

Staunton and Corse Surgery

Quality Report

The Surgery
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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

We carried out an announced comprehensive inspection at Staunton and Corse Surgery on 3 February 2016. Overall the practice is rated as good.

Specifically the practice was rated good for the delivery of effective, caring responsive and well led services but requires improvement for the provision of safe services.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, improvements to recording the action required and learning from dispensary and prescribing incidents needed to be implemented. Also the practice did not have an up to date completed infection control audit.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and 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. (Duty of Candour is a legal duty to ensure providers are open and transparent with patients who use services. It also sets out specific requirements providers must follow when

Summary of findings

things go wrong with care and treatment, including informing patients about the incident, providing reasonable support, providing truthful information and an apology when things go wrong).

The areas where the provider must make improvements are:

- The practice must review prescription security.
- The practice must complete a robust infection control audit, detailing and undertaking any relevant actions as required.

In addition the provider should:

- Establish and operate a robust fire evacuation plan to include named fire marshals and ensure fire drills are undertaken at the frequency identified within the fire risk assessment.
- Ensure all Standard Operating Procedures are signed by relevant staff.
- Ensure there is a robust and consistent system in place for the dissemination of learning from prescribing and, or dispensary incidents.
- Reflect on the results of the National GP patient's survey in respect of patient access to service issues.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again
- The practice must review prescription security as not all patients were escorted from the treatment rooms out of the secure area where prescriptions were kept.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

However:

- Not all Standard Operating Procedures were signed.
- There were no named fire marshals or evacuation plan in the practice and the last fire drill undertaken was in 2014.
- There was no current infection control audit in place.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions. Speakers were invited to bi-monthly education meetings at the practice, two of the most recent topics covered were diabetes and dermatology.

Good



Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.
- Patients with a hearing loss or vision problems were flagged on the practice's computer system and all patients were collected from the waiting room by the GPs and nurses.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit. 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. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population and
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Weekly meetings took place that included discussions of hospital admissions, hospital discharges and palliative care patients.
- The practice took part in a “Village Agent” system which was run by the local County Council to facilitate access to benefits and services to patients over the age of 55.

Good



People with long term conditions

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

- The practice had specialist nurses for diabetes and respiratory disease who provided both chronic and acute management of patients with the conditions of their expertise. Support from a GP was available if needed, and patients at risk of hospital admission were identified as a priority.
- Performance for overall diabetes related indicators was 97% which was above the CCG average of 95% and national average of 89%.
- 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.

Good



Families, children and young people

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

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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 73% of patients with asthma on the register had a review in the last 12 months which was below both the CCG and national averages of 75%. The practice send patients a letter inviting them for a review on their birthday month, also in February and finally call patients who still have not attended.
- The practice QOF Lead also advised that they were planning to discuss collaborative working with local college nurses to try to identify ways of improving compliance from students with asthma, who historically have been difficult to get to attend the surgery.
- Patients told us children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 83% which was above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A weekly clinic for children under the age of five, which was staffed by a GP, Health Visitor or Nursery Nurse and Practice Nurse was available on Mondays.

We saw positive examples of joint working with midwives, health visitors and school nurses through multi-disciplinary meeting minutes.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening reflects the needs for this age group.

Good



Summary of findings

- Clinics available included in house phlebotomy, minor surgery, anticoagulant clinics, spirometry, 24 hour electrocardiogram (ECG) monitoring, international normalised ratio (INR) monitoring and NHS health checks.
- The needs of approximately 1000 patients from a local college were met as the practice worked closely with the college nurses and acted as the first point of contact for students when they were unwell or need health care. The practice had dedicated safeguarding, women's health and sexual health leads to support all patients including local students.
- The Student Services department at the College have dedicated appointments each day with GPs and Practice Nurses, which are bookable by them. The students are brought to the practice by College transport. Quarterly meetings with between the practice GPs and College nurses are held to discuss any issues.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 83% of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%. Staff had a good understanding of how to support patients with mental health needs and dementia. Performance for mental health related indicators was 100% compared to the CCG average of 97% and national average of 82%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and an intermediate mental health nurse visited once a week.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Survey forms were distributed to 236 patients and 114 were returned, a completion rate of 48% (which represents 1.8% of the patient population).

- 89% of patients found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 83% and a national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 89% and a national average of 85%.
- 89% of patients described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 89% and a national average of 85%.

- 77% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area, with a CCG average of 83% and a national average of 79%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. The team were described as caring, excellent and first class.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, helpful and caring.

We looked at the NHS Friends and Family Test from October 2015 to November 2015, where patients are asked if they would recommend the practice. The results showed an average of 78% of respondents would recommend the practice to their family and friends.

Areas for improvement

Action the service **MUST** take to improve

- The practice must review prescription security.
- The practice must complete a robust infection control audit, detailing and undertaking any relevant actions as required.

Action the service **SHOULD** take to improve

- Establish and operate a robust fire evacuation plan to include named fire marshals and ensure fire drills are undertaken at the frequency identified within the fire risk assessment.

- Ensure all Standard Operating Procedures are signed by relevant staff.
- Ensure there is a robust and consistent system in place for the dissemination of learning from prescribing and, or dispensary incidents.
- Reflect on the results of the National GP patient's survey in respect of patient access to service issues.

Staunton and Corse Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Staunton and Corse Surgery

Staunton and Corse Surgery is a rural dispensing practice covering 240 square kilometres and is one of the practices within Gloucestershire Clinical Commissioning Group (CCG). The practice provides general medical services to approximately 6400 registered patients in Staunton and the surrounding villages which cover 14 parishes. Almost one sixth of the practice list are students at Hartpury College. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

Staunton and Corse Surgery provides services from a purpose built building which has been twice extended and modernised to include a nursing suite and a consulting room for a GP Registrar, the practice is wheelchair accessible.

The Practice has two GP partners (both male) and two salaried GPs (both female), which is equivalent to three and a quarter whole time equivalent GPs. The clinical team includes two prescribing nurse practitioners, two practice

nurses, a healthcare assistant and a community phlebotomist. The practice manager is supported by a senior receptionist, eight receptionists/administrators, a note summariser and a practice secretary.

Staunton and Corse Surgery is a dispensing practice, the dispensary is managed by two dispensary managers who are supported by three dispensers.

The practice is a training practice for GP trainees with two GPs providing training support. At the time of our inspection a GP trainee was being supported by the practice on her first day.

The practice population has a higher proportion of patients aged between 15 and 18 compared to local and national averages. For example, 18% of practice patients are aged between 15 and 18 compared to both the local clinical commissioning group (CCG) and national averages of 6%. This is due to the practice supporting approximately 1000 students at Hartpury College.

According to national data there are pockets of deprivation in Gloucestershire; however the practice is located in an area with minimal deprivation. The prevalence of patients with a long standing health condition is 51% compared to the local CCG average (55%) and national average (54%). Patients living in more deprived areas and with long-standing health conditions tend to have greater need for health services.

The practice is open between 8.30am and 6.30pm on Mondays to Fridays with appointments available from 8.30am to 6pm. Extended hours surgeries were available from 6am to 8am on Tuesdays and Thursdays. The dispensary is open between 8.30am and 6pm. Out Of Hours cover is provided by South Western Ambulance Service NHS Foundation Trust and is accessed via NHS 111.

The practice provided its services from the following address:

Detailed findings

Staunton and Corse Surgery

The Surgery

Gloucester Road

Staunton

Gloucestershire

GL19 3RB

This was the first inspection of Staunton and Corse Surgery.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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 January 2016. During our visit we:

- Spoke with a range of staff including the practice manager, three nurses, one phlebotomist, two dispensers, three members of the administration team and three GPs (two male and one female). In addition to this we spoke five patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note 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 Care Quality Commission (CQC) at time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had devised a 'sick day rules' letter which was given to all patients taking diuretics which advised them to cease taking medicines and contact the practice for an appointment if they developed gastroenteritis as the medicine could affect the patients kidney function under these circumstances.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for child protection.
- A notice in the waiting room advised patients' chaperones were available if required. All staff who

acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of the 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. However, the practice had not completed infection control audits. We were advised that this was a priority for the Lead Nurse who was relatively new in their role. Evidence of this was seen in practice meeting minutes dated 25 January 2016.
- We reviewed four 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.
- There were 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.

Medicines management

This was a dispensing practice with a designated GP lead for the dispensary.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Are services safe?

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were tracked through the practice however, the practice must review prescription security as we observed that patients had opportunity to access blank prescriptions as not all patients were escorted from the treatment rooms, where blank prescriptions were kept in printers, back into the waiting room. Although the treatment rooms were located behind a key pad secured door we observed that the printer draws had no locks and clinicians did not lock their treatment room doors when they left them, therefore this highlighted a risk to prescription security.

There was a system in place for the management of high risk medicines, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results.

The practice had clear systems in place to monitor the prescribing of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They carried out regular audits of the prescribing of controlled drugs. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area. There were standard procedures in place that set out how controlled drugs were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw several sets of PGDs that had been updated and all were in date. The health care assistant administered vaccines and other medicines using Patient Specific Directions (PSDs) that had been produced by the prescriber. We saw evidence that nurses and the health care assistant had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber. Two members of the nursing staff were

qualified as independent prescribers and they both received regular supervision and support in their roles as well as updates in the specific clinical areas of expertise for which they prescribed.

The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice, however these were not all signed by all appropriate staff members. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.

We saw a positive culture in the practice for reporting of medicines incidents and errors. However, no actions or learning from medicines errors were documented. The practice manager advised that this would be immediately implemented within the practice to ensure appropriate actions were taken to minimise the chance of similar errors occurring again.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff corridor which identified local health and safety representatives. The practice had up to date fire risk assessments. The practice was unable to demonstrate that they held a fire evacuation plan. The risk assessment identified the need for named fire marshals and undertaking fire drills. We noted that fire marshals had not been identified and trained and that the last fire drill was completed in 2014. The practice had an induction programme for all newly appointed staff which covered fire safety. One GP and two nurses had received fire training within one year and all other staff had been trained in 2012.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

Are services safe?

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

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in a secure room.
- The practice had a defibrillator available on the premises and there was oxygen with adult and children's masks present. A first aid kit and accident book were available.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment met patients' needs.
- The practice monitored 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 100% of the total number of points available, with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was which was clinical commissioning group (CCG)
- The percentage of patients with hypertension having regular blood pressure tests was
- Performance for mental health related indicators was CCG

Clinical audits demonstrated quality improvement.

- There had been ten clinical audits completed in the last year, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

- Findings were used by the practice to improve services. For example, an audit was taken of patients who were prescribed a specific medicine to treat an irregular heart beat as it was identified that the medicine could cause over active thyroid function and liver abnormalities that may not become clinically apparent for many years. The audit identified 11 of the 18 patients this affected had not had liver or thyroid tests in the past six months. As a result all these patients were invited to attend for these tests. The audits were repeated six months later and it was found that all patients had attended for the required tests.

Information about patients' outcomes was used to make improvements such as; increasing appointment times from 10 minutes to 15 minutes and increasing the number of GP sessions.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions. Speakers were invited to bi-monthly education meetings at the practice, two of the most recent topics covered were diabetes and dermatology.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Most staff had had an appraisal within the last 12 months.

- Staff received training including: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

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

The local midwives undertook ante-natal clinics at the practice twice a week. A mental health care worker also held a weekly clinic at the practice.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.
- Patients with poor or limited capacity to make decisions were discussed at the practice weekly clinical meeting.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and sexual health. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 97% compared to CCG averages of 72% to 95%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 87% to 96% compared to CCG averages of 90% to 95%.

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 consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted staff responded compassionately when they needed help and provided support when required.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

A privacy screen had been funded by the practice to protect patients' dignity if they became unwell in the waiting room.

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

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

- 95% 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% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 94% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Staff told us translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients with a hearing loss or vision problems were flagged on the practice's computer system and all patients were collected from the waiting room by the GPs and nurses.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 108 patients as carers which equated to 2% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us if families had suffered bereavement, their usual GP contacted them by telephone. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, The practice participated in a CCG initiative and had a computer programme installed which was a risk profiling tool with a capacity to run over 500 audits. The software identified patients at risk of being admitted to hospital, being overdue for screening (i.e. blood tests) and being put at risk because of their medications.

- The practice offered a 'Commuter's Clinic' on a Tuesday and Thursday morning from 6am to 8am for working patients who could not attend during normal opening hours.
- Extended appointments of 15 minutes were given to all patients and there were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- After a hospital discharge, practice nurses identify those patients needing to be followed up from the avoidable admissions list.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had recently purchased additional International Normalised Ratio (INR) and Electrocardiogram (ECG) machines which were made available for the community nurses to use for home visits.
- The practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 2.30pm to 6pm daily. Between 8am and 8.30am every weekday telephone calls are diverted to the practice call handling service (Message Link). They refer urgent matters to the practice that have members of staff on standby to respond to issues if needed. Extended practice hours were offered from 6am to 8am on Tuesdays and Thursdays. In addition to pre-bookable appointments could be booked up to six weeks in advance, urgent appointments were also available for patients needing them.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 79%.
- 82% patients said they could get through easily to the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 78% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 69% and national average of 76%.

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

Listening and learning from concerns and complaints

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

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

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw how the practice had responded to a complaint relating to the radio station being played in the waiting room. The

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

information highlighted that appropriate actions were taken as a result of the complaint and that the practice demonstrated openness and transparency when dealing with the complaint.

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.

- Both the practice and the patient participation group (PPG) had mission statements which were displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, due to the practice location patients felt that a signpost was required to direct patients better, the PPG advised the practice of this and signage was placed accordingly. Patients also commented that there was nowhere to secure their bicycles when visiting the practice, the PPG raised this with the practice and this had also been funded and implemented.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) regulations 2014
Maternity and midwifery services	Safe care and treatment
Surgical procedures	12.—(1) Care and treatment must be provided in a safe way for service users.
Treatment of disease, disorder or injury	(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— (a) assessing the risks to the health and safety of service users of receiving the care or treatment; (b) doing all that is reasonably practicable to mitigate any such risks; (e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way; (g) the proper and safe management of medicines; (h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated; How the regulation was not being met: <ul style="list-style-type: none">• The risks associated with prescription security had not been appropriately assessed.• The system to identify, assess and mitigate risks arising from cross infection had not been operated effectively. Control of infection risk assessments required by the relevant code of practice had not been completed. This was in breach of regulation 12(2) (g,h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.