Park Lane Surgery

Quality Report

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

Ratings

Overall rating for this service	**Requires improvement**
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?	**Requires improvement**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection of Park Lane Surgery on 3 June 2015. This was a comprehensive inspection under Section 60 of the Health and Social Care Act (2008) as part of our regulatory functions. The practice achieved an overall rating of requires improvement. Specifically, we found the practice to be good for providing effective, caring and responsive services. We found it to be requiring improvement for safe and well-led. Consequently, it requires improvement for providing services for older people; people with long-term conditions; families, children and young people; working age people; people whose circumstances may make them vulnerable and people experiencing poor mental health.

Our key findings were as follows:

- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.
- We saw patients receiving respectful treatment from staff. Patients felt they were seen by supportive and helpful staff. Patients reported feeling satisfied with the care and treatment they received.
- The practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness.
- The practice acted upon best practice guidance to further improve patient care.
- The management and meeting structure ensured that appropriate clinical decisions were reached and action was taken.
- Some systems designed to assess the risk of and to prevent, detect and control the spread of infection were lacking or not fully implemented.
- Adequate recruitment procedures including completing the required background checks on staff were lacking.

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

Importantly, the provider must:

Summary of findings

- Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented and audited and that a Legionella risk assessment is completed and available.
- Ensure adequate recruitment procedures are in place including completing the required background checks on staff and that the required information is available in respect of each person employed.

In addition the provider should:

- Ensure that patient privacy is maintained at reception.
- Ensure the practice and the services available are fully accessible to those patients who may find attending in working hours difficult.
- Ensure the recording of stock of controlled drugs is completed properly.
- Ensure that suitable arrangements are in place for the testing of all electrical equipment.
- Ensure there is a recurring programme of clinical audit.
- Ensure that all staff are supported by receiving appropriate supervision and appraisal and complete the training relevant to their roles.

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?

Requires improvement

The practice is rated as requires improvement for safe. There were incident and significant event reporting procedures in place and action was taken to prevent recurrence of incidents when required. The structure of management communications ensured that staff were informed about risks and decision making. Systems were in place to identify and respond to concerns about the safeguarding of adults and children. As a result of immediate action taken by the practice following our inspection, a system was in place to check all medicines and receive and store vaccinations at the required temperature. Medicines were stored securely and within their expiry dates. Arrangements were in place for the practice to respond to foreseeable emergencies. The practice appeared clean. However, some systems to protect people from the risks of infection were lacking. Systems to ensure that all staff employed at the practice received the relevant recruitment checks were lacking.

Are services effective?

Good

The practice is rated as good for effective. The practice reviewed, discussed and acted upon best practice guidance to improve the patient experience. There was a limited programme of clinical audit at the practice to further improve patient care. Further audits were planned. The practice provided a number of services designed to promote patients' health and wellbeing. The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working at the practice. Clinical staff were aware of the process used at the practice to obtain patient consent and were informed and knowledgeable about the requirements of the Mental Capacity Act (2005). A system to ensure all staff received an appraisal of their skills, abilities and development requirements was in place, but behind schedule. Some staff were not completing planned essential training.

Are services caring?

Good

The practice is rated as good for caring. On the day of our inspection we saw staff interacting with patients in reception and outside consulting rooms in a respectful and friendly manner. There were a number of arrangements in place to promote patients' involvement in their care. Accessible information was provided to help patients understand the care available to them. Patients told us they felt listened to and included in decisions about their care. They said they were treated with dignity and respect.

Summary of findings

Are services responsive to people's needs?

Good 

The practice is rated as good for responsive. There were services targeted at those most at risk such as older people and those with long term conditions. The premises and services were adapted to meet the needs of people with disabilities. At the time of our inspection, appointments, including those required in an emergency were available. The practice used a number of methods to ensure patients had access to resources and information. Methods were available for patients to leave feedback about their experiences. The practice demonstrated it responded to patients' comments and complaints and where possible, took action to improve the patient experience.

Are services well-led?

Requires improvement 

The practice is rated as requires improvement for well-led. Staff felt engaged in a culture of openness and consultation. The management and meeting structure ensured that clinical decisions were reached and action was taken. There was a process in place for identifying and managing risks and ensuring these were acted upon. The practice sought feedback from patients and staff and listened to representatives of the patient population. Staff were supported by management and a system of policies and procedures that governed activity. However, the governance arrangements at the practice were not fully embedded.

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

Requires improvement

The practice is rated as requires improvement for the population group of older people because some of the processes and procedures at the practice were not safe or well-led. However, the practice offered personalised care to meet the needs of older people in its population. Older patients had access to a named GP, a multi-disciplinary team approach to their care and received targeted vaccinations. A range of enhanced or patient register services were provided such as those for patients with dementia and end of life care. The practice was responsive to the needs of older people offering home visits including the provision of flu vaccinations.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the population group of people with long term conditions because some of the processes and procedures at the practice were not safe or well-led. However, the practice provided patients with long term conditions with an annual review to check their health and medication needs were being met. All newly diagnosed patients with diabetes were referred appropriately. They had access to a named GP and targeted immunisations such as the flu vaccine. There were GP and nurse leads for a range of long term conditions.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the population group of families, children and young people because some of the processes and procedures at the practice were not safe or well-led. However, systems were in place for identifying and protecting patients at risk of abuse. There were six week post-natal checks for mothers and their children. Programmes of cervical screening for women over the age of 25 and childhood immunisations were used to respond to the needs of this patient group. Appointments were available outside of school hours. A range of contraceptive and family planning services were available at the practice. The premises was suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the population group of working age people (including those recently retired and students) because some of the processes and procedures at the practice were not safe or well-led. However, the practice offered online services such as appointment booking and repeat

Summary of findings

prescriptions. The practice encouraged feedback and participation from patients of working age through the virtual patient participation group (an online community of patients who work with the practice to discuss and develop the services provided). Routine health checks were also available for patients between 40 and 74 years old.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the population group of people whose circumstances may make them vulnerable because some of the processes and procedures at the practice were not safe or well-led. However, the practice held a register of some patients living in vulnerable circumstances including those with learning disabilities. Patients experiencing a learning disability received an annual health review. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice maintained a register of patients who were identified as carers and additional information was available for those patients. There was a carers' champion at the practice. Staff knew how to recognise signs of abuse in vulnerable people and were aware of their responsibilities in raising safeguarding concerns.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the population group of people experiencing poor mental health (including people with dementia) because some of the processes and procedures at the practice were not safe or well-led. However, the practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Patients experiencing dementia also received a specialised care plan and an annual health review. Where necessary, the practice referred patients to one of several local counselling services.

Summary of findings

What people who use the service say

During our inspection, we spoke with six patients, reviewed 37 comment cards left by them and spoke with two representatives of the patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided.

Patients told us that the care and treatment they received at the practice were good. They said they felt staff were accommodating, helpful and supportive. They told us they felt listened to by the GPs and involved in their own care and treatment. The friends and family test results from February 2015 showed that 85% of respondents were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

However, opinion was divided among the patients we spoke with or who left comments for us about making and waiting for appointments. Some said making an appointment was difficult and the wait for a pre-bookable appointment was too long. Others said it was reasonable. The concerns were reflected in the responses to the national GP survey for 2014. However, all the patients we spoke with or who left comments for us were agreed the situation was improving following changes made to the appointments system.

Areas for improvement

Action the service MUST take to improve

Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented and audited and that a Legionella risk assessment is completed and available.

Ensure adequate recruitment procedures are in place including completing the required background checks on staff and that the required information is available in respect of each person employed.

Action the service SHOULD take to improve

Ensure that patient privacy is maintained at reception.

Ensure the practice and the services available are fully accessible to those patients who may find attending in working hours difficult.

Ensure the recording of stock of controlled drugs is completed properly.

Ensure that suitable arrangements are in place for the testing of all electrical equipment.

Ensure there is a recurring programme of clinical audit.

Ensure that all staff are supported by receiving appropriate supervision and appraisal and complete the training relevant to their roles.

Park Lane 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 and practice nurse acting as specialist advisers.

Background to Park Lane Surgery

Park Lane Surgery provides a range of primary medical services from premises at 8 Park Lane, Broxbourne, Hertfordshire, EN10 7NQ. The practice serves a population of approximately 10,700. The area served is significantly less deprived compared to England as a whole. The practice population is predominantly white British. The practice serves an above average population of those 45 and older and a lower than average population of those nine and younger and between 20 and 39.

The clinical staff team includes four male and two female GP partners, one nurse practitioner, two practice nurses and one healthcare assistant. The team is supported by a practice manager and 18 other administration, reception and secretarial staff.

Why we carried out this inspection

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

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

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

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 3 June 2015. During our inspection we spoke with a range of staff including three GP partners, two nurses, the practice manager and six members of the reception and administration teams. We spoke with six patients and two representatives of the patient participation group (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed the practice's own patient survey and 37 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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?

Detailed findings

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

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

Requires improvement

Are services safe?

Our findings

Safe track record

The staff we spoke with demonstrated an understanding of their roles in reporting incidents and significant events and were clear on the reporting process used at the practice. The senior staff understood their roles in discussing, analysing and reviewing reported incidents and events.

The weekly practice meeting was used for senior staff to review and take action on all reported incidents, events and complaints. The minutes of the meetings we looked at demonstrated this happened as and when required. The staff we spoke with who attended the practice meeting were all able to recount the details of recent incidents and events discussed. All staff directly involved in specific incidents and events said they were kept fully informed and updated of related discussions, learning and action points. Details of any discussions and decisions made in the practice meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff meetings.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and taking action on significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. We looked at examples of how the procedure was used to report incidents and significant events relating to clinical practice and other issues. From our conversations with staff and our review of meeting minutes we found that incidents and events were discussed at practice meetings which included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. We saw that the practice maintained a log of all incidents and events which included a record of the learning points and action taken to prevent recurrence.

Safety alerts were reviewed by and distributed to the relevant staff by the practice manager. The staff we spoke with displayed an awareness of how safety alerts were communicated and told us they were receiving those relevant to their roles. They were able to give examples of recent alerts relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

There were systems in place for staff to identify and respond to potential concerns around the safeguarding of vulnerable adults and children using the practice. We saw the practice had a safeguarding policy and protocol in place and one of the GP partners was the nominated lead for safeguarding issues. The staff we spoke with demonstrated a clear knowledge and understanding of their own responsibilities, the role of the lead and the safeguarding processes in place. From our conversations with them and our review of training documentation, we saw that all staff had received safeguarding and child protection training at the level specific to their roles.

We spoke with staff about the details of some recent safeguarding concerns raised at the practice. We found the practice response adhered to its own policy and protocol. All the relevant agencies were informed and involved. Identifying symbols were used on the patients' notes to inform staff they were considered to be at risk.

From our conversations with staff and our review of training documentation we found that all nursing, health care assistant, reception and administration staff were trained to be a chaperone (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Reception and administration staff would act as a chaperone if nursing staff were not available. The staff in those teams we spoke with understood their responsibilities when acting as chaperones. We saw that all nursing staff had received a criminal records check. However, none of the reception and administration staff had received one. Senior staff confirmed that a risk assessment on why those staff did not require a criminal records check despite acting as chaperones had not been completed.

Medicines management

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. We saw an example of this as a result of our inspection findings.

Requires improvement

Are services safe?

All prescriptions were reviewed and signed by a GP before they were given to the patient. Processes were in place and adhered to to ensure prescription forms were tracked and kept securely at all times.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). We saw the 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. However, the recording of stock for these drugs was not completed properly. We saw that five expired ampoules of one drug awaiting secure collection and disposal were not included on the stock register.

Most other non-refrigerated medicines were stored securely in a locked cupboard. A system was in place and adhered to to record the amount and type of these medicines in stock. However, we found a quantity of Depo-Medrone insecurely stored in a separate unlocked cupboard.

The vaccines at the practice were stored in a designated fridge. All of the vaccines we checked were within their expiry dates. However, recorded checks on the daily monitoring of the temperature we looked at showed that during May 2015 the highest temperatures recorded were considerably above the maximum safe limit. Although medicines and cold chain policies were in place at the practice, these were not adhered to.

The practice took immediate action. The stock of Depo-Medrone was moved to a secure cupboard. All pending appointments relating to refrigerated medicines and vaccines were deferred. Following our inspection the practice provided evidence to demonstrate the fridge was inspected by an external engineer and the relevant professionals at the local CCG (clinical commissioning group) were involved. As a result of the subsequent investigation it was concluded the fridge was working normally, but staff had been incorrectly resetting the temperature gauge, thus providing inaccurate temperature readings. The relevant professionals at the CCG confirmed the cold chain was not broken and the vaccines were safe to use. Appointments were restarted. The information provided from a newly purchased data logger demonstrated the temperature of the fridge remained within normal limits following our inspection.

Cleanliness and infection control

We saw that the practice appeared clean. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste.

The practice had a comprehensive set of policies on infection control issues. From our conversations with staff and our review of documentation we found that staff received infection control training. All the staff we spoke with were knowledgeable about infection control processes at the practice. The practice had a nominated lead for infection control issues. However, staff were not always clear on who the lead was and the actual lead was not the same as the shared leads detailed in the practice's policy.

A documented audit of cleanliness and infection control issues at the practice was not available. However, we found the practice appeared clean and staff were adhering to infection control procedures. Staff told us that visual checks were completed. We saw cleaning schedules were available and adhered to.

We asked to see a Legionella (Legionella is a bacteria which can contaminate water supplies and cause Legionnaires' disease) risk assessment and the associated documentation such as water temperature monitoring records. Although senior staff said a risk assessment had been completed, the documentation we requested was not provided.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw documentary evidence of the annual calibration of medical equipment to ensure the accuracy of measurements and readings taken. All of the equipment we saw during our inspection appeared fit for purpose. However, the practice was unable to demonstrate that all portable electrical equipment was routinely tested. The practice manager confirmed this had not been completed.

Staffing and recruitment

The staff we spoke with understood what they were qualified to do and this was reflected in how the practice had arranged its services. The practice had calculated

minimum staffing levels and skills mix to ensure the service could operate safely. The staffing levels we saw on the day of our inspection met the practice's minimum requirement and there was evidence to demonstrate the requirement was regularly achieved.

Records we looked at contained evidence that some of the appropriate recruitment checks were undertaken prior to employment. However, not all of the appropriate checks were available for all staff. Of the five staff records we looked at, some contained no previous working references and/or photographic proof of identity or eligibility to work in the UK. These were required in accordance with the practice's own recruitment policy and induction checklist.

We saw that all clinical staff at the practice had received a criminal records check. From our review of documentation, we saw that some of those checks were from other employers and these were more than three years old. Non clinical staff at the practice had not received criminal records checks and a risk assessment to determine why this was not necessary had not been completed.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included dealing with emergencies, medical equipment and the health and safety (including fire safety) of the environment, staff and patients.

The staff we spoke with demonstrated a good understanding of their roles and responsibilities towards health and safety, fire safety and dealing with emergencies among other things. Our review of documentation showed these issues were part of the induction training for all staff and that appropriate policies and risk assessments were available.

From our conversations with staff and our review of documentation we found the practice had a system in place to ensure that all staff received safety alerts. The practice manager received and distributed safety alerts to the relevant staff. The practice meeting was used for senior staff to review and take action on all reported risks, incidents and events. Details of any discussions and decisions made in those meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff meetings.

Arrangements to deal with emergencies and major incidents

The practice had procedures in place to respond to emergencies and reduce the risk to patients' safety from such incidents. We saw that the practice had a continuity and recovery plan in place. This covered the emergency measures the practice would take to respond to any loss of premises, records and utilities among other things. The relevant staff we spoke with understood their roles in relation to the contingency plan.

There was documentary evidence to demonstrate all clinical staff at the practice had completed cardiopulmonary resuscitation (CPR) training. However, from our review of training documentation and our conversations with staff we found that some of the reception and administration team had not completed the training.

We looked at the emergency medical equipment and drugs available at the practice including oxygen and a defibrillator. All of the equipment and emergency drugs were within their expiry dates. Documented checks on the equipment were available and completed regularly.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice reviewed, discussed and acted upon best practice guidelines and information to improve the patient experience. A system was in place for National Institute for Health and Care Excellence (NICE) quality standards to be distributed and reviewed by clinical staff.

Staff demonstrated how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required.

A coding system was used to ensure the relevant patients were identified for and allocated to a chronic disease register and the system was subject to checks for accuracy. Once allocated, each patient was able to receive the appropriate management, medication and review for their condition.

The GPs told us they led in specialist clinical areas such as diabetes and chronic obstructive pulmonary disorder and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

Management, monitoring and improving outcomes for people

The practice had a limited system in place for completing clinical audit. Clinical audit is a way of identifying if healthcare is provided in line with recommended standards, if it is effective and where improvements could be made. Examples of full cycle clinical audits included those on antibiotic prescribing and reviews of contraceptive implants. We found the data collected from both audits had been analysed and clinically discussed and the practice approach was reviewed and modified as a result. The practice was unable to produce any further examples of full cycle clinical audits completed in the year before our inspection. However, further audits were planned.

The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets, It achieved 94.5% of the total QOF target in 2014, which was above the national average of 94.2%. The performance for diabetes, hypertension and mental health related indicators was similar to the national average.

Effective staffing

From speaking with staff and our review of documentation we found that staff received an appropriate induction when joining the service. Where applicable, the professional registrations of staff at the practice were up-to-date. All the GPs had been revalidated or had a date for revalidation and as part of this process, the relevant bodies check the fitness to practise of each individual.

We saw that a system of mandatory training (training that each staff member is required to complete in accordance with the practice's own requirements) was in place for staff. Our review of training records showed that nursing team staff were completing this. However, there were gaps in the completion of the training for reception and administration team staff. Some staff in that team we spoke with said they had not completed some required training including cardiopulmonary resuscitation (CPR).

Practice nurses and health care assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, all the nurses were up-to-date with cervical cytology training.

There was a mixed response from staff when discussing their appraisals and supervision. Some of the staff we spoke with said they had received an appraisal of their performance and competencies in the past year and some had not. Where these had been completed, we looked at some examples and saw that there was an opportunity for staff to discuss any training requirements. Our review of

Good

Are services effective?

(for example, treatment is effective)

documentation reflected what staff had told us about the completion of appraisals at the practice in the past year. We saw that a programme was in place to complete staff appraisals but that it was behind schedule.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. We saw that a system was in place for such things as patient blood and radiology results and pathology reports to be received electronically. These processes allowed for patients requiring follow up to be identified and contacted. All the staff we spoke with understood how the system was used.

The practice held multi-disciplinary team meetings to discuss the needs of complex patients. This included those with end of life care needs. Monthly meetings were attended by the GP partners, community matrons, district and hospice nurses to discuss palliative care (end of life) and other high level care patients. We saw that the issues discussed and actions agreed for each patient were recorded.

Information sharing

The practice used several processes and electronic systems to communicate with other providers. For example, there was a system in place with the local out of hours provider to enable patient data to be shared in a secure and timely manner. An electronic system was also in place for making referrals through the Choose and Book system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

From our conversations with clinical staff we found that patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). When interviewed, clinical staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity. They demonstrated an understanding of the MCA and its implications for patients at the practice. Clinical staff were also aware and demonstrated a good understanding of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).

There was a practice policy for documenting consent for specific interventions. The clinical staff we spoke with were clear on the requirements of the policy and when documented consent was required. We saw examples of documented patient consent for recent patient procedures completed at the practice.

Health promotion and prevention

We saw that all new patients at the practice were offered a health check. This included a review of their weight, blood pressure, smoking and alcohol consumption. Routine health checks were also available for all patients between 40 and 74 years old. At the time of our inspection, for 2014/2015, 153 of the 3196 eligible patients had been assessed. The practice recognised the uptake figure was low. However, we were aware that this was the fifth year of a five year check period and for the previous four years the practice's performance in this area was good. For the final year of the period, the practice was dealing with the group of eligible patients who were declining their invitations hence the low uptake rate.

We saw that the practice operated patient registers and nurse led clinics for a range of long term conditions (chronic diseases). The GP partners shared the lead roles with nominated nurses for patients with diabetes and chronic obstructive pulmonary disorder (COPD) among others.

The practice maintained a register of all patients with learning disabilities. Of the 29 patients on the register, 19 had received a health check review in 2014/2015. Of the 23 patients on the dementia register in the year ending 31 March 2015, all had received their annual review.

We found that the practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness. We saw various health related information was available for patients in the waiting area and throughout the practice. This included leaflets and displays on cancer support, healthy eating, dementia and pregnancy.

Good

Are services effective?

(for example, treatment is effective)

The practice had participated in targeted vaccination programmes for older people and those with long term conditions. These included the shingles vaccine for those aged 70 to 79, and the flu vaccine for people with long term conditions and those over 65. The practice had 2,360 patients aged over 65. Of those, 1,763 (74.7%) had received the flu vaccine in the 2014/2015 year.

All nurses at the practice were qualified to provide and carry out cervical screening. They had all completed their update training. A system of alerts and recalls was in place to provide cervical screening to women aged 25 years and older. At the time of our inspection there was an 81.9% take up rate for this programme over the past five years (2,048 of 2,499 eligible patients).

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we saw that staff behaviours were respectful and professional. We saw examples of patients receiving courteous and helpful treatment from the practice reception staff. We saw the clinical staff interacting with patients in the waiting area and outside clinical and consulting rooms in a friendly and caring manner. All staff spoke quietly with patients to protect their confidentiality as much as possible in public areas. However, due to the open design of the reception desk and waiting area, it was possible to overhear most conversations between patients and receptionists.

We spoke with six patients on the day of our inspection, all of whom were positive about staff behaviours and the very good clinical care they felt they received. They said they felt treated with dignity and respect by staff at all times. A total of 37 patients completed CQC comment cards to provide us with feedback on the practice. All of the responses received about staff behaviours were positive. They said staff were accommodating, supportive, kind and helpful and treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We found that doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

The practice had made suitable arrangements to ensure that patients were involved in, and able to participate in decisions about their care. The six patients we spoke with said they felt listened to and had a communicative relationship with the GPs and nurses. They said their questions were answered by the clinical staff and any concerns they had were discussed. We also read comments left for us by 37 patients. Of those who commented on how involved they felt in their care and the explanations they received about their care, all of the responses were positive.

The results of the national GP survey for 2014 showed that 77.5% of the 109 respondents felt the GPs at the practice were good at involving them in decisions about their care. The national average was 74.6%. The GPs were considered to be good at listening by 93% of patients. This was above the national average of 87.2%.

Patient/carer support to cope emotionally with care and treatment

The results of the national GP survey for 2014 showed that 89.5% of the 109 respondents felt the GPs at the practice displayed care and concern towards them. The national average was 82.7%. The feedback we received during our conversations with six patients and review of the comments left for us by 37 patients was consistent with the GP survey responses.

All patients receiving palliative care were discussed at monthly multi-disciplinary team meetings. From speaking with staff, we found that all the GPs made contact with the family of each deceased patient by telephone and letter offering the practice's condolences and an invitation to approach the practice for support. The senior staff we spoke with knew of the availability of several free local counselling services (including bereavement counselling) and the practice referred patients requiring such support to them.

Patients in a carer role were identified where possible. The practice maintained a register of 72 patients who identified as carers. This information was mainly sourced from patients upon registering with the practice or during their consultations with the GPs. Staff told us those patients on the register had access to priority appointment booking. We saw information aimed at carers displayed in the waiting area on a dedicated noticeboard. This gave details of the local support available among other things. The practice also had its own carers' champion (a member of the reception team nominated as the first point of contact for carers in the practice). The carers' champion completed training and updates specific to the role and maintained and updated the information available to carers at the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection visit, 181 patients (1.7% of the practice's patient population) were receiving such care. There was also a palliative care register of 21 patients at the practice with regular multi-disciplinary meetings to discuss those patients' care and support needs.

Smoking cessation services including advice were provided at the practice by a trained healthcare assistant. At the time of our inspection, over the previous year smoking cessation services were offered to 853 of the known smokers in the practice patient population. Intervention was accepted by 194 of those patients, all of whom had received advice or referral from the practice at the time of our inspection.

We saw that patients with diabetes received six monthly health checks at the practice. All newly diagnosed patients with diabetes were referred to the Single Point of Contact service or more recently the X-PERT Health service (specialist services that help to meet the needs of newly diagnosed patients with diabetes).

At the time of our inspection 46 patients were on the practice's register of patients with dementia. Those patients received a care plan based on their specific needs and a named GP. The practice also maintained a register of patients with learning disabilities and provided annual health reviews to those patients.

The practice had a patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided. From our conversations with PPG members and our review of some PPG meeting minutes, it was clear the group was very engaged with the practice. We saw that both a blood pressure (BP) and an electrocardiogram (ECG) machine at the practice were paid for entirely through fundraising by the PPG in recent years.

Tackling inequity and promoting equality

We found that all staff at the practice had completed equality and diversity training before the end of our inspection. We saw the premises and services were adapted to meet the needs of people with disabilities. All of the clinical services were provided on the ground floor and the practice had step free access to the main entrance. We found that the waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice and there was a dedicated children's play area.

An external translation service was available to the practice. However, due to the local patient population being predominantly from a white British background this was not used by patients. There were male and female GPs in the practice and patients could choose to see a male or female doctor.

Access to the service

On the day of our inspection we checked the appointments system and found the next routine bookable appointment to see a GP was available within one working week. However, appointments were available within 24 hours for those patients using the online booking facility. We saw that the appointments system was structured to ensure that GPs were able to complete home visits between the morning and afternoon surgeries and that all urgent cases were seen on the same day by the duty doctor.

The practice was open from 8am to 6.30pm Monday to Friday. There were no extended opening hours in the evenings or at weekends. Access to the practice for those who found attending in normal working hours difficult was limited.

Information was available to patients about appointments on the practice website. This included how to book appointments through the website. Patients were able to make their repeat prescription requests at the practice or online through the practice's website. There were also

Good

Are services responsive to people's needs?

(for example, to feedback?)

arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out of hours (OOH) service was provided to patients.

We saw there was a standard process in place for the practice to receive notifications of patient contact and care from the out of hours provider. We saw evidence that the practice reviewed the notifications and took action to contact the patients concerned and provide further care where necessary.

During our inspection, we spoke with six patients and read the comments left for us by 37 patients. Of those who commented on the appointments system and access to the practice, patient opinion was divided. An equal number said it was a reasonable system as long as they were flexible as those who said getting an appointment was difficult and the wait for appointments was too long. However, all those patients agreed that the situation was improving following recent attempts by the practice to redesign the appointments system.

Results from the national GP patient survey in 2014 showed that only 35.1% of patients felt they didn't have to wait too long to be seen at the practice. This was considerably below average when compared to the rest of England (57.8%). Only 59.9% of patients felt their experience of making an appointment was good. This was also below average when compared to the rest of England (73.8%).

Since this survey, the practice had introduced online appointment booking and redesigned the distribution of its appointments in an attempt to improve access to the practice. Those we spoke with during our inspection said there was an improvement. Our review of the appointments system showed that appointments were available within a reasonable period at the time of our inspection.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. During our inspection we saw there was a complaints procedure available and there was a designated responsible person who handled all complaints in the practice. The weekly practice meeting was used for senior staff to review and take action on all reported complaints.

We saw that information was available to help patients understand the complaints system. A leaflet containing information on how to complain was available from reception and through the practice's website. The practice's full complaints procedure was also available online. All of the staff we spoke with were aware of the process for dealing with complaints at the practice. During our inspection we spoke with six patients, none of whom had ever needed to make a complaint about the practice.

We looked at the practice's records of complaints from 2014/2015. We saw examples of when the complainants were contacted to discuss the issues raised. As a result, the practice had agreed actions to resolve the complaints to their satisfaction. We saw that where necessary, actions were taken and the complainants formally responded to in writing in accordance with the practice's own procedure. Review forms were completed for all complaints received which identified the learning and action points for the practice to adopt.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

From speaking with staff and our review of documentation, we found the practice had a vision and strategy contained within its business development plan. The five year strategy developed in 2013, set out the practice's vision to care for patients and ensure their needs were met based on the core values of openness, fairness, respect and accountability.

The strategy set out the practice's areas of focus from 2013 to 2018 including the development of staff training and the skills mix available to the practice among others. Staff told us they were involved in discussions about the practice's direction and strategy. They said this made them feel valued and supported and provided them with the opportunity to discuss relevant issues that affected them as staff and also their patients.

The weekly practice and fortnightly team leader meetings were used for senior staff to monitor and review the strategic direction of the practice. Discussions had and decisions made at those meetings were cascaded to staff through a range of team conversation with senior staff, update emails and other staff team meetings.

Governance arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure. They understood that the GP partners were the overall decision makers supported by the practice manager. There was a clear protocol in place for how decisions were agreed. All staff contributed to practice processes and issues through a range of staff team meetings. Team leaders from each staff team met fortnightly to discuss the practice's policies and processes.

The practice had a comprehensive system of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we looked at during our inspection were reviewed and up to date. However, procedures and systems in relation to infection control, medicines management and recruitment practices were not yet fully embedded at the practice at the time of our inspection.

The practice had arrangements for identifying, recording and managing risks. The weekly practice meeting was used for senior staff to review and take action on all reported risks, incidents, events and complaints. We looked at minutes of the meetings that demonstrated this happened as and when required. Details of any discussions and decisions made in those meetings were made available to all staff through a range of update emails and staff team meetings.

The practice had a system in place for reporting, recording and taking action on significant events. From our conversations with staff and our review of meeting minutes we found that incidents and events were discussed at practice meetings which included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. We saw that the practice maintained a log of all incidents and events which included a record of the learning points and action taken to prevent recurrence.

Leadership, openness and transparency

There was a clear leadership structure at the practice which had named members of staff in lead roles. We saw there were nominated GP leads for safeguarding, palliative care and patients with diabetes. There were also nurse led clinics for such things as child immunisations and patients with chronic obstructive pulmonary disease and nominated nurse leads for areas such as infection control. The leads mostly showed a good understanding of their roles and responsibilities and with the exception of infection control all staff knew who the relevant leads were.

Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns. All the staff we spoke with said they felt fortunate to be part of a committed and hardworking team.

From our conversations with staff and our review of documentation, we saw there was a regular schedule of meetings and protected learning at the practice for individual staff groups and multi-disciplinary teams to attend. Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss issues at the meetings. They said they felt their views were respected and considered.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had mechanisms in place to listen to the views of patients and those close to them. The practice had a

Are services well-led?

Requires improvement

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

patient participation group (PPG) of 94 members of which a core number met approximately every quarter. The PPG is a group of patients who work with the practice to discuss and develop the services provided. There was also an online virtual patient participation group (vPPG) incorporated into the PPG. The vPPG is an online community of patients who work with the practice to discuss and develop the services provided. We saw that through meetings or emails the group was able to feedback its views on a range of practice issues. We spoke with two members of the PPG who said the group had very good and open working relationships with practice staff. They said the PPG was treated as a valuable resource by the practice. We saw the PPG was integral in developing the practice's last patient survey.

The practice had distributed its last patient survey around December 2013 and responses were received from 300 patients. The results showed that patients thought highly of their care at the practice with 88% rating it as good to excellent. However, 40% were not confident they would see a GP within 24 hours. This reflected the concerns expressed by patients in the 2014 GP survey about making appointments and the wait for appointments. In response to the survey, the PPG worked with the practice to develop a new appointments system which had just started at the time of our inspection. From our conversations with senior staff it was apparent they were open to further changes if the new system didn't have the desired effect. The patients we spoke with or who left comments for us said they had noticed a recent improvement in the appointments system.

We saw a comments and suggestions box was provided in the waiting area for patients to use. However, as this was only recently installed, we were told the few comments left so far were yet to be reviewed. The practice manager was aware of her responsibility to monitor and respond to the comments made.

The staff we spoke with said patient complaints and other patient feedback was discussed in their meetings so they were clear on what patients thought about their care and treatment. They said the schedule of various practice and staff team meetings also provided them with an opportunity to share their views on the practice.

Management lead through learning and improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Non-clinical staff also said their development was supported. We saw that protected learning time was used to provide staff with the training and development they needed to carry out their roles effectively. For clinical staff, this included access to target days for learning on set topics.

From our conversations with staff and our review of documentation we found that some staff received appraisals in accordance with the practice's own timescales and some staff did not. Where these were completed, we looked at some examples and saw that there was an opportunity for staff to discuss any training requirements and their personal development. We saw that a programme was in place to complete staff appraisals but that it was behind schedule.

A system was in place for senior staff to review and action all reported risks, incidents, events and complaints. The evidence we reviewed demonstrated that all incidents and events were discussed. This included discussion on how the incidents could be learned from.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found that the registered person had not protected people against the risk of infection because some systems designed to assess the risk of and to prevent, detect and control the spread of infection were lacking, or did not meet specification. This was in breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** We found that the registered person had not protected people from the risks of unsafe or inappropriate care and treatment by ensuring all the required information in respect of each person employed was available and up-to-date. This was in breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.