

# Grayshott 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

Requires improvement



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?

Requires improvement



# 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 Grayshott Surgery on 1 March 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate building safety checks on the fixed wiring and portable appliances had not been undertaken in the last few years.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice did not have a patient participation group.
- The practice did not have systems and processes in place to ensure learning from significant events and complaints was shared.
- There was a clear leadership structure and staff felt supported by management. The practice 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.

# Summary of findings

We saw one area of outstanding practice:

- The practice employed two GPs and a practice nurse solely dedicated to visiting patients in the large care homes in the practice area. These GPs specialised in working with older people and this meant the patients benefitted from more specialised care and continuity of care. The practice nurse ran long term condition clinics at the care homes, which helped patients and care home staff proactively manage patient's medical needs. This dedicated support for the care homes ensured patients' medical needs were carefully monitored.

The areas where the provider must make improvement are:

- Ensure that regular fire alarm checks are carried out and documented.
- Ensure that health and safety checks for the building and equipment are carried out and documented in line with practice policy.
- Investigate ways to re-establish a patient participation group to provide patient input to the practice.
- Review how learning is shared across the practice, for example from significant events and complaints.

Ensure clear communication procedures are in place to ensure all relevant staff are aware of learning from events. Ensure a written record is kept of all verbal complaints so trends can be reviewed and analysed.

- Ensure that records are kept of all training completed by staff.

In addition the provider should:

- Review the training policy to show what training is required for each staff group and when refresher training is required.
- Ensure that recruitment reference checks and DBS checks are completed in line with practice policies.
- Review the high level of exception reporting in the Quality and Outcomes Framework (QOF) and the practice performance for monitoring the blood pressure of patients with hypertension.
- Ensure that hand written prescription pads are kept secure at all times when taken off site, and that usage is monitored and recorded.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thoroughly documented and discussed. This meant that lessons were not always learned or communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented fully to ensure patients were kept safe. For example, the practice had not routinely checked electrical safety including portable appliance testing. We also noted that the practice had not conducted regular fire drills or fire alarm checks.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a system for monitoring and keeping prescriptions secure on site, but did not have a robust system for monitoring the use of hand written prescription pads taken off site.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was working with the CCG to review medicines for patients with complex conditions.
- The practice had employed GPs and a practice nurse dedicated to visiting care homes and providing care to these patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- There was a clear leadership structure and staff felt supported by management. The practice had been through a major change in the partnership in the last 12 months and was entering a period of consolidation.
- The practice had a number of policies and procedures to govern activity. Meetings were held regularly and minutes taken at all formal meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

# Summary of findings

- There was no comprehensive process for identifying the training required for staff or for recording staff attendance at training sessions.
- The patient participation group had not been active for three years.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice looked after nine care homes for older people with over 330 residents and had employed GPs specifically to carry out regular weekly or twice weekly rounds to these homes, as well as the acute care offered by the GPs in the practice. In addition the practice employed a practice nurse who ran chronic disease management and health clinics within the larger care homes. The feedback from the homes was very positive about the care and responsiveness of the service provided.
- The practice kept a register of frail elderly patients and discussed these patients weekly with the community matron to avoid hospital admission where possible.

**Requires improvement**



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 89% of patients on the diabetes register had a record of a foot examination and classification which was just above 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.

**Requires improvement**



# Summary of findings

- The practice provided a medical officer service to a neurodisability hospital of very high need patients. The GPs carried out a daily ward round and provided out of hours cover 24 hours a day seven days a week.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 74% of patients with asthma, on the register, had an asthma review in the preceding 12 months compared to a national average of 75%
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 79% of eligible female patients had a cervical screening test which was slightly below the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice ran a weekly clinic at a local boarding school.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- A member of staff offered a training session to help patients understand how to register and use the online services.

Requires improvement



# Summary of findings

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability. The practice looked after people from a local travelling fair and encouraged them to access medical care.
- The practice provided medical support for four residential homes for patients with learning disabilities. We spoke to two of these homes and they gave positive feedback about the care provided.
- There were 173 patients with learning disabilities registered at the practice and there was a lead GP for this patient group who had expertise in care for these patients. The GP had developed a checklist for these patients, kept at the care homes to assess their needs to ascertain the most appropriate form of medical care.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



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

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

- 77% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is worse than the national average of 84%.
- 98% of patients experiencing poor mental health had an agreed care plan documented, which is better than the national average of 89%.

Requires improvement



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice provided medical support for a care home for patients with long term mental health problems. This home gave very positive feedback about the support and care provided.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# 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, 237 survey forms were distributed and 120 were returned.

This represented 1% of the practice's patient list.

- 80% of patients found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 79% and a national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 90% and national average 85%).
- 93% of patients described the overall experience of their GP surgery as good (CCG average 90% and national average 85%).

- 88% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 85% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards, all but one of these were positive about the standard of care received. Patients stated that they received high standards of care and thought staff were kind and caring. Several patients said they felt they were listened to well and were happy with the treatment and advice they were given.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and were treated with dignity and respect. The family and friends test had 180 responses over the last 12 months and 88% of respondents said they would recommend the practice.

## Areas for improvement

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

- Ensure that health and safety checks for the building and equipment are carried out and documented in line with practice policy.
- Ensure that regular fire alarm checks are carried out and documented.
- Investigate ways to re-establish a patient participation group to provide patient input to the practice.
- Review how learning is shared across the practice, for example from significant events and complaints. Ensure clear communication procedures are in place to ensure all relevant staff are aware of learning from events. Ensure a written record is kept of all verbal complaints so trends can be reviewed and analysed.
- Ensure that records are kept of all training completed by staff.

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

- Review the high level of exception reporting in the Quality and Outcomes Framework (QOF) and the practice performance for monitoring the blood pressure of patients with hypertension.
- Ensure that hand written prescription pads are kept secure at all times when taken off site, and that usage is monitored and recorded.
- Review the training policy to show what training is required for each staff group and when refresher training is required.
- Ensure that recruitment reference checks and DBS checks are completed in line with practice policies.

## Outstanding practice

- The practice employed two GPs and a practice nurse solely dedicated to visiting patients in the large care

homes in the practice area. These GPs specialised in working with older people and this meant the

## Summary of findings

patients benefitted from more specialised care and continuity of care. The practice nurse ran long term condition clinics at the care homes, which helped

patients and care home staff proactively manage patient's medical needs. This dedicated support for the care homes ensured patients' medical needs were carefully monitored.

# Grayshott Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Grayshott Surgery

Grayshott surgery is a long established practice. It is located on the border of Surrey and Hampshire with half the patients coming from Hampshire and half from Surrey. The practice covers a large semi-rural area of around 100 square miles. The premises are purpose built and all on ground floor level. The practice operates from:

Grayshott Surgery

Boundary Road

Grayshott

Hindhead

GU26 6TY

There are approximately 12,200 patients registered at the practice. Statistics show very little income deprivation among the registered population. The registered population is lower than average for 0-9 year olds and 20-39 year olds and much higher than average for those aged 45 and above. The practice has a very high proportion of elderly patients with 12.9% of the population over 75 (national average 7.8%) and 4.6% over 85 (national average 2.3%). There are fewer patients of working age than the national average (48% compared to 61.5%) and a higher proportion of adults with a long standing health condition (61.6% compared to national average of 54%).

The practice has six partners and four salaried GPs (three male and seven female). Three of the doctors work full time and the other seven work part time. There are six practice nurses and one health care assistant.

The practice is a training practice and there are regularly GP trainees working in the practice.

The practice is open from 8.30am to 6.30pm from Monday to Friday. Appointments are from 8.30am to 12.10pm and 2.15pm to 6.20pm. Patients can book appointments in person, by phone or on line. Telephone lines are open from 8.30am to 1pm and 2pm to 6.30pm, with urgent calls only answered between 1pm and 2pm by the practice.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service NHS 111.

The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England.

At the time of the inspection there were three partners who were not registered with the CQC. We saw evidence that the practice was in the process of registering these partners.

Grayshott Surgery was previously inspected in August 2014 and found to be fully compliant.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 March 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, practice manager, assistant practice manager, receptionists and administrators) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Prior to the inspection we spoke with five local care homes about the service received from the practice. They all highly praised the practice and told us they were very responsive to patients' needs and treated the patients with dignity and respect.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice discussed significant events when they occurred but we did not see evidence of a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. The approach to learning from these incidents was not systemised, therefore the practice could not be sure that all staff were aware of incidents and that shared learning had taken place to improve safety in the practice. For example, there was an incident where the doctor saw a patient without checking his identity, and issued a prescription to this patient in the wrong name. The doctor learned the importance of checking the name of each patient he saw, but there was no evidence that this learning was shared with other members of the practice.

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

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice in the reception area and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The doctors visited a number of care homes and at times took a large number of prescription pads with them on these visits. We did not see evidence of a system to monitor usage of the hand written prescriptions when taken off site and ensure they were kept secure at all times. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccines after specific training, when a doctor or nurse were on the premises. Patients on high risk medication were monitored to ensure that appropriate tests were carried out. There was a practice process for monitoring repeat prescriptions.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment in all but one instance. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the

# Are services safe?

appropriate checks through the Disclosure and Barring Service (DBS). In one case only one reference had been received for a new starter, and there was no evidence of a request for a second reference. The other four files all had two references filed in line with the practice recruitment policy. There was a written practice policy regarding which staff required DBS checks and we saw that the practice had accepted a DBS check from a previous employer for one of the new starters, but had not updated this check in line with their policy.

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

## Monitoring risks to patients

Some risks to patients were assessed and well managed, however there were areas of concern with risks associated with electrical equipment and fire safety.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments but had not carried out a fire drill for over 16 months and there was no evidence of regular testing of the fire alarms.
- The non clinical portable electrical equipment was tested to ensure the equipment was safe to use, however the last recorded check was in December 2012 and the certificate expired in December 2013. The practice stated that a decision had been made to conduct testing every four years for non clinical equipment and had booked a portable electrical equipment test for December 2016. We were unable to find a formal record or risk assessment in relation to this decision. There was no evidence of when the fixed wiring was last checked in the building.

- Clinical equipment was checked to ensure it was working properly and we saw evidence that this had been tested in November 2015.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and staff were flexible in providing cover.

## Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm in each consultation and treatment room and a panic button on the computer which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the emergency bag in the reception office.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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 94.5% of the total number of points available, with 14.5% exception reporting.

(Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The level of exception reporting is high compared to other practices. On investigation the practice told us this was due to the high number of older people and people with learning disabilities in the practice population, where the GP had made a clinical judgement not to apply the QOF targets. The practice should review this approach to ensure they are monitoring outcomes for patients effectively. This practice was an outlier for one area of QOF in hypertension, as detailed below. Data from 2014/15 showed;

- The percentage of patients with hypertension having regular blood pressure tests with a reading of 150/90mmHg or less was lower than the national average (practice 73%, national 84%). The practice was an outlier for this clinical target and they told us this was due to the significant number of older patients with hypertension where it was not clinically appropriate to target this blood pressure range.

- Performance for diabetes related indicators was similar to the national average. 89% of patients on the diabetes register had a record of a foot examination and classification which was in line with the national average of 88%.
- Performance for mental health related indicators was better than the national average. 98% of patients experiencing poor mental health had an agreed care plan, which is better than the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent audit reviewed the number of epileptic patients on a certain medicine having full blood count monitoring. A practice audit showed that 51% of patients had had this test and a practice target was set to increase this to 60% by writing to patients and talking to learning disability home managers as many of these patients had profound disabilities. A reaudit after six months showed that 58% of patients had now had the blood test completed, showing an improvement in uptake.

### 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 fire safety, health and safety and confidentiality. The programme did not cover safeguarding and infection prevention and control. We saw that this was covered through in house training sessions but there was no records kept of who attended these training sessions.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions the staff members kept their own certificates of attendance at training and updates.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

# Are services effective?

## (for example, treatment is effective)

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The majority of training was done in house.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice worked closely with the local care homes and the GP and nurse team who supported these homes provided care home staff with support and training to better manage patient needs. Many of the patients in these homes had varied and complex needs and the doctors worked closely with other health professionals to meet these needs. For example the doctors carried out joint visits with a dietician to review nutritional needs and joint visits with a pharmacist to check compliance with taking prescribed medicines.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A smoking cessation advice was held at the practice regularly run by an external provider.
- The practice provided extra support for patients with learning disabilities and neurological conditions and had developed expertise in supporting these patients.

The practice's uptake for the cervical screening programme was 79%, which was slightly below the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to clinical commissioning group averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 94% and five year olds from 63% to 91%.

## Are services effective?

(for example, treatment is effective)

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All but one of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and national average of 89%.
- 93% of patients said the GP gave them enough time (CCG average 90% and national average 87%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 97% and national average 95%).
- 94% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 90% and national average 85%).
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93% and national average 91%).
- 85% of patients said they found the receptionists at the practice helpful (CCG average 89% and national average 87%).

### Care planning and involvement in decisions about care and treatment

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 88% and national average 82%)
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87% and national average 85%)

Staff told us that they had very few patients who did not have English as a first language. They knew they could access a translation service if needed, but had not had to do so.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

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

Staff told us that if families had suffered bereavement, their usual GP contacted them and referred them to support services if needed.

# 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 worked with the CCG pharmacy advisor to review medicines for patients with complex needs.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had employed dedicated GPs to visit care homes for older people in order to provide continuity of care for these patients and support the staff in these homes. This allowed the other GPs time to concentrate on other patients including those older patients who lived on their own.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.10pm every morning and 2.15pm to 6.20pm daily. In addition to pre-bookable appointments that could be booked up to two months weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was better than local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.

- 80% of patients said they could get through easily to the surgery by phone (CCG average 79% and national average 73%).
- 68% of patients said they usually get to see or speak to the GP they prefer (CCG average 63% and national average 59%).

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

### Listening and learning from concerns and complaints

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

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a leaflet explaining the complaints process and a poster in the waiting area.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled. We discussed the number of complaints with the practice and saw that in the previous 12 months there had been six complaints. These numbers were low and the practice was not recording verbal complaints and those concerning the state of the private road leading to the practice, although they were taking action to deal with all verbal complaints. Lessons were learnt by the individuals concerned from concerns and complaints and action was taken as a result to improve the quality of care, however it was not clear that the learning was shared more widely across the practice. A complaint we reviewed demonstrated how a patient had complained about a GP not prescribing medicines in line with a request from a hospital consultant. The GP concerned apologised to the patient and explained why he had recommended a different course of treatment and accepted learning from how he had managed the consultation with the patient. The patient was pleased with this response.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice described themselves as practising old fashioned family medicine, with a strong patient focus.

- The practice had been through a major change in the partnership in the last 12 months and was entering a period of consolidation.
- The partners had had an away day in September 2015 to plan workload and practice organisation in light of the new partnership arrangements and had started to put in place new communication plans.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- Meetings were held regularly and minutes taken at all formal meetings
- Clinical and internal audit was used to monitor quality and to make improvements, although there was no set programme for these audits.

There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However these arrangements were not comprehensive. For example the policy for how often portable appliance testing was carried out was not risk assessed or documented. The practice was not able to demonstrate that all staff had received training that was mandatory or appropriate to their roles. There was no list of mandatory training for staff and on the day of the inspection we were not able to see records of staff attendance at all training sessions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice kept written records of correspondence but did not keep written records of verbal interactions limiting the analysis of these incidents.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through an online survey and comment cards in the surgery. This showed that the 180 patients responding rated the practice four and a half stars out of five.
- The patient participation group had not been active for three years and there was no evidence of any plans to address this.
- The practice had gathered feedback from staff through staff meetings and using a suggestion box. Staff told us

# Are services well-led?

Requires improvement 

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

they would give feedback and discuss any concerns or issues with colleagues and management, and had been involved in discussions around a new office layout. Staff told us they felt involved and engaged to improve how the practice was run.

The practice was anticipating that the new partners and GPs would bring ideas for future developments. They were looking at ways to access the practice clinical records for patients' records during care homes visits to improve efficiency and effectiveness.

## Continuous improvement

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered provider was unable to demonstrate that it had done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The provider had not tested fire alarms on a regular basis and had not checked portable electrical equipment in line with requirements.</p> <p>This was in breach of regulation 12(1) (2) (a) (b) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered provider had not established and operated effectively, systems and processes for reviewing and learning from significant events and complaints. There was no comprehensive process for identifying the training needed for staff and recording staff attendance at training.</p> <p>The registered provider was unable to demonstrate that it had a patient participation group.</p>

This section is primarily information for the provider

## Requirement notices

This was in breach of regulation 17(1) and 17(2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.