

Wing Surgery, Stewkley Road

Quality Report

The Surgery, Leighton Buzzard, Buckinghamshire
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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 The Wing Surgery on 19 April 2016. Overall the practice is rated as good.

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

- There was a system in place for reporting and recording significant events.
- Risks to patients were not always appropriately assessed and well managed. Specifically the assessment of what action staff would take during a medical emergency.
- The management of medicines, including repeat prescriptions was not appropriate.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns, but there was no revisiting of old complaints to ensure improvements were embedded.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 areas where the provider must make improvement are:

Summary of findings

- The practice must make adequate arrangements to deal with medical emergencies, including an assessment of what emergency drugs should be available and make them easily accessible to all staff.
- The practice must ensure the way they manage repeat prescriptions is safe and effective for patients.
- The practice must ensure that prescription pads are stored securely within the premises.
- Provide a system by which complaints can be reviewed to ensure any relevant learning is embedded and clarify in practice literature that patients are made aware they can raise verbal comments and complaints.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

The areas where the provider should make improvement are:

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



- Patients were at risk of harm because the practice did not have processes in place to deal with medical emergencies. For example, staff were not sure where emergency medicine stocks were kept and there was no list of what medicines were available to enable staff to access them quickly. A razor and scissors which may be required to enable the defibrillator to be effectively used was not available.
- Prescription pads were not stored securely.
- The system for repeat prescribing did not ensure patient records were checked by a GP prior to prescriptions being made.
- Some fire risk assessment checks were inconsistent with the actual premises, such as checks on emergency lighting which there was none of.
- The practice had a system in place for reporting, recording and monitoring significant events.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- There was an effective system in place for reporting and recording significant events
- Non-emergency medicines were stored appropriately and within expiry dates.
- The practice was clean and well maintained. Infection control guidance was followed.
- Equipment was checked and calibrated.
- There were health and safety policies in place.

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 assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified.
- Patient surveys were used to identify improvements. For example, additional reception staff were employed to help with the quantity of phone calls during weekday morning.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

- The practice had a clear vision and staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, this did not always identify risks to patients and others. Some processes were not effectively monitored to ensure they worked as intended, such as repeat prescribing.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was in the process of being formed.
- Complaint investigations were not always reviewed as a means of identifying learning and trends periodically.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible for patients with limited mobility and poor hearing. Appointments were available on the ground floor.
- Patients over 75 had a named GP.

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.
- The most recent published results were 96% of the total number of points available compared to the CCG average of 97% and national average of 95%.
- Performance for diabetes related indicators was 91% compared to the national average of 89% and regional average of 93%. 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 process for repeat prescriptions did not ensure a GP reviewed prescriptions before they were produced by the dispensary.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Joint working with external organisations took place in the management of children at risk of abuse, although the practice rarely attended these meetings.

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).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients feedback on the appointment system was very positive overall.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Travel vaccinations were available.

Good



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.
- 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Joint working with external organisations took place in the management of patients at risk of abuse or harm, although the practice rarely attended these meetings.

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).

- Performance for mental health related indicators was 92% compared to the national average 92% and regional average of 97%.
- 93% of patients eligible for a care plan had one agreed and updated on their records.
- 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.

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 better than local and national averages. 255 survey forms were distributed and 126 were returned. This represented 2.5% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73% and CCG average of 75%.
- 96% 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% and CCG average of 87%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 86%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79% and CCG average of 78%.

We received 20 comment cards from patients during the inspection. Eighteen of them were very positive with two negative comments related to appointments and one patient's specific experience. The majority of patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice undertook the friends and family test. 100% of patients said they would recommend the practice in February 2016 and in March 94% reported the same.

Areas for improvement

Action the service **MUST** take to improve

areas where the provider must make improvement are:

- The practice must make adequate arrangements to deal with medical emergencies, including an assessment of what emergency drugs should be available and make them easily accessible to all staff.
- The practice must ensure the way they manage repeat prescriptions is safe and effective for patients.

- The practice must ensure that prescription pads are stored securely within the premises.

Action the service **SHOULD** take to improve

- Provide a system by which complaints can be reviewed to ensure any relevant learning is embedded and clarify in practice literature that patients are made aware they can raise verbal comments and complaints.

Wing Surgery, Stewkley Road

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a practice manager specialist adviser.

Background to Wing Surgery, Stewkley Road

We undertook an inspection of this practice on 19 April 2016. The practice provides services from Wing Surgery 46 Stewkley Road Wing, Leighton Buzzard, LU7 0NE. The premises are a converted building and there is onsite disabled parking. Premises are accessible for patients on the ground floor, with a consultation room and treatment room on both the first and ground floor. The practice serves patients from the local village and surrounding area. This includes dispensing medicines to patients eligible to receive their prescriptions directly from the practice's dispensary.

- There are two GP partners at the practice and two salaried GPs. There are three female and one male GP. There are two female practice nurses, including a nurse practitioner, and one healthcare assistant who was also a phlebotomist. A number of administrative staff and a practice manager support the clinical team.
- There were 22 GP sessions provided per week. There were 1.5 whole time equivalent nurses.
- The practice phone lines are open between 8.15am and 6.30pm Monday to Friday and appointments were available from 8.10am to 6pm. There were no extended hours appointments.

- Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.

The practice serves 4900 patients. There is minimum deprivation among the local population. There are a lower number of patients between 20 to 35 compared to the national average but a higher number of patients over 40.

The practice had not been inspected by CQC previously.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 19 April 2016. During our visit we:

- Spoke with a range of staff, including two GPs, three members of the nursing team, the practice manager and reception staff.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- 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

The Practice had a system in place for reporting, recording and monitoring significant events. 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 some of the time

- Staff told us that they would inform the practice manager of any significant events and complaints. We saw that there was a standard form for recording events.
- Complaints, incidents and concerns about care or treatment were recorded as significant events.
- When a significant event had been investigated the findings would be fed back to the staff in clinical team meetings (GPs and Nursing staff).
- We saw that significant events and complaints were reviewed annually and analysis of the events (including learning) was undertaken at this review. For example, we saw a patient with the same surname was given someone else's prescription and the action identified to prevent this from happening again was to remind staff to check both names and addresses before dispensing a medicine.
- There was no overall review of complaints to identify trends and ensure that any learning identified was embedded in practice.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The safeguarding lead attended quarterly

meetings with health visitors to discuss vulnerable patients but did not attend other safeguarding meetings, such as case conferences for children on a child protection plan, as they felt that a small practice was unable to. However, they did provide written reports when they could.

- 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 and we saw evidence that action was taken to address any improvements identified as a result.
- Medicines were not managed safely. Blank prescription forms and pads were not securely stored and there was a risk they may be removed and used inappropriately. We saw they were left in printers in unlocked rooms throughout the day, including when the rooms were empty. There were no systems in place to monitor their use. No logging of blank prescriptions took place when they were taken from the main store of pads. This was rectified immediately after the inspection and evidence of a log was sent to us. We saw that medicines stored onsite were within expiry dates and stored properly.
- The practice dispensed to 65% of its patients. We observed the process for dispensing repeat prescriptions and spoke with dispensary staff. All repeat prescriptions requests were received directly into the dispensary, where staff would dispense the prescription then send the prescription to the GP for signing. On the day of inspection we saw that these prescriptions were signed in the dispensary without accessing the relevant patients' records. We saw that dispensary staff would attach a label to the prescription to inform the GP if a medication review was required for a patient prior to

Are services safe?

dispensing medicines. However, there was a risk in the process as we saw prescriptions were being created prior to GP authorisation. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. Some of the PGD's had expired, as there had been a delay in updated ones being issued from NHS England. The practice were proactive and responded to this by using PSD's for the non-prescribing staff to use.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five 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

There were some procedures in place for monitoring and managing risks to patient and staff safety. However, not all risks were appropriately identified and mitigated.

- There was a health and safety policy available and staff had received training on this. The practice had other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Staff at the practice had received fire training but no evidence of fire drills was seen. Fire equipment had been tested and maintained. The practice provided us with a completed fire risk assessment.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents. The planning for medical emergencies was not properly risk assessed:

The practice had an automated external defibrillator in reception.

- There was not appropriate storage of emergency medicines. Staff were unsure of where they would access emergency medicines. Most staff suggested they would get them from the dispensary. The dispensary could not locate atropine, which would be required as the practice performed fittings of intrauterine devices (coils). Staff could not locate Benzylpenicillin, which would be used for suspected bacterial meningitis. If staff were not sure where to obtain medicines or whether they were stored onsite, this could delay any response to a medical emergency. Each treatment room had an anaphylaxis kit which included adrenaline. These medicines were within expiry dates and stored appropriately.
- All staff had received basic life support training.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This was also stored offsite.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice has a rate of 5.6% exception reporting compared to the national average of 9% and regional average of 8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This indicated the practice was performing well in terms of national data.

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

- Performance for diabetes related indicators was 91% compared to the national average of 89% and regional average of 93%.
- Performance for mental health related indicators was 92% compared to the national average 92% and regional average of 97%. Ninety three percent of patients eligible for a care plan had one agreed and updated on their records.

There was evidence of quality improvement including clinical audit.

- There was a programme of clinical audits, with plans to complete audits where and evidence they were repeated to ensure quality improvements were made where necessary.
- 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 of an atrial fibrillation, an abnormal heart rhythm (AF) audit showed improved recording in patient records where AF had been diagnosed and where patients were deemed at risk of AF. This ensured that patients noted as having AF were monitored and received the correct treatment.

There was monitoring of repeat prescriptions to identify whether patients had up to date medicine reviews. Data provided by the practice showed 84% of patients had current up to date medicine reviews in April 2016.

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.
- Staff told us they could access role-specific training and updates when required and that there was a comprehensive programme of training. However, the record keeping related to training did not enable monitoring of each staff members training requirements. The practice was able to locate training certificates and update its training log shortly after the inspection.
- 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

Are services effective?

(for example, treatment is effective)

- 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.

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. There were 131 patients deemed at risk of unplanned admissions to hospital with care plans to reduce the risk of this occurring.

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 (MCA).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- There was a protocol for the MCA and this was available to staff.
- 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.
- Thirteen percent of patients were offered access to a smoking cessation service.
- A dietician was available on referral and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.

There was a register of patients deemed at risk of developing dementia. A programme of screening was in place. In the last year 28 patients had been screened for dementia.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Sixtyfive percent of eligible patients had undertaken bowel cancer screening compared to the national average of 59%. Eightyfour per cent of eligible patients had attended breast cancer screening within six months of being invited, compared to the national average of 76%.

The practice offered annual health checks to patients with a learning disability. Fourty one per cent of eligible patients had received a health check.

Between April and December 2015 19 patients undertook chlamydia screening.

Childhood immunisation rates for the vaccinations were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 98% (CCG 94%) and five year olds from 70% to 100% (CCG 92%). The figures were similar to local averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

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.

Eighteen of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. The negative comments related to getting an appointment and one specific experience of a patient. Patients said they felt the practice offered a caring service and staff were helpful and treated them with dignity and respect. 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average and CCG 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 on CQC comment cards. 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. 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:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 90% 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%.
- 88% 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 58 patients as carers 1.2% 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, there was a protocol for contacting relevant services and offering support to bereaved relatives, depending on circumstances.

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 planned its services accordingly. For example:

- There were longer appointments available for vulnerable patients including those 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.
- There was a hearing loop and translation services available.
- A ramp enabled access for wheelchair users and those with mobility scooters. There were treatment rooms on the ground floor and the first floor and patients with mobility difficulties were flagged on the patient record system to enable staff to ensure they had a ground floor consultation room.
- The practice surveyed its patients and as a result of the findings implemented changes to phone lines and increased reception staff to improve phone access.

Access to the service

The practice phone lines are open between 8.15am and 6.30pm Monday to Friday and appointments were available from 8.10am to 6pm. There was a means for patients to access a GP if necessary from 8am to 8.15pm through an alternative phone line. There were no extended hours appointments. Pre-bookable appointments that could be booked up to six weeks in advance and urgent appointments were available.

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

- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 87% and national average of 85%.
- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 80% found it easy to contact the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 76% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 74% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.
- 70% usually got to see or speak to their preferred GP compared to the CCG average of 57% and national average of 60%.

Patient comment cards showed patients were able to get appointments when they needed them.

There were 33 patients registered to use online appointment booking.

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. However, it was not clear on the website that verbal complaints and comments were also accepted and reviewed by the practice.

We looked at several complaints received in the last 12 months and there was a process for assessing and investigating the complaint. They were satisfactorily handled, dealt with in a timely way and that patients received a response with an outcome.

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 vision statement and staff knew and understood the values. There was an ethos of patient centred care at the practice and this was reflected in discussions with staff.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, the practice was planning for an anticipated increase in its population due to a local practice closing in the near future. Building work was planned and funding agreed to increase the size of the premises.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, there was a lack of monitoring and identification of risk in some areas:

- The governance regarding repeat prescribing, medicines management and dispensing was weak.
- 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.
- 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 not robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff felt included in the running of the practice.

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 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.
- However, there was no review of complaints to identify trends and ensure that any learning identified was embedded in practice.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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 gathered feedback from patients and was still formulating a patient participation group (PPG). There were patient surveys undertaken and proposals for improvements were put in place. For example, in 2015 two receptionists were put on duty every Monday and the day after a bank holiday due to the demand on phone lines and patient requests. Touch screens for patients to book themselves in without having to speak to a receptionist were introduced.

Are services well-led?

Good 

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

- The practice undertook the friends and family test. One hundred per cent of patients said they would recommend the practice in February 2016 and in March 94% reported the same.
- The practice had gathered feedback from staff through appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with

colleagues and management

Continuous improvement

There was focus on continuous learning and improvement at all levels within the practice. The nursing team were motivated and involved in clinical leadership and improvement. For example, nurses participated in clinical team meetings where audits were discussed to ensure they could reflect learning in their provision of care.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures 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>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They were not appropriately checking repeat prescriptions, not storing black prescription pads safely and had not risk assessed their processes for medical emergencies.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>