

St Andrews 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 St. Andrews Surgery on 28 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety; however systems in place for reporting and recording significant events required improvement.
- Risks to patients were assessed and managed although some shortfalls in relation to infection control and prescription form tracking required improvement.
- 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.
- Safe arrangements were in place for staff recruitment that protected patients from risks of harm.
- 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.
- Urgent appointments were usually available on the day they were requested, but some patients said that it was difficult to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had administrative staff trained to take appropriate action on incoming clinical

Summary of findings

correspondence and redirect the workflow as appropriate. This saved on average 40 minutes of each GPs time each day. There were governance arrangements to oversee this work.

The areas where the provider must make improvement are:

- To maintain a recording system to track prescription forms.
- To review their infection control policy to ensure that an action plan is in place to rectify any issues found on inspection audits.

- To review their significant event analysis procedure to ensure that the documentation of these issues is complete.

The area where the provider should make improvements is:

- To actively identify patients that have caring responsibilities within the patient list.
- To review how the practice could increase the uptake for childhood immunisations

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a system in place for reporting and recording significant events. However, we found on the inspection there were some anomalies within the recording system resulting in one event being discussed at meetings but not recorded on the significant events information, and one other event that was listed but with no minutes of this being discussed.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the infection control audit did not contain space to document what was found during an audit and no action plan was in place to resolve issues.
- The practice had a system where prescription forms were logged upon arrival at the practice but not tracked onwards when these would have been removed for use.
- There was a recruitment policy and procedure in place to ensure patients safety was protected. We found that senior staff had adhered to the policy and procedure.
- Staffing levels were regularly monitored to ensure there were enough staff to keep people safe.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines were used routinely in the assessment and treatment of patients.

Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had reviewed the needs of the local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to the services provided for patients.
- Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.
- The practice could refer patients to external programmes to assist patients with managing diabetes or for weight loss.
- 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 provide up to date, appropriate and seamless care for patients. Processes were in place to reduce the risk of unplanned hospital admissions.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data published in January 2016 from the national patient survey were comparable to national averages for caring. All patients we spoke with on the day were complimentary about their care and 95% of respondents in the survey stated their overall experience of the surgery as fairly good or very good compared to the CCG average of 89% and a national average of 85%. The number of patients who would definitely, or probably, recommend the surgery was 87% which was also higher than both CCG and national averages of 85% and 79% respectively.
- 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 observed a patient-centred culture; feedback from patients about their care and treatment was positive. Patients told us they were satisfied with the standards of care they received.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Carers were encouraged to identify themselves. However, identification of carers was low with less than 1% of patients being identified as carers. Clinical staff provided carers with guidance, signposted them to a range of support groups and ensured their health needs were met.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Most patients told us it was easy to make an appointment and urgent appointments were available the same day. Some patients told us they sometimes had difficulties in getting appointments when they felt they needed them.
- The practice provided enhanced services. For example, avoiding unplanned admissions by carrying out health reviews and development of individual care plans.
- The practice published a quarterly newsletter for patients detailing changes within the surgery and support available for patients or carers from external bodies.
- The practice could refer patients to a free group weight loss management programme. There were two groups, one catered for patients aged two to sixteen years of age and one catered for patients aged 16 years and over.
- 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. Leaflets were available for patients to take away to record their complaint details. Evidence showed that senior staff responded quickly and appropriately when issues were raised. Where necessary apologies were provided and improvements made.
- The practice referred patients to a diabetes education course for those who were recently diagnosed with the condition. Patients could also be referred to this course whilst they were still in the pre-diabetes phase.

Are services well-led?

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

Good



- Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- There were policies and procedures to govern activity and these were accessible to all staff. Regular governance meetings were held.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk; however, some systems required improvement.

Summary of findings

- The practice had administrative staff trained to take appropriate action on incoming clinical correspondence and redirect the workflow as appropriate. This saved on average 40 minutes of each GPs time each day. There were governance arrangements to oversee this work.
- 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
- Senior staff actively sought patient feedback about the services they received and where possible made changes to improve them.
- The Patient Participation Group (PPG) were active. A PPG is a group of patients who represent the views of patients and work with practice staff to improve services and the quality of care. Suggestions for improvements had been actioned by senior staff.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Home visits were offered to those who were unable to access the practice. Patients who had enhanced needs had prompt access to appointments.
- Patients that were housebound were offered pro-active healthy living reviews which were undertaken by a healthcare assistant. These visits identified problems, assisted in monitoring medicines and allowed the patient to be signposted to other support agencies.
- Patients identified as “at risk” had their care plan reviewed following discharge from hospital. Care plans included details of next of kin and these were liaised with where appropriate. Patients held a copy of their care plan.
- Monthly multi-disciplinary care team meetings were held involving GPs, community nurses, the community matron along with social and mental health care workers. A local service called STEPS were also represented and this group assisted patients maintain their independence. The STEPS service provided a service to people aged 65 or over who face housing difficulties and people aged 18 or over who have a long term physical health condition and need advice and guidance to help them live life to the full.
- Patients resident in nursing homes were visited fortnightly so any health condition could be managed proactively. All patients in nursing homes had a care plan and had their resuscitation and end of life care wishes discussed with them.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the Quality and Outcomes Framework 2014/15 showed that the percentage of patients on the diabetes

Summary of findings

register, with a record of a foot examination and risk classification within the preceding 12 months was 94%. This was better than the CCG average of 87% and the national average of 88%.

- The practice had developed a joint GP/nurse diabetic clinic to undertake all the requirements for the patient's annual review.
- 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.
- The practice was a pilot site for a service called "Live well, feel better" which enabled patients with chronic health conditions to receive support from health coaches to develop motivation, confidence and assist with their problem solving skills.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Alerts were put onto the electronic patient record when safeguarding concerns were raised.
- Immunisation rates were comparable for all standard childhood immunisations when compared to local CCG averages. All non-attendance at an immunisation appointment resulted in a telephone call to reschedule the appointment or an arrangement was made to discuss any concerns about the immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80% which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The practice had adjusted its services to accommodate the needs of this population group to ensure the service was accessible, flexible and offered continuity of care.
- Online services were available for booking appointments and ordering repeat prescriptions.
- Extended hours were available and telephone consultations with GPs for those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment.
- The practice website gave advice to patients about how to treat minor ailments, health promotion and screening that reflected the needs of this patient group.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- There was a weekly substance misuse clinic where a GP worked alongside a specialist nurse.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for dealing with vulnerable adults and children.
- The practice had a “Community navigator” who could direct people to non-health related sources of support. The community navigator assessed patients’ non-medical support needs and helped them to access groups, services and activities that could broadly improve their health and wellbeing. The Navigator offered up to 6 appointments of around 45 minutes in duration.

Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 95% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- All patients aged 65 and over with a long term condition were screened for memory issues.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months which was comparable to the CCG average of 88% and 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.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 247 survey forms were distributed and 114 were returned. This represented approximately 1% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% 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%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% 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 37 comment cards, of which 32 were wholly positive about the standard of care received. Some comments received included; the reception staff were very helpful, excellent care was received from the GPs and nurses, the practice is a great team where you are treated with empathy and time was taken to explain the reason for any tests. Four cards made comments regarding appointment availability and one card commented on time keeping for appointments.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The last available friends and family test data from March 2016 showed that from five responses received all were extremely likely to recommend the surgery.

Areas for improvement

Action the service **MUST** take to improve

- To maintain a recording system to track prescription forms.
- To review their infection control policy to ensure that an action plan is in place to rectify any issues found on inspection audits.

- To review their significant event analysis procedure to ensure that the documentation of these issues is complete.

Action the service **SHOULD** take to improve

- To actively identify patients that have caring responsibilities within the patient list.
- To review how the practice could increase the uptake for childhood immunisations

St Andrews Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to St Andrews Surgery

St. Andrews Surgery is a practice offering general medical services to the population of Lewes, East Sussex. There are approximately 10,000 registered patients. The practice is located within a property which has limited the practice in making alterations which would benefit patients. Due to this issue the practice is actively looking to relocate the surgery to another location. The practice is part of NHS High Weald Lewes Havens CCG.

The practice population has a higher number of patients between 05-19 and 40-64 years of age than the national and local CCG average. The practice population also shows a lower number of patients between the age of 20-34 year olds than the national and local CCG average. There are a lower number of patients with a longstanding health condition. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

St. Andrews Surgery is run by four partner GPs (one male and three female). The practice is also supported by three salaried GPs (two male and one female) three practice nurses, two healthcare assistants, a phlebotomist, a team of administrative and reception staff, an assistant practice manager and a practice manager.

The practice provides a number of services for its patients including; asthma clinics, diabetes clinics, coronary heart disease clinics, minor surgery, child immunisation clinics, new patient checks and holiday vaccinations and advice.

Services are provided from one location:

St. Andrews Surgery, The Old Central School, Southover Road, Lewes, East Sussex, BN7 1US

Opening hours are Monday to Friday 8.30am to 6.30pm. The practice is closed from 1pm to 2pm each Tuesday for staff training. During this time patients can access care from the out of hour's provider. The practice has extended hours on Tuesday and Thursday evenings until 7pm and Friday mornings from 7.30am. There are also extended appointments available every Saturday morning from 8am to 10am. During the times when the practice is closed arrangements are in place for patients to access care from IC24 which is an Out of Hours provider. Access to this service is by calling NHS 111.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 April 2016. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events. However, the recording system that was in place did not capture all events. We noted that one significant event was discussed at a meeting but had not been documented on the spread sheet used for recording significant events whilst another was documented but minutes of the discussion into the incident were not available.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one event documented that a patient had documentation sent to them at an address where there were multiple occupants without the name being addressed within the letter, this could have resulted in confidential information being accessed by others. A checking system was put in place to ensure all documentation was correctly addressed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP 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 safeguarding level three and nurses to child safeguarding level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who 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; however, there was not a recording system in place that allowed any issues found to be documented and no action plan to ensure any issues found were appropriately dealt with.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored after being logged into the practice but there was not a system in place to monitor their use so it was unknown who had removed forms and how many had been taken at any one time. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines

Are services safe?

in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular 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 and the practice had started an audit on the workload of the duty doctor to gain a better insight into how this service was being utilised to see if improvements could be made.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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. This plan had last been reviewed in January 2016.

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 95.8% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, who had received influenza immunisation in the preceding 1 August to 31 March was 97% compared to the national average of 94%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, three 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, recent action taken as a result included ensuring patients that had been prescribed a high risk medicine were only prescribed 28 days of the medicine per prescription and the patient was undergoing blood tests as required to help ensure patient safety.

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. All three practice nurses had obtained nurse mentoring qualifications which allowed the practice to assist in the training of nurses.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, 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.
- 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 patient records audits.

Supporting patients to live healthier lives

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.

Patients were signposted to the relevant service. For example, patients could be referred to a diabetes education programme which was held for those newly diagnosed and gave advice on how best to control their condition. Patients could also be referred to this when still in the pre-diabetes phase.

- Patients were able to be referred to a local weight loss management programme which was free of charge. This programme offered support for two age group ranges. Those from two to sixteen years of age and those sixteen years of age and older.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example Female patients aged 50-70, that were screened for breast cancer in the last 36 months (3year coverage) was 75% which was comparable to the CCG average of 75% and a national average of 72%. Also, Patients aged between 60-69, screened for bowel cancer in the last 30 months was 62% which was comparable to the local CCG average of 62% and the national average of 58%. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 90% and five year olds from 77% to 89%. This was slightly below the CCG averages of 90% to 94% and 88% to 94% respectively.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.

32 of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 95% 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%.
- 86% 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%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 79% 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%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice, to improve the care for patients in care homes, liaised with these patients and their next of kin to formulate advance care plans that ensured their needs and wishes were respected.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as carers (less than 1% of the practice list). 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 as appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice held a weekly substance misuse clinic at the practice which was supported by a specialist nurse and GP. The practice was also a pilot site for a service called "Live well, feel better" which enabled patients with chronic health conditions to receive support from health coaches to develop motivation, confidence and assist their problem solving skills

- The practice offered extended hours appointments on a Tuesday and Thursday evening until 7pm and on Friday mornings from 7.30am. There were also appointments available on a Saturday morning from 8am until 10am.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, baby changing and translation services available.
- The practice offered questionnaires on their website that patients could complete if they had concerns over issues such as depression or alcohol consumption. A GP would then review the questionnaire and contact the patient as appropriate.
- The practice published a quarterly newsletter for patients detailing changes within the surgery and support available for patients or carers from external bodies.

Access to the service

The practice was open between 8.30pm and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 3pm to 5.30pm daily. Extended hours appointments were offered on Tuesday and

Thursday evenings until 7pm, on Friday mornings from 7.30am and every Saturday morning from 8am to 10am. The practice was closed each Tuesday from 1pm to 2pm to facilitate staff training. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People 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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The complaints procedure was available in the practice and on their website. The procedure gave patients information on how to escalate a complaint if they were not satisfied with the response from the practice. The procedure could be translated into different languages via the practice website.

The practice had received 10 complaints in the last 12 months and we found these were satisfactorily handled and dealt with in a timely way. The complaints had been received in writing, verbally and by feedback via the website. Complaints were discussed and apologies given to patients where appropriate. For example, a complaint was received following two letters being sent to a patient for a blood test with conflicting information regarding fasting. The practice apologised and reviewed their procedures appropriately.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had administrative staff trained to take appropriate action on incoming clinical correspondence and redirect the workflow as appropriate. This saved on average 40 minutes of each GPs time each day. There were governance arrangements to oversee this work.
- Policies and procedures were tailored to the practice were available to all staff. They were reviewed annually and staff were informed of any changes.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there were areas that required improving such as, systems for documenting significant events, systems for tracking prescription forms and systems for ensuring there was an action plan in place to resolve any issues found during infection control audits.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

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

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

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

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

- Staff told us the practice held regular team meetings.
- There was a clearly defined management structure in place and staff were supported. Staff told us there was a culture of openness within the practice.
- 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. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The PPG met every two months, carried out patient surveys and submitted proposals for improvements to the practice management team. For

Are services well-led?

Good 

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

example, the PPG had been involved in reviewing the appointments system and the telephone system improvements where there were now four incoming lines.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice held a weekly substance misuse clinic which was led by a GP and a specialist nurse.

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 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Maternity and midwifery services	Good governance
Surgical procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	We found the registered provider had not introduced measures to reduce or remove risks that had been identified with their infection control audit.
	The practice could not demonstrate that they had a robust method for tracking prescription forms.
	The practice could not demonstrate a robust method of recording significant events.
	This was in breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014