to the attention of the police for a potential safeguarding concern. This raised awareness of potential safeguarding needs for the child and wider family members.

We looked at systems in place for staff recruitment and reviewed the recruitment records for three staff employed at the practice. We found that references had been obtained for staff, however criminal records checks had not been completed prior to their appointment. The practice had conducted an assessment of the risks and considered the clinicians' professional registration as evidence of good character. However, the practice told us they were, at the time of our inspection, obtaining, as a priority, criminal records checks for their clinical team and staff who performed chaperone duties.

During the inspection, we found that there were other reliable systems and processes in place to keep people safe. These included a chaperone policy and patients told

us that they were offered the opportunity to have a chaperone if any intimate or invasive treatment was required to be carried out by the GP. The chaperones were briefed regarding their role and responsibilities.

We also saw that there were robust processes for ensuring the safe storage of prescription pads, which were issued to clinicians and confidential patient records were securely stored.

Medicines management

We found appropriate arrangements were in place for obtaining medicine. We reviewed patient files and found appropriate prescribing, medicine reviews and monitoring of patient bloods.

We found effective procedures in place to record and monitor daily fridge temperatures for the safe storage of medicines and vaccinations. However, we found some patient labelled medication boxes had been retained inappropriately next to practice stock. Some of the medicines and medical supplies were found to be out of date and had not been disposed of safely. Therefore, there was a potential risk of being wrongly administered.

We reviewed patient group directives. These are a legal requirement for clinicians to ensure the safe and appropriate administration of a drug or medicine that can be injected. It defines the delegation of clinical duties to ensure those who are competent and safe to do so are appointed. We found that not all signatories were in place or some of those in place had been endorsed by a non-clinician not involved with the administration of the medication. Therefore we could not be assured that the clinicians had read, understood and administered a drug or medicine that can be injected appropriately. For example, we reviewed the patient group directive for the seasonal flu vaccination which had not been endorsed appropriately by a doctor with an authority to delegate to nursing staff to administer. They were being administered by the practice nurses.

Cleanliness and infection control

All of the patients we spoke with during the inspection told us that the practice was always clean and tidy. Patients said that they saw the staff use personal protective equipment when they received treatment. We saw that the practice was visibly clean and orderly and only single use instruments were in use.

We found that there were systems in place to protect patients and staff from the risk and spread of infection. There was an annual infection prevention control statement and an infection control policy, containing guidance about clinical waste and sharps (needles) disposal. However, on the morning of our inspection we found a patient specimen stored in the vaccination fridge. The practice accepted this was contrary to their policy and would ensure specimens in the future were stored separately from vaccines.

We saw evidence of an infection control audit which had been carried out in June 2013. Where the analysis of the audit identified areas for improvement appropriate remedial action had been taken. This included installing wall mounted hand washing facilities. We saw where issues had been identified, these were reviewed and appropriate action taken to ensure they were addressed.

We looked at the practice cleaning schedules; they identified room specific tasks according to risk, to be carried out by the contracted cleaning firm. However, we found there were no completed cleaning schedules to identify which tasks had been conducted and when. The practice nurses had a basic cleaning schedule but this did not complement the contract schedule. A communication book was maintained with the cleaners. However, this lacked sufficient details to provide assurance that all tasks had been completed as scheduled. This was acknowledged by the practice on the day of our inspection and they immediately amended their schedule to reflect Department of Health guidance.

We checked staff training records and saw that staff had received infection control training in 2012 and refresher training was scheduled for November 2014. When we spoke with staff they told us they were aware of the relevant policies and where they were located. One staff member explained the steps they took to ensure that they and patients were protected against the risks of infections. Staff told us they had received immunisations to ensure they and patients were protected from the risks of health care associated infections. Staff were also offered the option of flu vaccinations.

We found that Legionella risk assessment was in place and was subject to review in September 2015. Testing of the air

and water supplies had been carried out in September 2014. There are regulations in place in the UK that cover the area of Legionella control and water systems, and they are enforced by the Health and Safety Executive (HSE).

Equipment

We found the medicines fridge was not hard wired to ensure it could not be turned off by accident and invalidate the medicines. We found there was no defibrillator in place, contrary to best practice. However, oxygen was available on site and appropriately signposted and stored.

We reviewed the test and calibration records for relevant medical equipment at the practice. This included medical devices such as nebulisers, scales and ultrasounds. The medical and non- medical equipment had also been tested in February 2014. Where equipment failed to meet the standard the item was taken out of use. The decision to remove equipment from use had been assessed by the practice to ensure it would not present risks to the delivery of patient care.

Staffing and recruitment

We looked at the staffing and skills mix of the practice staff. There was a mix of clinical and non-clinical staff available throughout their opening times to support the safe and effective treatment of patients. Staffing levels and the staff skill mix were maintained during times of sickness or change to ensure that patients' needs could be met. The practice manager informed us and we saw that a formal process for managing staffing levels during holiday periods was in place.

The practice told us they checked clinician's professional registration, such as with the General Medical Council and Nursing and Midwifery Council as evidence of good character. However, did not conduct additional criminal record checks for staff prior to commencing their employment. This had been identified by the practice as an immediate need and priority in respect of their clinical staff and those who undertook chaperone duties.

Monitoring safety and responding to risk

We asked to look at clinical data to demonstrate they had reviewed, identified and monitored trends in practice. Where the practice may have identified potential risks to patients, these were appropriately documented and shared such as escalating safeguarding concerns to the local authority.

We looked at how the practice reviewed and responded to out of hours and hospital discharge information. The GPs told us that they were reviewing all documentation relating to patients on an individual clinical need. The safeguarding audit, cytology and medication audit we reviewed were all produced by other bodies for example the Clinical Commissioning Group (CCG) and Public Health England. Audits conducted by the practice were in their infancy and being carried out as part of the GP's individual revalidation.

Arrangements to deal with emergencies and major incidents

We saw there was appropriate and sufficient emergency medical equipment and medicines available for use by trained staff, including oxygen. Staff knew where the emergency first aid equipment was kept and were confident in providing emergency care. We reviewed staff training records and found they had received training in cardiopulmonary resuscitation (CPR). All staff were scheduled to receive adult and paediatric basic life support and automated external defibrillator training in November 2014.

A comprehensive fire and rescue service log was maintained by the practice. A fire risk assessment had been conducted in October 2013. Where actions were required, this was supported by an action plan and the practice ensured they were addressed and implemented. All staff were aware of fire evacuation procedures, although they had not received formal training in procedures or the use of emergency equipment such as extinguishers. Emergency lighting was installed in the building and the practice had conducted fire safety drills and emergency fire equipment had been checked in January 2014. Guidance documentation was also available to staff relating to basic fire safety and common causes of fire hazards.

We found there was no contingency plan in place where unforeseeable disruption may occur to the service, such as a flood. The practice did have contact details for all utility services such as power and water suppliers but no arrangement were in place regarding how they may remotely access their patient records or arrangements to relocate to alternative premises to deliver care in the interim. This was acknowledged by the practice, which has, since our inspection, made contingency arrangements with a neighbouring GP service, to be formalised.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We found the GPs were using clinical templates to provide thorough and consistent assessments of patient needs. They were providing care and treatment in accordance with current legislation and recognised best practice and there was a named National Institute for Health and Care Excellence (NICE) guideline lead within the practice. In addition individual GPs were responsible for their updates and adherence to NICE guidelines. We found the GPs had low but effective referral rates to secondary and community care service. This was attributed to the practice being open and transparent to peer review. This was conducted by GPs within the CCG forum, an initiative intended to improve the appropriateness and timelines of referrals. The practice GPs had recently advised on dermatology and respiratory referrals.

We asked the practice how they assessed and monitored the quality or care received by patients. They told us they use Quality and Outcomes Framework (QOF) data to assess performance and delivery. The quality and outcomes framework (QOF) is part of the General Medical Services (GMS) contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care. The practice achieved nearly their full earning potential for 2013/2014. They were above the average for their clinical commissioning group and the England average in a number of performance areas including: patient experience; asthma; dementia; depression; cervical screening; child health surveillance and contraception and maternity services.

Management, monitoring and improving outcomes for people

Prior to the last two months the multidisciplinary meetings were predominantly addressing the needs of palliative care patients. The meetings were well attend by members of multidisciplinary teams and included presentations from the community frailty team regarding their work with specific patient groups, CCG funding and the South Essex Partnership NHS Foundation Trust (SEPT) end of life care team. The meetings and presentations were intended to enhance understanding of roles and responsibility of professionals and promote better multi-disciplinary working.

We found there was individualised care where the GPs had extensive knowledge of the needs of their patients. However, there was an absence of strategies for the review of patient groups such as those with chronic diseases to ensure they were able to and accessing services. This was acknowledged by the practice who had been working extensively with partner health services. For example, the practice had been working with the end of life care coordinator to develop their awareness and understanding of how best to forecast and manage patients evolving needs.

We reviewed the practice management and specialist meeting minutes. We found these were comprehensive but clinical audits had not been discussed or commissioned as a tool to enable the practice to manage, monitor or improve their patient outcomes. Clinical audits were in their infancy and were incomplete cycles from which to identify learning from.

The practice had a close working relationship with the Clinical Commissioning Group (CCG) medicine management team and the visiting pharmacist reviewed their prescribing pattern, alerts and guidance. However, we found the practice was not in receipt of the Clinical Commissioning Group (CCG) pharmacist report of their medicine prescribing patterns. The practice were unable to demonstrate prescribing patterns such as for antipsychotic and antibiotic medicines and how they compared to other practices in the local area.

Effective staffing

We looked at recruitment files and found that the last two people employed had references and their identification checked prior to commencing employment. We looked at staff records and found evidence that revalidation was taking place. Revalidation is the process by which all registered doctors have to demonstrate to the General Medical Council (GMC) on a regular basis that they are fit to practise and their knowledge is up to date.

We reviewed three staff files for clinical and non-clinical staff. Staff received annual appraisals but feedback on the person's performance was not sought from colleagues or patients. Staff had received training and development objectives, but there was no evidence of these being reviewed in a structured manner during supervision to ensure objectives were being progressed in between appraisal sessions. However, there was no general clinical supervision of their practice

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice benefited from some reception staff who were qualified as healthcare assistants and in phlebotomy services. (Phlebotomy is the act of drawing or removing blood from the circulatory system through a cut (incision) or puncture in order to obtain a sample for analysis and diagnosis. Phlebotomy is also done as part of the patient's treatment for certain blood disorders). Whilst they did not undertake this role within the practice their awareness of clinical issues was acknowledged by the practice and assisted in the communication and management of patients' needs.

GPs had been appointed lead areas of clinical responsibility such as safeguarding. Staff received training, support and guidance to ensure they were able to undertake their role safely and effectively. For example the practice nurse with lead responsibility for the diabetic clinic held certificates in diabetes care.

The practice acknowledged they had recently experienced high staff turnover with the loss of four reception staff during the introduction of the electronic patient system. Despite the change in personnel, the newly appointed staff had been commended by patients regarding they compassion and minimal disruption to the service. The practice was assessing the skills within the team following the recent resignation of a practice nurse and planned to use this to inform the new staff nurse appointment.

We found that the practice had arrangements in place to cover during holidays and periods of leave. All leave was required to be approved to ensure minimum staffing levels and therefore services were maintained. Although, staff did tell us of occasions when they had been called at home to assist with enquiries, due to others being unaware or unable to undertake aspects of their job in their absence.

Working with colleagues and other services

We found that each GP within the practice had lead responsibility for a particular area. For example the GPs led on diabetes, safeguarding and palliative care. The practice also benefited from an external visiting dietician who attended once a week.

We asked staff about how they ensured the timely review and management of patient blood results and recording information received from other health care providers, for example discharge letters and notifications. We found that the practice had an effective system in place to ensure each GP checked the records daily and actioned concerns in a timely and appropriate manner.

We found the practice had an effective referral process, this the GPs attributed to the peer review process they participated in within the Clinical Commissioning Group (CCG). The peer review process is a process by which all referrals made by the practices within the CCG are referred to ensure they are appropriate and progressed in the most appropriate and timely manner. This additional scrutiny was valued by the practice who believed their patients had experienced improvements in the appropriateness, timeliness and efficiency of referrals. Patients told us, they were informed of their test results promptly and that the GP discussed the results with them if further treatment was required.

We saw that multidisciplinary meetings took place at the practice with a range of other health care professionals in attendance to co-ordinate care and meet the needs of the patients. Palliative care meetings took place monthly and the GPs and managers from the practice met with Macmillan nurses to ensure there was a joined up approach to providing care and treatment for patients.

Information sharing

The practice ensured the timely review of out of hours and emergency admission information via their patient record system that electronically received notifications. These were subject to daily review by the lead GP or the duty doctor to ensure any immediate health needs were actioned in a timely and appropriate manner.

Consent to care and treatment

We saw that the practice had a consent policy and consent forms. Patients and staff told us that they were asked for their consent prior to any treatment being carried out. The practice manager confirmed written consent was always obtained from parents prior to immunisations being administered to their child.

The GPs and nurses demonstrated an understanding of the legal requirements when treating children. They understood Gillick competency. This is used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for

Requires improvement

Are services effective?

(for example, treatment is effective)

parental permission or knowledge. We also spoke with parents of young children. They told us the clinicians confirmed their relationship with the child and whether they agreed that their child could be immunised.

We spoke with the GPs who were aware of the Mental Capacity Act 2005. The Mental Capacity Act is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The practice nurse told us that she had not received training in the Act and was not sure as to how it may inform clinical practice for those people who lacked capacity to give written or verbal consent. This was raised with the practice at the time of our inspection and noted as a development need for staff.

Health promotion and prevention

We found that all new patients were invited to attend a new patient check where a brief medical history was obtained and they were signposted to relevant health services available at the practice such as vaccination programmes. The checks were conducted by practice nurses. Patients were also invited to attend health checks on a Saturday morning. These were well attended by target groups such as patients over 75 years of age and the wider patient population.

We found a wealth of health information available to people within the communal waiting areas. They included promotional material relating to vaccination programmes and general health advice regarding diet and smoking. The information was regularly reviewed to ensure the information remained current.

There was a low uptake of flu vaccinations by more vulnerable patient groups, such as those over 75 years of age and persons with long term conditions. A meeting was held within the practice to address the apparent low take up of the service and they considered ways of increasing attendance by patients. This resulted in the practice advertising the vaccination programme on the practice website, staff wore promotional health t-shirts, advertisements were taken out in a local magazine and posters displayed in the practice, local shops and village hall.

The practice told us they had 130 patients eligible for the shingles vaccination and they had personally called them to invite them to attend the practice. They had identified a higher attendance for the vaccine than in previous years.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

People we spoke with during our inspection and the comment cards completed by patients ahead of our attendance spoke highly of the practice. 34 comment cards were completed by patients and they were overwhelmingly positive about the service they received from both administrative and clinical staff. People told us clinical staff took time to listen and were respectful and caring in how they provided care and treatment and relay information.

We asked what training and support staff were given to meet people's individual needs and ensure they were treated with respect and compassion. Staff told us they did not receive any specific training but that they were experienced reception staff and well supported by their colleagues and the practice management. We saw staff were warm, welcoming and polite to patients both in person and on the telephone.

Staff told us they had a system in place to identify and meet individual needs of patients such as where they have disclosed a disability. They told us , they did not currently have any patients with a physical disability. However, explained that specific care plans may be developed to assist the practice to meet their patient needs.

We saw, and people told us, that staff respected and observed confidentiality. There were facilities available so people could speak privately with staff so not to be overheard by others. Although we could not find signs displayed within the communal areas informing patients of this service.

All patients told us that they were never interrupted during a consultation with the doctor and their dignity was respected at all times. We saw that consulting rooms had curtains around the examination couch to maintain patients' privacy. We saw that female patients were able to see a female GP if they wished to.

We found the practice had a procedure in place to address unacceptable behaviour. However, staff told us they had not had to use it. Staff told us they would refer concerns to the manager who was always supportive and would speak with patients.

Care planning and involvement in decisions about care and treatment

We asked patients if they felt involved in making informed decisions about their care or their family members where appropriate. They told us they felt listened to by the clinicians and options were explained to them to enable them to understand the choices available and potential outcome of any decision. Patients also told us staff provided both verbal and written information to assist them to understand the assessment, diagnosis and treatment options. Where appropriate patients were referred to other sources of information such as websites and community support groups to assist them.

Patient/carer support to cope emotionally with care and treatment

Where people had carers or had disclosed caring responsibilities these were documented on the patient record and considered when care and treatment were being discussed, agreed and delivered. For example, the practice had arranged for a district nurse to attend a patient when the carer was unable to support the patient to monitor their condition and administer insulin.

We asked the practice about how they assist bereaved people. Where patients had disclosed a recent bereavement the GPs provided individual care to meet the patient's needs. Staff gave us an example of the loss of a patient and how they had identified a number of patients affected by the unexpected death. Reception staff had spoken with and supported patients to see their GP and obtain timely advice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We asked the practice how they captured and acted on the concerns and wishes of patients. They told us they listened, recorded and responded to patient issues as they arose and tried to resolve them on the day where possible. The practice did not have a Patient Participation Group (PPG). The PPG is a group of patients registered with the practice who have no medical training but have an interest in the services provided. However, the practice accepted this was an area for development and were obtaining advice and practical assistance from the Clinical Commissioning Group (CCG) regarding how best to establish and manage such a forum. A meeting was scheduled for November 2014.

We found the practice offered specialist clinics including, but not exclusively, diabetes, health checks for over 75, general health checks and travel vaccinations.

We saw that the practice monitored the capacity of the GPs and nurses to ensure they could meet patients' needs, offering on the day appointments at short notice.

We found the practice was strengthening communication with commissioners of services, local authorities and other providers to support the provision of coordinated care and treatment for patients. For example, the practice had invested time in establishing an understanding and working relationship with the learning disability service.

Tackling inequity and promoting equality

The practice had a good working knowledge of their patient group. They were aware of patients' individual needs and knew that no patients currently had physical disabilities requiring additional adjustments to be made by the practice. They also knew than none of their current patients experienced potential language barriers as English was not their first language. They monitored patient needs through their registration application process and verbal disclosures made by patients and recorded on their patient record.

Patients were offered and supported where appropriate to use the 'choose and book' service, a national electronic referral service to secondary health care. The service gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic. As a result patients had control over their referrals, rather than being seen at a hospital or clinic they would not choose.

The frontline administrative and clinical team were responsive to individual patient needs such as facilitating blood tests for those patients unable to attend local phlebotomy services. Patient files were coded by staff enabling searches to be conducted under categories and relevant information extracted such as conditions, test results and caring responsibilities. However, the coding of patient information was not overseen by a clinician to ensure accurate categorisation of information.

Access to the service

The practice was open Monday to Friday 8.30am to 6pm, with early closing on Wednesday's at 12.30. Appointment times were from 9am to 11am and 3.30pm/4pm to 5.50pm/6pm. These were advertised on the practice website. The practice also offered health checks by the practice nurse on Saturdays from 10am-2pm.

We asked the practice about patient access to medical services when the surgery was shut. We were told that the practice had subscribed to a local out of hours service to answer calls and refer patients.

We found there was daily monitoring of the patient appointment system to ensure the system was accessible and responsive to patient needs. Patients who repeatedly failed to attend appointments were identified and written to advising them of the importance of attending appointments. In addition, the practice monitored complaints to identify potential issues with access. Patients told us and they wrote in the patient comment forms, that they were able to book appointments on the day with little or no notice and up to a month in advance.

The practice did open on a Saturday for patient health checks conducted by the practice nurse. These were well attended by priority patient groups such as the over 75 year olds and the wider patient population.

Listening and learning from concerns and complaints

The practice had a system in place for recording and handling complaints and concerns. We found the practice had reviewed and responded to all comments on the NHS Choices website. However, there was not consistent recording of verbal complaints within the practice. We reviewed the complaints file and found four complaints had been received in 2014, all related to administrative as opposed to clinical matters. All had been acknowledged and responded to in a timely and appropriate manner by

Good

Are services responsive to people's needs?

(for example, to feedback?)

the practice manager and lessons learnt identified, actions reviewed and implemented. We found the complaints were audited quarterly to identify trends and themes. These were discussed with the lead GP for complaints.

Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. We found complaints leaflets were not available in reception.

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 statement of purpose which set out the aims of the service. Staff were aware of its content and reflected it within their work. They described the organisational culture as a nice, friendly practice valued by the community. The practice had both short and long term aspirations and goals although these were not documented. For example the practice had aspirations to be a training practice but initial enquiries with the Deanery had raised challenges regarding facilitating additional staff within the building.

We saw that the practice did not operate a formal staff performance monitoring system, outside of annual appraisals. We found there was no documentation formally recognising or rewarding good performance or to identify any potential underperformance. However, all the staff we spoke with said they found colleagues accessible and were supported informally in the absence of regular practice meetings.

Governance arrangements

We saw the practice was using part of the Quality and Outcomes Framework (QOF) as a performance monitoring outcome tool. This is an annual incentive programme designed to reward good practice. The practice was able to demonstrate that it considered their QOF data and used it to review their performance.

We saw evidence that some risks had been identified and action taken to minimise their potential impact. We found the practice had identified the sustainability risks to the practice and therefore formed part of the Stella Healthcare Federation. The federation is a group of practices who had adopted and agreed collaborative working, strengthening their collective voice to improve patient care.

Leadership, openness and transparency

The clinical team had lead areas of responsibility as did each member of staff. For example, one of the GP partners lead on governance and finance. However, all staff worked closely and effectively to ensure patients received timely and appropriate care. Most issues were discussed and resolved informally through daily conversations and independently of more formal meetings, of which there were very few.

Practice seeks and acts on feedback from its patients, the public and staff

The practice did not have a patient participation group (PPG). A PPG is made up of practice staff and patients that are representative of the practice population. The main aim of the PPG is to ensure that patients are involved in decisions about the range and quality of services provided by the practice. However, we found the practice listened and responded in a timely way to formal and informal feedback from patients. They were looking at means of formally seeking and obtaining patients views

The staff we spoke with described the working environment as caring, supportive and they enjoyed attending and valued the staff. They felt that any suggestions they had for improving the service would be taken seriously and would be listened to.

Management lead through learning and improvement

All staff received an induction and were given regular protected time for study and supported and encouraged to pursue their professional development. The nursing team received clinical supervision in respect of their specialist areas such as **Chronic Obstructive Pulmonary Disease (COPD)**. We were told by the nursing staff that they also accessed external practice nurse forums for peer support and their own professional development.

Staff told us the management were approachable and supportive. However, there were no formal supervision arrangements in place for some clinical staff. Although they were able to freely consult with the GPs when clinical issues arose and invited to clinical and practice meetings.

We saw evidence that learning from significant events took place and appropriate changes were implemented. We saw that there were immediate and daily reviews of issues as opposed to trends or theme analysis. However, all incidents were known to staff who had an extensive organisational memory.

The move to a new electronic patient record software had presented challenges to the staff. However, those staff we spoke with were positive about the change and the benefits of employing a new system to manage patient information. The practice acknowledged that staff were learning to use the system and how to exploit its full capacity. They told us they had seen benefits from the timely recording and transmission of information between

Are services well-led?

Good

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

services. For example, the district nursing team were able to enter data directly onto patient records. This assisted to maintain a more comprehensive audit trail. Out of hours and hospital information were also transmitted electronically and linked to the patient record assisting in the timely review of information.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers People who use services and others were not protected against the risks of unsafe care and treatment by means of the effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from carrying out the regulated activity. By ensuring the correct endorsement and delegation of clinical authority to administer a drug or medicine that can be injected, ensuring medical supplies are in date to avoid out of date medicines being used in error and contingency arrangements are in place so patients can access care should the practice experience disruption to their services. Regulation 10 (1) (b).