

Rowner Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



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 Rowner Surgery on 30 August 2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a computerised system in place for reporting and recording significant events.
- The practice had clearly defined systems to minimise risks to patient safety, which were subject to continuous monitoring and improvement.
- Staff were aware of current evidence based guidance. Staff had received regular training to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Complaints were discussed at practice meetings and actions taken when needed to improve the quality of care. We found learning from concerns and complaints was shared with all relevant staff members.
- Patients we spoke with said they sometimes found it problematic to make a routine appointment with a named GP. The practice were aware of this were focusing on improving continuity of care.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The leadership structure had been reviewed and staff and management responsibilities were clear. Staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

Summary of findings

- Implement effective performance quality procedures.

The areas where the provider should make improvements are:

- Review arrangements used to identify patients who are also carers and look at ways of providing them with support.
- Look at ways to increase involvement with the patient participation group.

- Review the appointment system to improve the quantity of routine appointments available to accommodate the needs of the patients.
- Ensure that the business continuity plan includes updated contact details for all staff.
- Review arrangements for areas identified by the practice for improvement in service and monitor that changes are implemented

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 good for providing safe services.

Good



- The practice had a system in place for reporting and recording significant events. We reviewed records related to this and found lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities in relation to safeguarding. They had all received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were at or below average compared to the national average.
- Staff were aware of current evidence based guidance.
- There was a shortfall in the undertaking of quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- Cancer screening levels were comparable or lower than the national average.

Are services caring?

The practice is rated as good for providing caring services.

Requires improvement



- Data from the national GP patient survey showed patients rated the practice lower than local and national averages.
- Patients, when asked, said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information about the services available to patients was accessible through the staff and on the website.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this to meet the needs of its population. For example, there was an emphasis on safeguarding of vulnerable children as the practice considered that they had a high number of children at risk.
- The practice took account of the needs and preferences of older patients, particularly those suffering with dementia.
- Patients we spoke with said they had a named GP and that they considered there was generally a continuity of care. However although urgent appointments were available the same day, there were sometimes problems accessing routine appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples of complaints showed that the practice shared learning where applicable.

Are services well-led?

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

Good



- The practice had a vision and was implementing a new strategy to deliver high quality care and promote good outcomes for patients. 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 policies and procedures to govern activity and held regular governance meetings.
- The practice had identified the areas that needed to improve with regards to providing effective care. The practice needed to continually review arrangements to monitor and improve quality and identify risk.
- Staff had received an induction, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.

Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems for identifying notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice was looking at ways of engaging with the patient participation group.
- There was a focus on continuous learning at all levels and an ambition to improve through more audits and employing more staff in the future. Staff training was a priority and there were dedicated learning days for all staff.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients. Where the practice was unable to offer the specialism there was collaboration with other local practices to accommodate the patient needs, such as certain surgical procedures.

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 requires improvement for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to report and escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care and where they wished to die.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra or change in needs.
- Where older patients had complex needs, the practice shared summary care records with local care services, such as palliative care teams and community nursing.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible, and were kept updated with a general newsletter and providing them with self-care leaflets at each consultation.
- There was a named GP for all older patients.

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of and the practice promoted self-management to patients with long term conditions. For example, the practice reviewed patients diagnosed with type 2 diabetes (this is a lack of insulin production later in life and can be treated with injections or tablets) and provided support and encouragement for them attend reviews and take their prescribed medicines correctly. There were also regular meetings with the community diabetes team.

Requires improvement



Summary of findings

- The practice followed up on patients with long-term conditions after a hospital admission and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicine 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.

Families, children and young people

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

- We found there were systems 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 accident and emergency (A&E) attendances. The practice dealt with safeguarding referrals most weeks with the follow up monitoring undertaken by GPs and the nursing staff.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies, with dedicated baby changing facilities.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- There were child immunisation clinics with a proactive invitation process for non-attenders.
- There were systems in place to help teenage patients deal with issues such as pregnancy and sexually transmitted diseases. Staff had received specific training on these areas and worked collaboratively with a specialist advisor or clinician.

Requires improvement



Working age people (including those recently retired and students)

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

Requires improvement



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointment booking for local clinic.
- 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.
- The practice offered a pharmacy prescription collection service.
- E-consultation was offered by the practice in addition to the availability of telephone consultations.
- Proactive text messaging was used to promote the immunisations the practice was offering.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including children at risk and those with a learning disability.
- The practice actively encouraged reviews for patients with learning disabilities.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for these patients when needed.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff could describe potential signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

Requires improvement



Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- There was a named GP with a focus on easy access when required.
- The practice was registered as dementia friendly.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- There were shortfalls in some indicators for mental health, including lower than national and local averages for some health reviews of these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations. Patients were signposted to appropriate counselling services.
- The practice had a system to follow up patients who had attended accident and emergency or out-of-hours providers where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia. The practice was undertaking a programme of working with patients with dementia to record details about them as part of a 'This Is Me' initiative.

Summary of findings

What people who use the service say

The national GP patient survey results were published in March 2017. The results showed the practice was generally performing in line with, or below, local and national averages. A total of 283 survey forms were distributed and 131 were returned. This represented around 2% of the practice's patient list.

- 77% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 82% and the national average of 85%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 66% 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 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Concerns were raised about having to wait up to four weeks for a routine appointment. Comments included the understanding and concern shown by the clinical staff, and the ongoing support that was given. Patients generally appreciated that the practice had undergone some staff changes since 2016, but still regarded the staff and service as professional and respectful.

We spoke with five patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient felt that there were too many delays in routine appointments, but all felt that the practice was providing a good service.

Rowner Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser and a practice manager specialist advisor.

Background to Rowner Surgery

Rowner Surgery is located within the Rowner Health Centre which is a purpose built premises that also houses a dental practice and provides a base for the community staff including health visitors. The practice is based on two floors with consulting rooms on each level with accessibility for all patients as there is a lift for access to the first floor.

The practice currently has around 6,950 patients registered and is open from 8am until 6.30pm Monday to Friday. There are currently two male GP partners working at the practice. In addition there is a male salaried GP and a regular locum female GP. This in total is the equivalent of 2.25 full time GPs. There is also an advanced nurse practitioner (ANP) who is in the practice 15 hours per week, two practice nurses, one of whom is full time, and a regular locum ANP. In addition the practice has a practice manager, an operational practice manager, a dedicated data quality lead, a medical secretary, and reception co-ordinator and nine reception staff.

The practice offers a range of treatments, including minor surgery in collaboration with another practice, as well as e-consultations and telephone consultations. The practice also offers extended hours opening until 8.15pm on a

Tuesday evening and from 7am on a Wednesday morning each week. In addition registered patients can make appointments with a local walk-in clinic for Saturday mornings.

The practice has a general medical services contract to provide healthcare and is contracted by the Fareham and Gosport Clinical Commissioning Group.

We inspected the only location:

Rowner Health Centre

143 Rowner Lane

Gosport

Hampshire

PO13 9SP

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

We carried out an announced visit on 30 August 2017. During our visit we:

Detailed findings

- Spoke with a range of staff which included GPs, nurses, the practice manager and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.

Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- There was a policy for incident reporting which set out the process to follow. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice had practice meetings where all incidents were discussed with all staff. Any relevant learning points were recorded, analysed and communicated to all staff via minutes distributed or through specific learning objectives.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a child had experienced complications from a particular disease because of an underlying medical condition. This had resulted in a search by practice staff for all other registered patients where this may be a risk, and a check that these patients had received all the correct immunisations that could reduce the chance of these complications occurring again. We also saw that that safety alerts were monitored and actioned where needed.
- The practice monitored trends in significant events and evaluated any action taken. There was a dedicated tool kit used by the practice to enable thorough analysis and recording.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. We found that the GPs attended quarterly multidisciplinary safeguarding meetings and liaised with community professionals where appropriate.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child protection or child safeguarding level three and all non-clinical staff to level one as a minimum. The nursing staff demonstrated on the day that there was a high level of demand for safeguarding; the practice nurse liaised with other professionals in the area to ensure that all safeguarding concerns were correctly dealt with in a timely fashion. There were risk assessments in place to ensure that in the event of staff absence that another member of staff would ensure that any new or ongoing safeguarding issues were dealt with effectively.
- Patients were advised 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. Routine cleaning was contracted to an external provider who maintained schedules and check lists to show the work had been completed.
- The advanced nurse practitioner was the infection prevention and control (IPC) clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as needed.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a process to ensure this occurred. The practice carried out regular medicine audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription stationery was securely stored and there were systems to monitor their use.
- The advanced nurse practitioners were qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the GPs for this extended role. Patient Group Directions 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. (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).

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with limited mobility to safely vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients and to particularly ensure that there was always adequate GP cover. On the occasion where locum GPs were employed, there were reference and professional checks undertaken.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for outside agencies, although it did not include numbers for practice staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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. The practice was evidenced to be working with the local commissioning group medicines management team.

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 for 2015-2016 were used for this inspection. These results were 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice had an overall exception rate of 13% compared to the clinical commissioning group average of 12% and the national average of 10%. (Exception reporting is the removal of patients from the QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice had employed a dedicated member of staff to ensure that QOF data would be used more effectively as a monitoring tool, with the aim of improving QOF averages and therefore patient outcomes.

Data from 2016 showed that:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example the percentage of registered patients with diabetes who had

an acceptable blood pressure reading in the 12 months preceding was 88%, compared to the clinical commissioning groups (CCG) average of 91% and the national average of 91%.

- Performance for mental health related indicators was similar or lower than the CCG and national averages. For example those registered patients with a diagnosis of a psychosis who had a comprehensive care plan in place was 65%, compared to the CCG average of 88% and national average of 89%.
- Performance for asthma indicators was similar or better to that of the CCG and national averages. For example, those on the register diagnosed with asthma that had a review in the preceding 12 months was 94% compared to the CCG average of 76% and the national average of 76%. However, the exception reporting for this indicator was 28% for the practice. This was significantly higher than the CCG exception reporting at 13% and the national 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).

Unpublished data from 2016-2017 showed that the practice had not improved on the QOF scores from the previous year. For example those with diabetes with an acceptable blood pressure reading in the 12 month preceding was 85%, compared to 88% in 2015-2016. Overall the practice had achieved 91% of the total number of points available for the year 2016-2017, which was less than the practice had achieved during 2015-2016.

There was limited evidence of quality improvement:

- There had been six clinical audits commenced in the last two years. None of these were completed audits where improvements were implemented and monitored. The practice had recently employed a member of staff to initiate a better system of quality improvement.
- Findings from searches of patient records were used by the practice to improve services. The searches were carried out in response to either medical alerts or concerns, or in order to determine how many patients were being treated for a particular need. For example,

Are services effective?

(for example, treatment is effective)

recent action taken as a result in identifying those at risk of osteoporosis and implementing either a course of vitamins or giving the patients information regarding bone health.

- Improving QOF data was now a standing agenda item on the quarterly practice meetings and included discussion of effective methods of monitoring long term conditions such as diabetes. The practice planned to use this approach to review the needs of all patients and to gain a better understanding of the practice population's health needs and to ensure they were met.
- The practice had commenced a thorough review of how QOF data was collated and applied in the practice to maintain or improve patient outcomes.
- The practice was working with the local medicines management team in order to increase medicine and prescribing audits to ensure these were effective and necessary.

Effective staffing

We reviewed staff records, which showed that staff had the skills and knowledge 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, a member of nursing staff was responsible for reviewing patients with long-term conditions and was focusing on diabetes for the upcoming year; this included undertaking specific training on managing diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Not all staff were up to date with their formal annual appraisals, but all staff had been involved in regular one-to-one discussions and felt that they had been able to identify ongoing development needs with the practice management.

- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Clinical staff had coffee breaks put into their daily appointment schedule in order to allow time to reflect and prepare.

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, particularly with regards to safeguarding concerns.

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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- Implementing dementia care plans and completing the 'Who Am I' literature to enable patients to provide a short life history and how to meet their personal needs to the practice.

The practice's uptake for the cervical screening programme (2015-2016) was 78%, which was comparable with the CCG average of 84% and the national average of 81%. Unpublished data from 2016-2017 showed that the uptake was 77%.

There was a policy to offer telephone or written 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, for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- There was the availability for patients to be treated by a clinician of the same sex.

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a generally excellent service and staff were helpful, friendly, caring and treated them with dignity and respect.

We spoke with five patients registered with the practice. They told us they were generally satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that clinical staff were understanding and professional in their approach. Some stated that appointment availability was more difficult than it used to be, but that reception staff were generally friendly and accommodating.

Results from the national GP patient survey in 2017 showed most patients felt happy with their care. However the practice scored lower than average for some areas, including attention from GPs. For example:

- 77% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 71% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 86%.

- 89% 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%
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 86%.
- 89% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 77% of patients said they found the overall experience of this surgery as good compared with the CCG average of 82% and the national average of 85%.
- 86% of patients found the reception staff to be helpful compared to the CCG average of 87% and the national average of 87%.

The practice was aware that there had been a period of staff movement with staff departures evident in the last year, and acknowledged that this did contribute to some instability in the appointments system and some patient disruption. The practice had employed a quality and monitoring lead as part of their new initiative to improve the health service that was being offered to all patients.

Care planning and involvement in decisions about care and treatment

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

Are services caring?

Children and young people were treated in an age-appropriate way and recognised as individuals, with the nursing staff especially sensitive to the needs of young adults and signposting them to the relevant services that they may require.

Results from the national GP patient survey showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment by Nurses. Results remained below average for local and national averages in relation to GPs. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Interpretation 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. Staff said they regularly used a language translation service.
- Reception staff were proactive in providing support to those with a visual impairment.
- Patients were encouraged to leave feedback in order for the practice to understand any further improvements that could be made to help patients access the care they needed.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system evidenced if a patient was also a carer. The practice had identified 54 patients as carers (under 1% of the practice list). There was no specific support offered to these carers beyond the general offer of a seasonal flu vaccination.

A member of staff was the Patient Experience Lead and had led the practice through the dementia friendly accreditation.

Staff told us that if families had experienced bereavement they may be referred to a support service. There were bereavement leaflets available in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and was using this understanding to help to meet the diverse needs of its population:

- The practice was utilising their website to encourage more on-line usage and was actively encouraging patients to use the online services where appropriate or requested by the patients themselves.
- All appointments with an advanced nurse practitioner were 15 minutes long.
- 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 needs that required same day consultation. However routine appointments were not always easy to book and at the time of the inspection there was a three week wait for an appointment.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines.
- There were accessible facilities, which included a hearing loop, and interpretation services.
- The practice was located over two floors that were easily accessible to all, and included a lift and emergency evacuation equipment relevant to the layout of the building.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients, with specific communication needs, receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice operated extended hours in response to local need.
- A health care assistant was receiving training to become an Autism Ambassador.

- There was an awareness that some patients were dependent on opiate usage and therefore there were extra checks on opiate prescriptions to ensure that patients could not receive more than they were prescribed.
- The practice offered a prescription collection service.
- The practice had recently gained dementia friendly status and some staff were now receiving training on supporting patients with autism. This was an extension of the ethos of making every contact count, and to encourage patients to feel more comfortable in making decisions and approaching staff.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered on a Tuesday evening from 6.30pm to 8.15pm and also on a Wednesday morning from 7am until 8am. In addition to pre-bookable appointments urgent appointments were also available for patients that needed them.

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

- 66% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 82% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 74% of patients said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 53% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were able to get urgent on the day appointments when they needed them but that routine appointments could be more difficult to book.

The practice had a system to assess whether home visits were required. The practice had an aim to accommodate patients who required access on the day but also actively encouraged patients to access on-line services to make routine appointments and to understand signposts to other services that may be of more benefit, such as pharmacy or other clinics. The practice ran extended access clinics with the nursing team and the answer machine gave details of out of hours services available.

Listening and learning from concerns and complaints

The practice had a system 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 and that leaflets and information was available on request.

The practice had recently implemented a computerised system that meant that all reports were now always accessible to the practice and could be shared with the local commissioning groups and NHS England. Staff were encouraged to report all incidents, including complaints, and these could then be tracked by using the computer software. We looked at three complaints received in the last 12 months and found that these were dealt with in a timely fashion. Lessons were learned from individual concerns and complaints and were discussed at the practice meetings.

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 vision to deliver the best possible care and to protect vulnerable adults and children. It also aimed to ensure that all staff were trained appropriately in order to provide a safe and effective practice.

- The practice had a mission statement which was displayed throughout the practice. Staff knew and understood the values which included consent, safety, respect and confidentiality.
- The practice management had changed at the beginning of the year and the team were reviewing the policies and procedures to ensure that they were relevant and current. We saw that there was a structured plan in place which had been kept to.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the practice had identified that more staff were needed to manage the number of safeguarding concerns. Therefore the GP partner was the nominated lead and assistance was provided by a practice nurse, who was the deputy lead. The nominated daily duty GP was also involved in managing safeguarding concerns in the absence of either of the other members of staff. This enabled all referrals or concerns to be dealt with appropriately.
- There were also GP leads for most chronic diseases, with nursing and health care assistant staff involved too in order to improve recall and monitoring for these groups.
- The management was aware of the performance of the practice and the need for improvement in certain areas. Recently a new member of staff had been employed to specifically monitor all performance related data.

- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice and understand more regarding the risks and concerns.
- A programme of continuous clinical and internal audit was scheduled to be implemented later in the year in order to make improvements. There were also searches being undertaken in order to more accurately profile the needs of the patients and to determine areas of risk or concern but these needed to be monitored thoroughly to ensure that they were achieved.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions and the practice was increasingly using a newly installed computer programme to record and monitor all incidents, complaints and significant events.
- Meetings were structured to enable staff to discuss significant events, complaints and concerns and share learning identified and action needed to improve. There were dedicated GP, nursing and administrative meetings for further detailed sharing of certain concerns relevant to each staff group.

The GP partners acknowledged that there were still improvements to be made in order to become more proactive rather than reactive. However staff generally felt that the partners and the practice management were making good changes and were very approachable and open to suggestions to further improve the governance.

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 provide care. They were also very open to continual learning for themselves and all other staff. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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

Are services well-led?

Good 

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

notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. We noted team events and seasonal celebrations were taking place. Minutes were comprehensive and were available for practice staff to view.
- 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 and staff. It proactively sought feedback from:

- The NHS Friends and Family test, complaints and compliments received
- Staff through regular meetings and social events. The practice had also recently undertaken a staff survey that generated ideas for areas of improvement. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, a request for longer appointments for advanced nurse practitioners (from 10 minutes to 15 minutes) was implemented which has meant more meaningful and thorough appointments for patients.

The practice acknowledged that the patient participation group (PPG), which was a virtual group, was not used enough by the practice for feedback and communication to patients. The new management was looking at ways to improve this and had listed the task of forming an effective PPG as one of its aims for the upcoming year.

Continuous improvement

There was a focus on looking to the future and to implement further improvement at all levels within the practice. The practice was taking an active part in local pilot schemes to improve outcomes for patients in the area. These included participation in the local vanguard for Better Local Care and the ability to refer patients to other local practices if they could provide a specialism that the patient required. The practice was involved in the local extended hours clinic where, by data sharing with the other local practices, patients could be booked onto Saturday morning slots to see a GP.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The provider was not performing regular clinical audits and therefore was unable to demonstrate regular assessment, monitoring and improvement of the quality of the service it was undertaking. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>