

Puddletown Surgery

Quality Report

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Date of inspection visit: 05/08/2015

Date of publication: 22/10/2015

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Puddletown Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	18

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Puddletown Surgery on 5 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and managed, with the exception of those relating to medicines management, and staff recruitment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- 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, sit and wait and bookable appointments were available every day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was a training practice for doctors training to be GPs.

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

Importantly the provider must:

Summary of findings

- Ensure medicines are stored securely and only available to authorised staff.
- Ensure standard operating procedures are signed by relevant staff.

- Ensure recruitment arrangements include all necessary employment checks for all staff.

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.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. 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. Areas of concern found included the management of medicines and staff recruitment.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services.

Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

It 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. Patients said they found it easy to make an appointment with a

Good



Summary of findings

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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

It had a clear vision and strategy. 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. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was proactive. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

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

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Patients who had been identified as having a long term condition had a named GP and a structured annual review to check that their health and medication needs were being met. Review of all chronic conditions were carried out at a single appointment which reduced unnecessary appointments and followed latest guidelines. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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 on 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 high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw examples of joint working with midwives, health visitors and school nurses. A health visitor, based at the practice held a baby clinic every week.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

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 that it was accessible, flexible and offered continuity of care to this group. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for his age group.

People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Every year patients who had a learning disability were invited to a review examination. Assessments were carried out with a carer if necessary either at the practice, the patient's home or residential care home. The practice also offered longer appointments for this population group.

Patients who were identified as vulnerable had their records highlighted so that staff were aware of their needs and attention. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It told 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. Practice leaflets were available in easy read format. 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.

Good



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).

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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 and a psychiatrist held a clinic on site one afternoon per month. It had a system in place to follow up patients who attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing better than local and national averages for patient satisfaction. Of the 252 survey forms distributed to patients, between July and September 2014 and January to March 2015, 139 forms were returned completed. This was a response rate of 55.2% which represented approximately 3.36% of the practice population.

- 99.5% found it easy to get through to the practice by phone compared with a CCG average of 85.3% and a national average of 74.4%.
- 98.9% found the receptionists at the practice helpful compared with a CCG average of 89.8% and a national average of 86.9%.
- 93% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 70.9% and a national average of 60.5%.
- 96% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 89.7% and a national average of 85.4%.

- 97.1% said the last appointment they got was convenient compared with a CCG average of 94.2% and a national average of 91.8%.
- 95.9% described their experience of making an appointment as good compared with a CCG average of 94.2% and a national average of 91.8%.
- 62.9% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 68.3% and a national average of 65.2%.
- 81.8% felt they didn't normally have to wait too long to be seen compared with a CCG average of 63.5% and a national average of 57.8%.

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 all were positive about the standard of care received. Comments included reference to the practice being caring, staff being friendly, willing to help and polite. We also spoke with seven patients and a representative of the patient participation group. Comments from these patients were also positive about the service they received from Puddletown Surgery.

Areas for improvement

Action the service MUST take to improve

- Ensure medicines are stored securely and only available to authorised staff.
- Ensure standard operating procedures are signed by relevant staff.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

Puddletown 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 advisor, a pharmacy specialist advisor and practice manager specialist advisor.

Background to Puddletown Surgery

Puddletown Surgery is a purpose built dispensing GP practice situated in Puddletown, a village close to Dorchester, Dorset. It has been at its present location since 2011.

The practice has an NHS general medical services contract to provide health services to approximately 4,100 patients.

The practice is open from 8.30am to 6.30pm from Monday to Friday and between 8.30am and 11.30am on Saturdays. The practice has opted out of providing out-of-hours services to their own patients and refers them to South Western Ambulance Trust via the NHS 111 service.

Approximately half the patients are male and half are female. The practice area is not ethnically diverse; unemployment is low and has no specific areas of deprivation.

The practice has two partner GPs and one salaried GP who together work an equivalent of 2.1 full time staff. There are two male and one female GP. The practice is a training practice for doctors training to be GPs and also has a GP registrar in post.

The practice has four primary care nurses and a health care assistant. The GPs and the nursing staff are supported by a team of six administration staff who carry out administration, reception, scanning and secretarial duties. The practice also has a practice manager who is a partner in the practice.

We have not inspected the practice under the previous inspection regime.

We carried out our inspection at the practice's only location which is situated at:

Puddletown Surgery

Athelhampton Road

Dorchester

DT2 8FY

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.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. Organisations included the local Healthwatch, NHS England, and the clinical commissioning group.

We asked the practice to send us some information before the inspection took place to enable us to prioritise our areas for inspection. This information included; practice policies, procedures and some audits. We also reviewed the practice website and looked at information posted on the NHS Choices website.

During our visit we spoke with a range of staff which included GPs, nursing and other clinical staff, receptionists, administrators, secretaries and the practice management team.

We also spoke with patients who used the practice. We reviewed comment cards and feedback where patients and members of the public shared their views and experiences of the practice before and during our visit.

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

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

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient had multiple blood tests carried out but was unaware that results for these came back to the practice individually. The patient was unaware that when they were advised the results were normal that a further test result was outstanding. We reviewed this incident and found that a new system was adopted to reduce the risk of the error happening again. The system included a sheet being given to patients who presented for blood, ultrasound, X-ray or swab tests and an indication of how long results would take and if results would come back at different intervals if more than one test was carried out.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies that 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 who was supported by a safeguarding administrator. 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.

Notices were displayed in the waiting room, treatment and consulting rooms, advising patients that a chaperone could be made available, if required. Only staff who had received both chaperone training and a disclosure and barring check (DBS) undertook this duty. 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.

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 staff area of the practice. The practice had up to date fire risk assessment which was carried out in May 2015 and regular fire drills were completed. All electrical equipment was checked to ensure that it 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. The practice carried out a legionella risk assessment in July 2015 which identified that no further action was required to monitor water quality.

Appropriate standards of cleanliness and hygiene were followed. 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 part of the audit process.

We checked medicines stored in the treatment rooms, the practice dispensary and medicine refrigerators and found they were stored securely and doors locked when rooms not in use but the keys were not kept securely. Records showed fridge temperature checks were carried out to check medicines were stored at the appropriate temperature. Processes were in place to check medicines were within their expiry date and suitable for use.

Are services safe?

Nurses used Patient Group Directions (PGDs) to administer vaccines that had been produced in line with legal requirements and national guidance. We saw sets of in date PGDs signed by a person legally allowed to prescribe medicines.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). We found the storage arrangements for these was well organised.

Patient prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were stored and tracked on-site in accordance with national guidelines. Puddletown Surgery was a dispensing practice.

We looked at 40 standard operating procedures (SOPs) which were used by the dispensary staff. A SOP includes all the written protocols and procedures in place within a dispensary. Each SOP included a front sheet for staff to sign to confirm they had read and understood its contents but all of these were blank. We were shown a master sheet which covered all the SOPs and had spaces for signatures of seven staff, the dispensary manager and responsible GP. This document was signed by only two staff in March 2015.

The practice had a recruitment policy that set out the standards for recruiting clinical and non-clinical staff. We look at the recruitment records for five staff recruited since the practice registered with the Care Quality Commission (April 2013). Records contained evidence that appropriate recruitment checks had been undertaken prior to employment for two staff members. Checks required included, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring

Service (these 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). Three other staff started to work at the practice without written evidence of conduct in their previous employment. One also had no proof of identity, a DBS check (or written rationale why a check was not necessary), eligibility to work in UK or written employment history.

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.

Arrangements to deal with 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. There was also a first aid kit and accident book 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. The practice also had buddy arrangements in place with two nearby GP practices should the building become unavailable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. Meetings to share information were held daily by GPs who discussed clinical issues and patient care, learning points from courses attended, alerts, audits and any issues which required immediate action. The practice monitored the use of NICE guidelines and ensured they were implemented through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98.7% of the total number of points available, with 6.0% exception reporting. Exception reporting is the number of exceptions expressed as a percentage of the number of patients on a disease register who qualified to be part of the indicator denominator. For example, patients who do not attend for a review or where a medicine cannot be prescribed due to a contradiction or side effect.

This practice was not an outlier for any of the QOF (or other national) clinical targets.

Data from the QOF showed;

- Performance for patients with a diagnosis of diabetes related indicators was better (99.9%) than both the CCG (95.6%) and national averages (90.1%).
- Performance for patients with a diagnosis of hypertension related indicators was better (93.5%) than both the CCG (92.4%) and national averages (88.4%).
- Performance for patients with a diagnosis of mental health related indicators was better (100%) than both the CCG (95.6%) and national averages (90.4%).
- Performance for patients with a diagnosis of cancer related indicators was better (100%) than both the CCG (99.5%) and national averages (95.5%).

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care, treatment and patient's outcomes. We were told that GPs carried out two clinical audits every five years for their professional revalidation and other audits were generated by the clinical commissioning group as part of medicines management. We were shown examples of two clinical audits carried out in the last two years, both of these were completed audits where the improvements made were implemented and monitored. For example, an audit was carried out of patients who had a specific skin condition to establish whether the practice was using appropriate topical steroids, whether patients were being reviewed at appropriate intervals and whether they were aware of what symptoms to look for. A search was carried out of all patients with a specific diagnosis, their notes were scrutinised to see if there was a record of review in the previous 12 months. A second audit identified that all but one patient who was due for review had been seen. Thereafter the practice routinely flagged new patients with this condition to be reviewed and supported as necessary.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- Existing staff received update training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment to patients was accessible to relevant staff

Are services effective?

(for example, treatment is effective)

through the practice's patient record system and their intranet system. This included risk assessments, care plans, patient records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, for example, when they were referred to or discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated. Meetings were attended by health visitors, district nurses, palliative care nurses, social workers as appropriate.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 81.8%

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations were better than the national average. For example, childhood immunisation rates for the vaccinations given to two year olds was 100% and five year olds was 93%.

Flu vaccination rates for the over 65s were 76.6%, and at risk groups 54.1%. These were comparable to national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us that when patients wanted to discuss sensitive issues they would offer them a private room for these discussions

We received 37 comment cards of which all were positive about the standard of care received. Comments included reference to the practice being caring, staff being friendly, welcoming, marvellous, and polite. We spoke with one member of the patient participation group (PPG) on the day of our inspection who confirmed that feedback from patients was also positive.

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

- 91.8% said the GP was good at listening to them compared to the CCG average of 91.9% and national average of 88.6%.
- 94.6% said the GP gave them enough time compared to the CCG average of 88.9% and national average of 86.8%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.9% and national average of 95.3%
- 90.3% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89.2% and national average of 85.1%.
- 96.7% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.3% and national average of 90.4%.
- 98.9% patients said they found the receptionists at the practice helpful compared to the CCG average of 89.8% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 positive and aligned with these views.

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

- 94.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.1% and national average of 86.3%.
- 89.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86.1% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language.

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. There was a practice register of people who were carers and 70 (1.7%) of the practice patient list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. The practice also had a notice board in the waiting area dedicated to carers and information about services and support was displayed and leaflets available.

Staff told us that if families had suffered bereavement, their named GP contacted them. 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 worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. One of the GPs attended CCG meetings and another was the chair of the locality group. The practice also liaised with public health services about current health risks.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example;

- Longer appointments were available for patients who needed them. This included patients who were older, had mental health issues, learning disabilities or multiple health conditions.
- Home visits were available for older patients / patients who would benefit from these.
- There were disabled person's facilities and translation services available.
- The on-site dispensary made acute medication available immediately after consultation
- There was a flexible appointment system, including after school hours and Saturdays.
- A psychiatrist was on site one afternoon per month

Once a year the practice reviewed the learning disability registers and patients with moderate or severe learning disability were invited to a review examination.

Safeguarding concerns were discussed in the clinic using a multidisciplinary approach. This enabled a dialogue between health visitors; GP's and practice nurses which helped raise concerns early and support children at risk.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. A sit and wait service was available from 9.00am to 10.30am and appointments were available between 4.00pm and 6.15pm on these days. Extended hours appointments were available every Saturday morning between 9.00am and 10.00am.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in most cases better than local and national averages and people we spoke with on the day were able

to sit and wait to be seen by a GP when the need arose. Alternatively they could book an appointment with a GP registrar any day or book an appointment to see their named GP in the afternoon.

For example:

- 91.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.8% and national average of 75.7%.
- 99.5% of patients said they could get through easily to the surgery by phone compared to the CCG average of 85.3% and national average of 74.4%.
- 95.9% of patients described their experience of making an appointment as good compared to the CCG average of 82.3% and national average of 73.8%.
- 62.9% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68.3% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice had a 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 was available in the practice waiting room, entrance hall, patient information booklet and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 13 complaints received in the last 12 months and found that all of these had been dealt with appropriately; investigated and the complainant responded to in a timely manner

Lessons were learnt from concerns and complaints and action was taken as a result of complaints to improve the quality of care. For example, a person, not registered with the practice, presented with a minor injury and was advised to attend their own practice 11 miles away. The error was investigated. The complainant was contacted and an apology was offered. Learning from this complaint included a change in the way reception staff dealt with unregistered patients which included action to alert the GP that they had a patient present at the practice in need of medical attention.

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 care to a very high standard, using the most up to date technologies, whilst retaining a warm and caring approach to patients and their families. Its vision was displayed in the practice booklet and on its patient website and staff knew and understood the vision and values. The practice had a robust strategy and supporting business plans which reflected the vision and values that was regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- There was a programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing most risks and issues which included implementing mitigating actions. Risk areas that required attention included the security of practice keys, the employment of staff who were not formally assessed to be of good character and the risks of staff not being aware of standard operating procedures used in the dispensary.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe and compassionate care. The

partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held, there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. All staff were involved in discussions about how to manage 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the NHS Choices website, friends and family test, the patient participation group (PPG) and through surveys, compliments and complaints received. The PPG met four times a year, carried out patient surveys and submitted proposals for improvements to the practice management team. One change included the introduction of four additional evening GP surgeries.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice held lunchtime events to keep staff informed of updates outside normal practice business. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a focus on continuous learning and improvement at all levels within the practice. Staff told us that the practice was supportive of training and that they had staff meetings that guest speakers and trainers attended.

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>Medicines management</p> <p>We found that the registered person did not have effective systems in place to monitor medicines.</p> <ul style="list-style-type: none">• Medicines kept in treatment rooms and the practice dispensary were secure but the keys to these were not.• Standard operating procedures were not signed by all relevant staff. <p>This was in breach of regulation 12 (f) and (g) 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Fit and proper persons employed</p> <p>We found that the registered person had not ensured that persons employed for the purposes of carrying on a regulated activity were of good character and that information specified in Schedule 3 was available in relation to each such person employed and such other information as appropriate.</p> <ul style="list-style-type: none">• Checks missing included conduct in previous employment, eligibility to work in the UK, employment history, disclosure and barring service check (or a written rationale why such a check was not required) and photographic identification. <p>This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>