

Elsenham 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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Elsenham Surgery on 30 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were involved in their care and treatment and praised the clinical and non-clinical staff.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Obtain and maintain a controlled drugs register for the doctor's bag.
- Ensure that the cabinets where controlled drugs are stored are compliant with storage requirements for controlled drugs
- Medicines must all be stored securely to ensure these are only accessible to members of staff.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it must make improvements. There was an effective system in place for reporting and recording significant events, and lessons were shared to make sure action was taken to improve safety in the practice. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Risks to patients were assessed and well managed. However, we found that the cabinets where controlled drugs were stored were not compliant with the storage requirements for controlled drugs. There was no register to record the controlled drugs in the doctor's bag.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality, and staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment and there was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services. Carers were identified and supported by the practice in their role. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were involved in decisions about their care and treatment and spoke highly of the clinical and non-clinical staff. Information for patients about the services available was easy to understand and accessible. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice worked within the community to understand and meet the needs of their practice population. Patients we spoke with said they could make an appointment when they needed one, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and patients.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and was involving staff and patients in developing their revised vision statement after a change at the practice. Staff were clear about the objectives of the practice and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The partners and management team encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group had played an active part in securing improvements.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of this population group. For example, older patients identified on the practice's frailty register had a care plan in place to meet their needs. A social worker from the Older People team attended multidisciplinary team meetings so that the needs of older people were identified and co-ordinated. It was responsive to the needs of this population group, and offered home visits and rapid access appointments.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. The practice identified patients at risk of developing diabetes and offered glucose tolerance screening to prevent the onset of the disease. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care and offered longer appointments.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Children at risk of abuse were discussed at multi-disciplinary meetings to enable appropriate care planning. Immunisation rates were high for all standard childhood immunisations. Patients we spoke with told us that children received good care at the practice, and that they as parents were consulted and involved in their treatment. Urgent appointments were available in the event of childhood accident or illness, as well as appointments outside of school hours. A drop-in baby clinic was provided twice a month which was attended by the health visitor.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice had identified that it did not have a large student population, but continued to offer a as a full range of health promotion and screening services that reflected the needs for this age group. Patients who had recently had a change of circumstances, such as retirement were invited to make an appointment with a GP to discuss their ongoing health needs.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients who had a learning disability and provided annual health checks, care plans and longer appointments. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, safeguarding concerns and how to contact relevant agencies.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Everybody diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. The practice identified patients at risk of developing dementia and carried out opportunistic tests for this so that appropriate care planning could take place. The practice held a dementia awareness coffee morning once a month, which the practice manager attended, to support patients and their families. Data showed that the practice was performing better than the national average for ensuring that patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan in place.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 2nd July 2015. These results related to surveys collected in July to September 2014 and January to March 2015. The results showed that the practice was performing better or in line with local and national averages in relation to the majority of questions asked. 303 survey forms were distributed and 119 were returned. This is a response rate of 39.3%.

- 85% found it easy to get through to this surgery by phone compared to a CCG average of 63.4% and a national average of 73.3%.
- 88.1% found the receptionists at this surgery helpful compared to a CCG average of 85.2%, national average 86.8%.
- 93.7% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 84.8% and a national average of 85.2%.
- 89.4% said the last appointment they got was convenient compared to a CCG average of 90% and a national average of 91.8%.
- 75.2% described their experience of making an appointment as good compared to a CCG average of 67.5% and a national average of 73.3%.
- 68.4% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 58.2% and a national average of 64.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards. Eight out of the 10 cards received were very positive about the standard of care received at the practice. In these, patients praised the excellent and timely care from the doctors and all staff at the practice.

The feedback from the Friends and Family test that had been received for the month prior to our inspection was good. This indicated that 67% of patients would be extremely likely to recommend Elsenham Surgery to their friends and family and 33% were likely to do so. The Friends and Family test helps services and commissioners understand whether patients are happy with the service being provided. The test asks patients whether they would recommend the service, in this case Elsenham Surgery, to their friends and family.

We spoke with seven patients during the inspection. All patients said that they were happy with the care they received. They told us that they felt listened to and cared for by the clinicians. We also spoke with a social worker who attends at the practice. They informed us that the practice was proactive at engaging with patients.

We spoke with four members of the Patient Participation Group. The Patient Participation Group comprises patients from the practice who meet to discuss relevant matters. They gave examples of how they had been involved and influenced change and told us that patients that they represented were pleased with the GPs, nurses, pharmacy and appointments system.

Areas for improvement

Action the service MUST take to improve

- Obtain and maintain a controlled drugs register for the doctor's bag.
- Ensure that the cabinets where controlled drugs are stored are compliant with storage requirements for controlled drugs
- Medicines must all be stored securely to ensure these are only accessible to members of staff.

Elsenham Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Elsenham Surgery

Elsenham Surgery is situated in Elsenham, Essex. It provides GP services to approximately 5450 patients living in Elsenham, Stansted Mountfichet, Bishops Stortford and surrounding villages. Elsenham Surgery is one of 38 practices commissioned by the West Essex Clinical Commissioning Group. The practice holds a General Medical Services contract (GMS) with the NHS. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has a slightly higher number of children aged 0 to 18 years than the England average, as well as a marginally increased number of patients aged 40 to 49 years. Economic deprivation levels affecting children and older people are much lower than England average, as are unemployment levels. The life expectancies of men and women are higher than national averages. There are more patients on the practice's list that have long standing health conditions and there are more patients with a caring responsibility than the England average. A majority of this data relates to the year 2013/2014.

The practice is governed by a partnership of three partners, two of which are male GPs and one a female GP. The partners are supported by a female salaried GP, two

practice nurses and a health care assistant. Administrative support consists of a part-time practice manager, a part-time deputy practice manager as well as a number of reception and administrative staff.

Elsenham surgery is a dispensing practice. The dispensary is open from 8:30am to 6:30pm Mondays to Fridays and dispenses medicines to patients who live more than one mile from a chemist. There are four dispensers who work at the dispensary.

Elsenham Surgery is a training practice. There are two Registrars at the practice. A Registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice.

The practice is open between 8:30am and 6:30pm every weekday. Morning appointments are from 9am to 12:30pm Monday to Thursday, with appointments being offered from 8:30am on a Friday. Afternoon surgery times are from 3pm until 5:50pm. The practice opens on a Saturday morning in order to improve patient access, but this service is soon to be replaced by an arrangement whereby the practice will work with other surgeries in the locality to provide GP appointments over the weekends.

The practice has opted out of providing 'out of hours' services which is now provided by Partnership of East London Co-operatives (PELC), another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

Elsenham Surgery has not previously been inspected by the Care Quality Commission.

The practice is registered to provide the following regulated activities: diagnostic and screening procedures; family planning; treatment of disease, disorder or injury and surgical procedures.

Detailed findings

Why we carried out this inspection

We inspected Elsenham Surgery as part of our inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 in accordance with our regulatory functions. This inspection was planned to check whether the provider was meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to provide a rating for the service.

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 the time of writing this report.

How we carried out this inspection

Before our visit to Elsenham Surgery, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 30 November 2015 and during our visit we spoke with three GPs, a registrar, two practice nurses, a healthcare assistant, four reception/administrative staff, the practice manager and deputy practice manager and the dispensers. We also spoke with seven patients who used the service and four members of the Patient Participation Group (PPG). The Patient Participation Groups comprises patients from the practice who meet to discuss relevant matters at the practice.

We reviewed 10 CQC comment cards where patients and members of the public shared their views and experiences of the service, as well as the results of the most recent Friends and Family test. We studied a number of documents including policies and procedures, audits and risk assessments.

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a clear, robust system to report, investigate and learn from significant events.

- Staff told us they would inform the practice manager of any incidents that required reporting. They knew where to locate relevant forms and policies.
- The practice carried out a thorough analysis of the significant events, which were revisited regularly to ensure that required action had been taken and any recurrent themes identified.
- There was a clear information cascade which detailed how significant events would be shared and at which practice meeting. Staff that we spoke with were aware of significant events that had occurred and knew where to find information pertaining to these.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that procedures were tightened and additional safeguards put in place when a medication error was reported.

When there were unintended or unexpected safety incidents, relevant patients were advised quickly and effectively and remedial action was promptly taken. Patients received an apology and given a full explanation when this was required.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies and contact numbers of local safeguarding authorities were accessible to all staff, and staff we spoke with knew and understood these. There was a lead member of staff for safeguarding. The GPs provided reports where

necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Medicine Management

- The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We checked medicines stored in the treatment rooms and medicine refrigerators. We found those medicines in the treatment rooms were stored securely and were only accessible to authorised staff. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.
- Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with

Are services safe?

waste regulations. However, medicines not in the treatment rooms were not all stored securely and we were not assured that they were only accessible to members of staff.

- People were offered a choice of ways to request repeat prescriptions. Staff said if there were concerns they would be raised with the GP before the repeat prescription was issued. Staff were aware prescriptions should be signed before being dispensed. In some circumstances prescriptions were not signed before they were dispensed and given to the patient but staff were able to demonstrate that a process was followed to minimise risk.
- Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- There was a system in place for the management of high risk medicines such as methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. Access was restricted, the keys held securely and there were arrangements in place for the destruction of controlled drugs. However the cabinets used were not compliant with storage requirements for controlled drugs, some entries in the register were in pencil rather than ink and there was no register to record the controlled drugs in the GP's bag.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines which were being updated following a recent external review of the dispensary. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Dispensary staff recorded errors in the supply of medicines to patients and 'near miss' errors which were reviewed at practice meetings. Appropriate actions were

taken to minimise the chance of similar errors occurring again for example we saw that opened packs of medicines were clearly marked to prevent them being issued as full packs.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice manager conducted a weekly capacity and demand audit to assess the staffing levels required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- A member of staff gave an example of how they had effectively responded to an emergency situation. This was recorded as a significant event and systems were improved as a result.
- 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. There was also a first aid kit and accident book available. Staff knew where to locate these.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and fit for use.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency

contact numbers for staff as well a communication cascade. This informed each member of staff who they needed to communicate information to in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 results published in 2013/14 showed that the practice obtained 96.5% of the total number of points available, with 6.6% exception reporting. The exception reporting was 1.3% below the England average. Exception reporting is the means whereby certain patients are not included in the calculation of a practice's achievement so that the practice is not penalised for certain circumstances beyond their control.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 76.59% compared to the national average of 77.72%
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. For example, the percentage of

patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 86.48% compared to the national average of 83.11%.

- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% compared to a national average of 86.04%.
- Performance for dementia related indicators was better than the national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% compared with the national average of 83.82%.

Clinical audits demonstrated quality improvement.

- There had been 13 clinical audits completed in the last two years. Where audits identified preventable risks to patients, action was taken to mitigate these.
- Findings were used by the practice to improve services. For example, the practice conducted an audit of patients attending for a check-up six weeks after having an IUD coil fitted. (This is an Intrauterine Device that acts as a contraceptive). The audit identified that not all patients were attending their six week check-up and as a result, practices were changed so that the clinician booked the patient in for their six week check during the initial appointment.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, reception staff received customer care training, nursing staff received training administering vaccinations and taking samples for cervical smears and the Health Care Assistant had received training in carrying out foot assessments for patients with diabetes.

Are services effective?

(for example, treatment is effective)

- 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 these learning needs and to cover the scope of their work. This included ongoing support from their department leads, appraisals, coaching and mentoring and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. All referrals were discussed with another clinician, and a brief note of this fact made on the practice's patient record. Referrals were also discussed at clinical meetings.

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

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.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were then signposted to the relevant service.
- The practice held a variety of drop-in clinics on a Saturday morning which offered support and promoted healthy lifestyles. This included weight management, diabetes and support for patients with dementia and their carers.
- The practice's take up for the cervical screening programme was 89.2%, which was better than national average of 81.27%.
- The practice identified patients at risk of developing diabetes and offered glucose tolerance screening and management as a means of preventing the onset of the disease.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73.8% to 98.5% and five year olds from 91.9% to 97.3%. Flu vaccination rates for the over 65s were 73.44% compared to a national average of 73.24%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and management of long term conditions such as diabetes, asthma, Chronic obstructive pulmonary disease (COPD) and hypertension. Patients were monitored and their conditions were reviewed regularly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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. There was a television in the waiting room that had recently been acquired to ensure that confidential conversations could not be overheard.
- The reception was positioned away from the waiting room, facing in the opposing direction.

This meant that discussions at the reception desk could take place more discretely.

Eight out of the 10 patient CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were respectful and polite.

We spoke with four members of the Patient Participation Group (PPG). The Patient Participation Group comprises a number of patients from the practice who met to discuss issues of concern and improvements to be made. They told us that patients were pleased with the care provided at the practice and that the reception staff were always helpful.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 91.2% said the GP was good at listening to them compared to the CCG average of 87.2% and national average of 88.6%.
- 86% said the GP gave them enough time compared to the CCG average of 83.1% and national average of 86.6%.
- 97.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.7% and national average of 95.2%.

- 84.9% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81.8% and national average of 85.1%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88.4% and national average of 90.4%.
- 88.1% said they found the receptionists at the practice helpful compared to the CCG average of 85.2% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

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

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

- 85.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 80.4% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77.4% and national average of 81.4%.

Staff told us that translation services were available for patients who did not have English as a first language. As the practice had not had any patients that required this service, the practice manager periodically ensured that the telephone number for the translation services was still valid in the event that this was required.

Patient and carer support to cope emotionally with care and treatment

The practice had more patients with a caring responsibility than the England average and was committed and proactive in identifying and supporting carers. The computer system alerted GPs if a patient was also a carer, and invited identified carers to a monthly carers' support group. This was held on a Saturday morning at the practice,

Are services caring?

and there were notices in the waiting room and on the practice's website inviting carers to attend. The practice manager was looking at additional ways to support carers, including developing a 'buddy' system.

Notices in the patient waiting room told patients how to access a number of support groups and organisations in the locality.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone. Reception staff were advised of patients that had been bereaved and demonstrated how they dealt with these situations with sensitivity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice demonstrated a clear knowledge and understanding of its population. It reviewed the needs of its local population and engaged with other practices within the Clinical Commissioning Group (CCG) which sought to secure improvements to services.

The practice was an active part of the local community which further advanced their understanding of the practice demographic. They contributed to the parish magazine and shared information and learning with other practices within the locality.

- The practice was accessible to patients who used a wheelchair. There were no steps or ramps inside or outside the building. The doors to the treatment rooms and practice itself were all wheelchair accessible.
- There was accessible parking with clear access to the front door.
- There were longer appointments and home visits available on request. Same day appointments were available for children and those with more serious medical conditions.
- There was a hearing loop and translation services were available.

Access to the service

The practice was open between 8:30am and 6:30pm every weekday. Morning appointments were from 9am to 12:30pm Monday to Thursday, with appointments being offered from 8:30am on a Friday. Afternoon surgery times were from 3pm until 5:50pm. The practice opened on a Saturday morning in order to improve patient access, but this service was soon to be replaced by an arrangement, whereby the practice will work with other surgeries in the locality to provide GP appointments over the weekends. The practice also held a variety of drop-in clinics on a Saturday morning which had included support for patients with dementia and their carers, weight management and diabetes.

The practice offered home visits for the flu, pneumonia and shingles vaccinations to patients in their homes if they were unable to access the surgery.

Results from the national GP patient survey published in July 2015 showed that patient satisfaction with how they could access care and treatment was better than local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 78.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 68.3% and national average of 74.9%.
- 85% patients said they could get through easily to the surgery by phone compared to the CCG average of 63.4% and national average of 73.3%.
- 75.2% patients described their experience of making an appointment as good compared to the CCG average of 67.5% and national average of 73.3%.
- 68.4% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 58.2% and national average of 64.8%.

Listening and learning from concerns and complaints

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

- Patients that we spoke with knew how to make a complaint. Information on how to make a complaint was available in the reception area or online.
- We looked at seven complaints received in the last 12 months. These were consistently recorded, investigated and responded to in a timely manner. Where appropriate, these were recorded as a significant event.
- Changes were implemented when the investigation of the complaint identified actions needed. Complaints were monitored to identify any trends or themes.
- Staff and patients were advised of ongoing complaints in the monthly practice newsletter. Staff were also informed of complaints via their Heads of Department or at team 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 clear vision to deliver high quality care and promote good outcomes for patients.

The practice was in the process of developing their vision statement following a period of change. They had discussed the vision statement at a practice away day and were in the process of engaging with staff members and the Patient Participation Group to progress this further.

Governance arrangements

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

- a clear staffing structure and that staff were aware of their own roles and responsibilities;
- clear systems to cascade information to and from relevant teams and also between staff;
- practice specific policies were implemented and were available to all staff;
- a comprehensive understanding of the performance of the practice;
- a programme of continuous clinical and internal audit which is used to monitor quality and to make improvements;
- robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice. They demonstrated commitment to offering high quality care, with the assistance and direction of an organised, approachable practice manager and workforce. Safe, high quality and compassionate care was prioritised. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

There was an open and transparent culture at the practice. All meeting minutes, aside from business meeting minutes

were available and accessible to all staff, as were complaints and significant events. Patients and staff were advised of compliments and complaints at the surgery as this was detailed in the monthly newsletter, one written for patients and another written for staff members. This also advised of changes to the practice.

When there were unexpected safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology. Outcomes and learning were shared with staff in order to improve practices.

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

- There were regular clinical meetings, business meetings, heads of department meetings and full practice meetings. There were robust systems in place to ensure that relevant information was cascaded to staff at the appropriate level. Significant event and complaint records were updated to reflect when information had been cascaded.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at meetings and confident in doing so and felt supported if they did. We also noted that team away days were held periodically.
- Staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. It involved patients by way of the monthly newsletter and also by its contribution to the parish magazine.
- There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for

Are services well-led?

Good 

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

improvements to the practice management team. For example, the PPG had been actively involved in raising funds and installing a defibrillator, involving the local parish council. The defibrillator had been positioned securely outside of the GP practice so that this could be used by the whole community.

- The practice had also involved staff through a monthly staff newsletter, yearly appraisal, practice meetings and a recent away day. All staff received a yearly appraisal. Staff told us they felt involved and engaged in improving how the practice was run.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The provider did not have suitable arrangements in place for the safe storage of medicines including controlled drugs.
Maternity and midwifery services	The provider did not have suitable arrangements in place for recording of controlled drugs.
Surgical procedures	Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

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.