Grove Medical Centre

Quality Report

The Grove
Church Road
Egham,
Surrey
TW20 9QJ
Tel: 01784 433159
Website: www.thegrovemedicalcentre.co.uk

Date of inspection visit: 10 May 2016
Date of publication: 03/08/2016

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?	Requires improvement
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 comprehensive inspection at Grove Medical Centre on 10 May 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety however, systems in place for reporting and recording significant events required improvement.
- Risks to patients were assessed and managed although there were some shortfalls in relation to staff who acted as chaperones. These staff had not been Disclosure and Barring Service (DBS) checked. Also the method of prescription form tracking required improvement.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There were some gaps identified in staff training, particularly for fire safety, information governance and Mental Capacity Act (2005) training.
- Patients said they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment.
- 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 practice had a number of policies and procedures to govern activity, but some were overdue a review.
- Urgent appointments were usually available on the day they were requested, but some patients said that it was difficult to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider must make improvements are:

Summary of findings

- The provider must review their significant event analysis procedure to ensure that the documentation of these issues are complete.
- The provider must maintain and ensure a recording system to track prescription forms is embedded within the practice.
- To ensure staff whose role means they have unsupervised contact with patients are appropriately checked via the Disclosure and Barring service or that a risk assessment is in place detailing how this has been considered to ensure patient safety..
- To ensure all recruitment checks are completed prior to employment and that records of these checks are maintained.
- To ensure all staff receive appropriate training commensurate to their role.

In addition the provider should:

- Actively identify patients that have caring responsibilities within the patient list.
- Review the complaints process to ensure all patients are given the information on how they can escalate their complaint if they remain dissatisfied and furthermore the practice should ensure verbal complaints are recorded.
- Review and update their business continuity plan.
- Review their induction process to ensure all elements are appropriate for each staff role and that these are recorded.
- Review access to appointments in line with patient feedback regarding this aspect.
- Ensure that all safety assessments are undertaken and reviewed as required.

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 providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, not all staff were aware of the significant event reporting forms nor the location of the whistleblowing procedure. The practice did not have a significant event policy in place and not all events had been recorded on the events log.
- Processes to keep patients safe were not up to date. For example, a fire safety assessment undertaken in 2006, had not been reviewed recently though evidence was seen that this was planned for 16 May 2016.
- Procedures for dealing with medical emergencies were robust. Emergency medicines were stored in a central location.
- The practice was clean and tidy.
- Not all staff that acted as chaperones had undergone chaperone training or had a Disclosure and Barring Service DBS check in place. 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 did not have in place an effective system for tracking prescription forms once they had been logged into the practice following delivery. Evidence was seen by us that the practice had rectified this at the end of the inspection day.
- Recruitment checks did not always ensure that evidence was held on file for proof of identity and not all staff who required a DBS check had one in place.
- When there were unintended or unexpected safety incidents, patients received reasonable support, accurate information, a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Lessons were shared to make sure action was taken to improve safety in the practice.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had received some training appropriate to their roles, however, further training needs were identified, including information governance, Mental Capacity Act (2005) training and fire safety. No staff training matrix, or plan, was available to identify training needs.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published January 2016 showed patients rated the practice lower than others for some aspects of care. For example, 81% of patients say the last GP they saw or spoke to was good at giving them enough time compared to the local CCG average of 85% and a national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We observed a patient-centred culture.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example there were less emergency appointments, though more pre-bookable appointments, available in the summer months as it had been identified there was less demand for this during this time.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly,

Summary of findings

although urgent appointments were usually available the same day. The national GP patient survey identified that 15% of respondents stated that they always or almost always see or speak to the GP they prefer compared to the local CCG average of 32% and a national average of 36%.

- The practice had good facilities and was well equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand if they requested this. No complaint information was displayed within the waiting room area but information was available on the practice website. Response to complaints did not always contain the information needed should the patient remain dissatisfied.
- The practice offered two urgent appointment lists. One in the morning from 10am until 12pm and another in the afternoon from 5.30pm.
- The practice undertook telephone consultations from 2pm for patients who may not be able to, or did not need to, visit the practice.
- The practice facilitated a fortnightly diabetic clinic attended by a specialist diabetic nurse to assist in managing patients with complex needs.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a vision and a strategy but not all staff were aware of this and of their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice did not have a specific policy for significant events and some staff were unaware of the significant event reporting form.
- 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 practice had a business continuity plan which at the time of inspection had not been reviewed since 2007, however, a revised plan was forwarded to the inspection team following the inspection.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels, although action was required on significant event recording to ensure that any lessons could be learnt from by all relevant parties.

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 provider was rated as requires improvement for safe, effective and well led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered longer appointments for patients with complex conditions.
- Patients with an agreed care plan who may be at risk of hospital admission have these shared on a computer system that can be accessed by the ambulance service and the out of hours provider.
- The practice has worked with local pharmacists to ensure that any electronic prescription requests are delivered directly to the patient if they have mobility issues.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe, effective and well led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A community nurse specialist in diabetes held a half day clinic each fortnight at the practice.
- One practice nurse and two GPs held the Warwick certificate of Diabetes care.
- The practice could undertake mini-spirometry for patients who may be at risk of COPD. Every GP had a mini spirometer.
- Monthly palliative care meetings were held which were attended by GPs, a palliative care nurse, practice nurse and district nurses.

Summary of findings

- Data from 2014/15 showed the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91% compared to the local CCG average of 89% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe, effective and well led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- There was regular liaison with the health visitor, who attended the monthly practice primary health care team meeting, to review those children who were considered to be at risk of harm.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Data showed that the percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 94% compared to the local CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors
- GPs undertake the six week check on new babies and also undertake this check on all babies registered at another local practice where facilities for these checks were not available.
- Appointments were available each weekday from 5.30pm which were particularly useful for school students who may have had problems that arose throughout the day.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safe, effective and well led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available each day from 2pm for people who may not be able to visit the practice.
- Appointments to see a GP or nurse were available each Saturday morning from 8am to 11am.
- Electronic prescriptions and direct email access to GPs were available for patients.
- Patients could access test results online and GP messages where relevant.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safe, effective and well led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice was able to support carers in the form of a carer's allowance of £500 from the local authority. The Patient Participation Group (PPG) assists the practice in determining who the allowance can be given to following an application process.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safe, effective and well led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 96% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- Data from 2014/15 showed that 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 93% compared to the local CCG average of 91% and a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was generally performing in line with local and national averages. 297 survey forms were distributed and 117 were returned. This represented approximately 1% of the practice's patient list.

- 62% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received, however, three cards did also comment that it could be difficult to obtain an appointment. Some comments received mentioned being treated with respect, that the staff were very caring and all levels of staff were helpful.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring but did also mention the difficulty of obtaining an appointment. The friends and family test (FFT) results from March 2016 showed eight responses all of which showed that the person would be extremely likely, or likely, to recommend the practice to others.

Areas for improvement

Action the service MUST take to improve

- The provider must review their significant event analysis procedure to ensure that the documentation of these issues are complete.
- The provider must maintain and ensure a recording system to track prescription forms is embedded within the practice.
- To ensure staff whose role means they have unsupervised contact with patients are appropriately checked via the Disclosure and Barring service or that a risk assessment is in place detailing how this has been considered to ensure patient safety..
- To ensure all recruitment checks are completed prior to employment and that records of these checks are maintained.
- To ensure all staff receive appropriate training commensurate to their role.

Action the service SHOULD take to improve

- Actively identify patients that have caring responsibilities within the patient list.
- Review the complaints process to ensure all patients are given the information on how they can escalate their complaint if they remain dissatisfied and furthermore the practice should ensure verbal complaints are recorded.
- Review and update their business continuity plan.
- Review their induction process to ensure all elements are appropriate for each staff role and that these are recorded.
- Review access to appointments in line with patient feedback regarding this aspect.
- Ensure that all safety assessments are undertaken and reviewed as required.

Grove Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Grove Medical Centre

Grove Medical Centre is located in a residential area of Egham and provides general medical services to approximately 13,978 patients.

There are three GP partners (two male and one female) and four female salaried GPs. The GPs are supported by two female practice nurses, two healthcare assistants, a team of receptionists, administrative staff and a practice manager.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged between 35 and 54 years of age when compared to the national average. The number of patients aged 60 to 79 is slightly lower than average. The number of registered patients suffering income deprivation (affecting both adults and children) is below the national average.

The practice is open Monday to Friday between 8am and 6.30pm. Extended hours appointments are offered every Saturday morning from 8am to 11am with appointments available to see either a GP or a nurse. Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website.

The practice runs a number of services for its patients including; chronic disease management, new patient checks, smoking cessation, phlebotomy, 24 hour blood pressure monitoring, travel vaccines and advice.

Services are provided from one location. Grove Medical Centre, The Grove, Church Road, Egham, Surrey, TW20 9QJ.

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS North West Surrey Clinical Commissioning Group. Out of hours care is is accessed by contacting NHS111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 May 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, a practice nurse, healthcare assistants, administrative staff and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

Please note 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and we were told there was an incident recording form available on the practice's computer system. However, not all staff were aware that the form existed or how to acces this form. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events recorded and evidence was seen that these were discussed and actions to reduce the possibility of these being repeated were taken. However, the practice did not have a specific significant event policy in place nor did the recording log contain details of all events that had happened.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a telephone consultation resulted in a prescription being issued for a different patient appropriate steps were taken to ensure checks were made by the GP to ensure the correct patient was receiving the appropriate medicines.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses and healthcare assistants were trained to levels two and three.
- A notice in the waiting room advised patients that chaperones were available if required. However, not all staff who acted as chaperones were trained for the role and had not undergone a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored, however, at the time of inspection there was no system in place to track the useage of these for audit and security purposes. Evidence was seen that the practice had rectified this situation during the inspection day as the practice had formatted a template that captured

details of the forms entering the practice and forms were then to be signed out by GPs. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, none of the recruitment files we checked contained proof of identification and not all staff had been undergone a check by the Disclosure and Barring Service which would have satisfied this criteria.

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. However, we found the practice had not reviewed the fire risk assessment which had been originally carried out in 2006. It was noted that this was to be undertaken the week following the inspection.Regular fire alarm tests were reported to have taken place by the practice manager but evidence of these were not recorded. All portable electrical equipment was checked in May 2016 to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella which we noted had been undertaken a week before inspection. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage but this had not been reviewed since 2007. A revised plan was sent following the inspection but this plan did not include emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, data showed that the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91% compared to the national average of 88%.
- Performance for mental health related indicators was better than the national average. For example data showed that 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 93% compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring patients received antibiotics in line with the CCG urinary tract infection pathway. The practice had increased their prescribing of medicines detailed within the pathway to treat urinary tract infections.

Effective staffing

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

- The practice did not have documentation outlining an induction programme for all newly appointed staff though an unrecorded process was in place.
- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff as the practice did not compile a training matrix but evidence was seen that there was some training that had been undertaken including safeguarding (for adults and children) and basic life support (BLS). Training gaps identified included fire training, information governance and Mental Capacity Act (2005) (MCA).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were discussed through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal within the last 12 months.

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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 94%, which was higher than the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to Clinical Comissioning Group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 96% and five year olds from 82% to 95%. This is comparable to the CCG averages of 74% to 88% and 76% to 91% respectively..

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One card, whilst still containing positive comments, did mention difficulty in obtaining appointments.

We received feedback from a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and believed that the practice acted positively on any feedback from the group. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%).
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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:

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

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

- Staff told us that no translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission. We were shown anonymised examples of care plans and noted these were detailed and personalised.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 135 patients as carers (approximately 1% of the practice list). The practice was able to facilitate a carers support grant being awarded of £500 to carers following an application process. These applications were discussed anonymously with the PPG before approval of the grant was made. The practice had access to 29 of these grants annually. Written information was available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was undertaking the six week new baby checks for local practice's that did not offer this service and had been doing so for four years.

- The practice offered extended hours appointments every Saturday morning between 8am and 11am. These appointments were available with both a GP or a nurse depending on the needs of the patient.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Telephone appointments were available each day from 2pm for patients that may not be able to travel to the practice or did not need to visit the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities within the practice and the practice could accommodate those patients with limited mobility or who used wheelchairs.
- Nurse led clinics were available to support patients suffering from chronic conditions.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12pm every morning and 2pm to 6.30pm daily. Extended hours appointments were offered every Saturday morning between 8am and 11pm and patients could choose to see either a GP or a nurse. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

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

- 66% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The duty GP triaged the requests for home visits by viewing the information recorded at the time of the request and allocated visits to other GPs as required to encourage continuity of care. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns though the practice did not record verbal complaints.

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

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency when dealing with the compliant. However, the final response letter from the practice sometimes omitted information

Good

Are services responsive to people's needs?

(for example, to feedback?)

that sign posted the complainant to the next stage of making a complaint should they remain dissatisfied with the practice's response. The practice did not log verbal complaints that were made.

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

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement though not all staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there were areas that required improving such as, systems for documenting significant events, systems for tracking prescription forms.

Leadership and culture

The partners at the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- The practice held and minuted a range of multidisciplinary meetings including meetings with palliative care nurses and the community mental health team. GPs met with health visitors monthly to monitor vulnerable families and discuss safeguarding concerns
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback from the PPG the practice redecorated the waiting room and consulting rooms, involved the PPG with changes to the appointments system and installed a bicycle rack for patients attending the practice by this method.
- The practice had also gathered feedback from staff through staff meetings and discussion. Staff told us they

Are services well-led?

Requires improvement

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

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had used the IBIS software programme to upload all patient care plans so these could be accessed by attending ambulance crews. The practice was involved in a local hub that delivered further care to patients who were frail and vulnerable.

The practice had also developed a partnership with the community gynaecology service based in the premises next door to the practice to undertake coil insertions for their patients that wanted these fitted.

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:** The practice could not demonstrate that they had a robust method for tracking prescription forms. The practice could not demonstrate a robust method of recording significant events. This was in breach of regulation 12(1)(2) 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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **How the regulation was not being met:** The practice could not demonstrate that all staff that had unsupervised contact with patients had been checked by the Disclosure and Barring Service or had a risk assessment in place. This was in breach of regulation 13 (1) 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 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** We found that the registered provider had not ensured all relevant training had been undertaken by practice staff.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 18 (2) 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:** The practice could not demonstrate that all recruitment checks had been undertaken prior to appointment. This was in breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014