

Castlefields Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Castlefields Surgery on 20 April 2016. Overall the practice is rated as good.

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.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed.
- 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.
- The practice had reviewed the appointment system and introduced telephone clinics to increase the number and type of appointments available for patients.
- 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.

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

Importantly, the provider must:

Summary of findings

- Ensure that Patient Group Directives (PGDs) are up to date and current.
- Ensure that appropriate checks are undertaken to ensure vaccines are always stored in line with manufacturers' guidelines.
- Ensure that nursing roles are clearly defined.
- Review the way in which patients who are carers are identified and recorded.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

In addition the provider should:

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

The arrangements in place for managing medicines such as vaccinations were not sufficiently robust. Not all Patient Group Directives (PGDs) were up to date and current.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- 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.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services.
- The practice had reviewed the appointment system and introduced telephone clinics to increase the number and type of appointments available for patients.
- Urgent appointments were available the same day and appointments could be booked in advance.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 practice however needed to establish a better system for delegating duties during staff absences.
- 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 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.
- Each patient within the practice had a named GP, which promoted continuity and an in-depth knowledge of the patient.
- The practice was actively engaged in immunisation and health promotion for the elderly. Vaccination rates for uptake of the seasonal flu vaccination were all above national averages and were the highest in the CCG area. For example, 77% of patients aged 65 or over had received the vaccinations compared to the national average of 68.8%.

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. The practice had developed a clinic coordinator role to maintain disease registers and to arrange appropriate recall and review.
- Patients at risk of hospital admission were identified as a priority. Admission Avoidance Plans had been drawn up. The number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions was below the National average.
- Performance for the five diabetes related indicators were comparable to or better than the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 97% compared with the National average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day emergency appointments were available for children.
- All patients had a named GP which promoted continuity of care and allowed the GP to know which families may be in more need of support and to respond appropriately.
- Patients had access to a Community Midwife who held clinics at the practice.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages.
- Chlamydia screening and a full range of reversible contraception and contraception counselling was offered including coil fitting.

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).

Good



- 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.
- Extended hours appointments were available from 7.00am to 8.00am on two mornings per week. Patients were able to speak with a doctor for advice when necessary every working day via the telephone clinic which started at 11.00am.
- 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.

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 offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- An identified administrator managed the list of those on the Child Protection Register and all associated correspondence, ensuring that it was acted upon appropriately.

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).

- 79% of patients diagnosed with dementia, had their care reviewed in a face to face meeting in the last 12 months. This was comparable to the national average.
- Performance in four mental health related indicators was in line with the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 95% compared with the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Patients were referred when necessary for support from other agencies for example Community Mental Health Services, Emotional Wellbeing, Perinatal Psychiatry, CAMHS, One Recovery (Drugs and Alcohol), Dementia Team, Stafford Bereavement and Loss and Eclipse (child bereavement).
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty four survey forms were distributed and a hundred and twenty two were returned. This represented 2% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were all positive about the standard of care received. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that staff at the practice were welcoming, caring, understanding and accommodating.

We spoke with 11 patients during the inspection. On the whole, patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Castlefields Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and a second CQC Inspector.

Background to Castlefields Surgery

Castlefields Surgery is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a Primary Medical Services contract with NHS England. At the time of our inspection the practice was caring for 6,341 patients.

The practice is situated in Stafford, and is part of the NHS Staffordshire and Surrounds Clinical Commissioning Group. Car parking, (including disabled parking) is available at this practice.

The practice area is one of more deprivation when compared with the local average, although lower than the national average.

A team of four GP partners (one male and three females), two Practice Nurses and a Health Care Assistant, provide care and treatment to the practice population. They are supported by a practice manager and a team of reception staff.

The practice is a teaching practice and supports medical students. The practice also works with the research department of Keel University.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 8.00am to 12.30 every morning and 3.30pm to 5.40pm daily. Extended hours surgeries are offered at 7am on two mornings per week.

When the surgery is closed the phone lines are switched to an answering machine message that instruct patients to dial 111 or 999 if it was an emergency. Out of hours care is provided by Staffordshire Doctors Urgent Care Ltd.

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

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?

Detailed findings

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:

- 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)

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 20 April 2016.

During our visit we spoke with a range of staff including the GPs, Practice Nurses, Health Care Assistants, Practice Manager, members of the reception team and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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). Staff commented that they felt comfortable to raise concerns.
- The practice had recorded 16 significant events in the previous year.
- Significant events were investigated, discussed at clinical meetings and where necessary changes were made to minimise the chance of reoccurrence. For example a discrepancy was found between a patient's blood glucose reading in comparison to the hospital results. Upon checking they found the test strips were out of date. The practice discussed the issue and reminded staff to check their test strips were in date on a regular basis and ensure equipment was available for calibration testing.

Overview of safety systems and processes including safeguarding

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. Staff were made aware of children with safeguarding concerns by computerised alerts on their records. The reason for the concern, however was not always clearly visible on the records.

- A notice in the waiting room advised patients that chaperones were available if required. Only clinical staff acted as chaperones. Staff 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).
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment for both members of staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Due to the recent changes in the nursing team, the practice manager was the infection control lead at the time of the inspection. 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.

Medicines management

- There were arrangements in place for managing medicines, including emergency medicines and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). However these were not always robust. There were two fridges in the practice used for the cold storage of vaccines. We checked the recording of the temperatures in both fridges. We found a number of gaps in the records showing that the fridge temperatures had not been checked on a number of occasions. For example, within the last three months, appropriate temperature checks had not taken place on 13 working days. We discovered that there was no system in place to cover this task when staff responsible were away from work.
- The practice had carried out medicines audits, with the support of the local medicines management teams, to

Are services safe?

ensure prescribing was in line with best practice guidelines for safe prescribing. One nurse was an independent prescriber and had undertaken further training to prescribe medicines within their scope of practice. Practice nurses used Patient Group Directions (PGDs) to administer medicines. The six PGDs seen, although signed, had expired and were overdue review.

Monitoring safety and responding to risk

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. Staff provided cover for holidays and sickness. At the time of the inspection, the staff team, especially the reception staff were under a lot of pressure due to working over their contracted hours to cover staff sickness. We were told that the practice manager was looking at sourcing external cover to ease this pressure on staff.

Arrangements to deal with emergencies and major incidents

The practice had 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. This was put to the test on the day of the inspection and found to be effective in raising the alarm. A panic button was also fitted to each workstation.
- All staff had received recent annual update training in basic life support
- The practice had emergency equipment which included automated external defibrillators (AEDs), (which provides an electric shock to stabilise a life threatening heart rhythm) and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Medicine to treat a sudden allergic reaction was available in every clinical room.
- The practice had a recently updated, comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were 96% of the total number of points available. This was higher than the national average of 93.5% and the CCG average of 92.7%.

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

- Performance for diabetes related indicators were comparable to the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were above the CCG and national average.
- The percentage of patients with asthma having a review of their condition within the previous year was higher than the CCG and national average.

There was evidence of quality improvement including clinical audit. There had been four clinical audits completed in the last two years. One of these was a completed audit, where the improvements made were

implemented and monitored. This audit looked at the number of patients prescribed a particular medicine for diabetes. The aim was to check that patients had had relevant blood tests and that they had been prescribed the most appropriate dose according to the results. Changes to policies had been implemented as a result.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those 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 clinical staff were identified through a system of appraisals. Staff told us they had received an appraisal within the last 12 months and felt supported to develop professionally within the practice.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work including safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Clinical staff attended the monthly protected learning time sessions organised by the CCG.

Working with colleagues and other services and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services.

Are services effective?

(for example, treatment is effective)

Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

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, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent could be monitored through the practice's electronic records.

Health promotion and prevention

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and people with dementia. Patients were signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 75% and the national average of 74%. The practice had a

policy to follow up patients who had not attended for their appointment with a GP or nurse at the practice and patients who had not attended an appointment at hospital.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 77% of eligible females aged 50-70 had attended screening to detect breast cancer. This was higher than the CCG average of 73% and the national average of 72%.
- 66% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 62% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 95% and five year olds from 93% to 100%.

Vaccination rates for uptake of the seasonal flu vaccination were all above national averages and were the highest in the CCG area.

- 77% of patients aged 65 or over had received the vaccinations. This was higher than the national average of 68.8%.
- 55% of patients under 65 who had a health condition that placed them in the 'at risk' group had received the vaccination. This was higher than the national average of 50.69%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection, we observed members of staff being 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 consulting and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. We observed staff knocking on doors and waiting for a response prior to entering. Reception staff told us they offered patients a quiet area should they want to discuss sensitive issues.

We spoke with a total of 11 patients, six of which were members of the patient participation group (PPG). We also collected 49 patient Care Quality Commission comment cards. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that staff at the practice were welcoming, caring, understanding and accommodating.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language. They explained how they had arranged this for a patient on the day of the inspection.

Patient/carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received. For example, a patient wrote that they had received all the help and advice they needed.

A patient information file was available in the patients waiting area which contained a range of leaflets which told patients how to access a number of support groups and organisations. Informative posters were also on display. Information about support groups was also available on the practice website.

The practice had identified 52 patients as carers (0.8% of the practice list). The reception staff were responsible for maintaining the carers register. A carers identification form was kept in the patient information file in the waiting area so that the practice could identify and support any newly identified carers. Written information was available to direct carers to the various avenues of support available to them.

Patients were signposted to appropriate bereavement support.

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 provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.

- Extended hours were offered. Working patients who could not attend during normal opening hours could attend appointments with the GPs from 7am on two mornings per week.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included for routine and emergency consultations.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Telephone consultations/advice were available to all patients but especially for working age patients and the elderly.
- The practice referred patients with memory loss to the care facilitator at the memory clinic.
- Patients were able to receive travel vaccinations available on the NHS.
- The Health Care Assistant had undertaken additional training to enable them to provide additional services, for international normalised ratio (INR) testing. (INR is used to monitor patients who are being treated with the blood-thinning medicine warfarin). This flexible approach to care provided choice and continuity of care.
- There were disabled facilities, a hearing loop and translation services available.
- The treatment rooms were all located on the ground floor of the building.

- Baby changing facilities were available.

Access to the service

Appointments were from 8.00am to 12.30pm every morning and 3.30pm to 5.40pm daily. Extended hours surgeries are offered at 7am on two mornings per week. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

When the surgery was closed the phone lines were switched to an answering machine message that instructed patients to dial 111 or 999 if it was an emergency.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was above national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 78%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%).
- 82% of patients said they were able to get an appointment or speak to someone the last time they tried, compared to the CCG average of 76% and the national average of 76%.
- 83% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 61% and national average of 58%.

Most people told us on the day of the inspection that they were able to get appointments when they needed them although it was difficult sometimes to get through on the phone. The practice was aware of this difficulty and had plans for addressing it.

The practice offered telephone clinics daily from 11.00am for issues not necessarily requiring an appointment such as discussing prescription queries.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its 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.

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

We saw that information was available to help patients understand the complaints system. Information was displayed in the waiting room and a complaint leaflet was available. Patients were also offered information about the Patient Advice and Liaison Service (PALS), which offers confidential advice, support and information on health-related matters. Information on the NHS advocacy service Powher was also offered.

The practice kept a complaints log for written and verbal complaints. We looked at four complaints received in the last 12 months. They were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, conflict resolution training had been arranged for reception staff.

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 which was to promote openness, fairness, respect and accountability. Staff spoke positively about their work and felt part of a well supported team.

The practice had developed a written business plan. It described their plans for the future and highlighted areas for improvement. The partners had identified areas, both clinical and business

focused, where improvements were required. For example, expansion of the premises, improvement to the telephone capacity and improving diagnosis rates of dementia and COPD.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care, although improvements were required in some areas.

- There was a clear staffing structure and most staff were aware of their own roles and responsibilities. Due to recent staff changes, roles and responsibilities within the nursing team were not fully established so that staff were not always clear about lead roles.
- Practice specific policies were implemented and were available to all staff. Staff told us that systems were in place for notifying any changes in policies and to inform them when policies were updated.
- A comprehensive understanding of the performance of the practice was maintained. The practice was a high Quality and Outcomes Framework (QOF) achiever. A clinic co-ordinator was employed to monitor the QOF outcomes.
- The practice had a programme of continuous clinical and internal audit which was used to monitor quality and to making improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating

actions. However we did find that the recording of the temperatures of the vaccination fridges to ensure they were operating at safe temperatures was not always being undertaken consistently.

Leadership, openness and transparency

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 told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted a team away day had been held within the last 12 months.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

Practice seeks and acts on feedback from its 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 the NHS Friends and Family Test and complaints received. The PPG was established in November 2015 and met on a quarterly basis. Prior to this the PPG met virtually. Members of the PPG told us that they felt listened to and the practice had

Are services well-led?

Good 

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

implemented changes as suggested by the group. For example, the introduction of music in the waiting area to promote patient confidentiality. They told us that they were also engaged in the practice expansion plans. Information about the PPG was available on the practice website although there was no dedicated notice board in the waiting room informing patients about their work.

- The practice had gathered feedback from staff through staff away days 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. For example, changes to staff job descriptions was done only with staff agreement.

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 practice could not demonstrate that appropriate checks were undertaken to ensure vaccines were always stored in line with manufacturers' guidelines.
Surgical procedures	Not all Patient Group Directives (PGDs) were up to date and current.
Treatment of disease, disorder or injury	Regulation 12(1)(2)(b)