

Dr S J T Williams & Partners

Quality Report

St Richards Road Surgery

Deal

Kent

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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?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr S J T Williams & Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr S J T Williams & Partners on 28 April 2016. 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 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they did not always find it easy to make an appointment with a named GP for routine care.
- Urgent appointments were available on the same day, but not always with the GP of choice.
- There were disabled facilities, a hearing loop for patients with a hearing impairment and braille signs for visually impaired patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice collaborated with three local GP practices (The Deal Collaboration) and used their over 75's funds to provide a paramedic practitioner to visit patients at home that were unable to attend the practice.
- The practice was a training practice for FY2 doctors (junior doctors).
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

Summary of findings

- The practice communicated with patients and staff in multiple ways including regular newsletters for both groups.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure that all staff are up to date with mandatory training courses.

The areas where the provider should make improvements

- Review how internal and external meetings are minuted to ensure findings are recorded and shared appropriately.
- Continue to identify patients who are also carers and build on the current carers register to help ensure that all patients on the practice list who are carers are offered relevant support if required.
- Review confidentiality in the waiting room.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

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

Requires improvement



- 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.
- There was range of audits in areas such as audiology, dermatology, record keeping for home visits, minor surgery and prescribing, which had resulted in service improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, records showed there were some gaps in mandatory training, for example, fire safety training had not been completed by all members of the team.
- 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?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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.
- There were facilities for wheelchair users, a hearing loop for patients with a hearing impairment and braille signs for visually impaired patients.
- There was access to an interpretation service for patients whose first language was not English.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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, the practice was in the process of recruiting a pharmacist to take part in the Pharmacist in General Practice Pilot.
- Patients said they did not always find it easy to make an appointment with a named GP for routine care.
- Urgent appointments were available on the same day, but not always with the GP of choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff, the patient participation group (PPG) and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice was a training practice for FY2 doctors (junior doctors).

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.

- 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 collaborated with three local GP practices (The Deal Collaboration) and used their over 75's funds to provide a paramedic practitioner to visit patients at home that were unable to attend the practice.

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.
- Performance for diabetes related indicators were similar to the national average. For example, 90% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 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.
- The practice had access to a health trainer to support patients.

Good



Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were similar to the national average.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 84%, which was similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- 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, health visitors and school nurses.

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 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.
- The practice offered extended hours on alternate Monday and Tuesday evenings from 6.30pm to 8pm and Saturday mornings from 8.30am to 12pm for working patients who could not attend during normal opening hours

Good



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 living in vulnerable circumstances including patients 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- The practice had recognised in 2012 it was below average for some areas of dementia care and made improvements. Subsequently performance for dementia related indicators had been consistently better than the national average for several years. For example, 89% of patients diagnosed with dementia had received a face-to-face review in the preceding 12 months (national average 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 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.

Good



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 performing in line with local and national averages. Two hundred and thirty nine survey forms were distributed and 111 were returned. This represented 1% of the practice's patient list.

- 83% of respondents found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of respondents described the overall experience of this GP practice as good compared to the national average of 85%.
- 82% of respondents 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 asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards all were positive about

the service provided at the practice. Patients commented very positively about the clinical expertise of the GPs and nurses, but also appreciated the friendly, efficient and compassionate support shown by all members of the team. Two comment cards also contained negative comments; both were about having to wait for an appointment. Conversely another patient commented positively about accessing appointments.

We spoke with six patients, including three members of the patient participation group (PPG). Most of the patients we spoke talked positively about the personalised and responsive care provided by the practice. Patients told us they appreciated the facilities, however, several patients said there was sometimes a long wait for routine appointments with a preferred GP. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected. We spoke with members of the PPG who told us they were supported by the practice and when they raised issues or suggested changes they were listened to and when appropriate, action was taken.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all staff are up to date with mandatory training courses.

Action the service **SHOULD** take to improve

- Review how internal and external meetings are minuted to ensure findings are recorded and shared appropriately.

- Continue to identify patients who are also carers and build on the current carers register to help ensure that all patients on the practice list who are carers are offered relevant support if required.
- Review confidentiality in the waiting room.

Dr S J T Williams & Partners

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. We visited the main site at St Richard's Road Surgery, Deal, Kent, CT14 9LF and the branch site at 22 Golf Road, Deal, CT14 6PY.

Background to Dr S J T Williams & Partners

Dr S J T Williams & Partners (also known as St Richards Road Surgery and Golf Road Surgery). Delivers services from two purpose built premises in Deal, Kent. There are approximately 9,600 hundred patients on the practice list. The practice has more patients aged over 64 years and fewer patients aged 44 and under than national averages. The practice has more patients with long-term conditions registered on their list than local or national averages (practice 64%, local 60%, national 54%).

The practice holds a General Medical Service contract and consists of five GP partners (three male and two female). There are four practice nurses (female) and four healthcare assistants (female). The GPs, nurses and healthcare assistants are supported by a practice manager and a team of administration and reception staff. A wide range of services and clinics are offered by the practice including: asthma, diabetes, dermatology, audiology, wound care and family planning. The practice had recognised there a higher than average prevalence of patients with long-term conditions and had provided access to a health trainer.

The practice is open from 8am to 6.30pm. Morning appointments are from 8.10am to 11.50am and afternoon appointments are from 2.30pm to 5.30pm. Extended hours are available from 6.30pm to 8pm alternate Mondays and Tuesdays and from 8.30am to 12pm Saturday mornings.

The practice is collaborating with three local GP practices (The Deal Collaboration) and used their over 75's funds to provide a paramedic practitioner to visit patients at home that were unable to attend the practice.

An out of hour's service is provided by Integrated Care 24, outside of the practices opening hours and there is information available to patients on how to access this at the practice, in the practice information leaflet and on the website.

Services are delivered from the main site at:

St Richard's Road Surgery, Deal, Kent, CT14 9LF.

And branch site at:

22 Golf Road, Deal, Kent, CT14 6PY.

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.

Detailed findings

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 28 April 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, health care assistants, the practice manager, receptionists and administrators and patients who used the service.
- Observed how reception staff talked with patients, 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.

Are services safe?

Our findings

Safe track record and learning

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

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

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, new protocols were adopted after a member of staff sustained a needle stick injury.

Overview of safety systems and processes

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

- Arrangements 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 and the nurse practitioner were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Chaperone duties were undertaken by nurses and health care assistants who had received training and Disclosure and Barring Service (DBS) checks (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 and staff we spoke with told us they had received training. However, records showed that one member of the nursing team had not completed infection prevention training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The nursing team told us they undertook daily and weekly infection prevention activities. However, the cleaning logs did not include all equipment for example spirometers (an instrument used to measure lung function). We received a copy of updated cleaning logs within the required 48hrs following our visit which contained all clinical equipment.
- 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). There were processes 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 and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. The GPs provided mentorship and support for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction from a prescriber.

Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had arrangements for planning and monitoring the number 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 was

on duty. The practice had contingency protocols to cover staff groups across both sites. For example, there was a 'reception cover and contingency plan' protocol that informed reception staff they may need to provide cover at either location and across roles if required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers and panic buttons 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. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems 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 and audits.

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 96% of the total number of points available, with 9.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 01/04/2016 to 31/03/2016 showed;

- Performance for diabetes related indicators were similar to the national average. For example, 90% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 88%).
- The practice had recognised in 2012 it was below average for some areas of dementia care and made improvements. Subsequently performance for dementia related indicators had been consistently better than the national average for several years. For example, 89 % of patients diagnosed with dementia had received a face-to-face review in the preceding 12 months (national average 88%).

There was evidence of quality improvement including clinical audit.

- There was range of audits in areas such as audiology, dermatology, record keeping for home visits, minor surgery and prescribing.

- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. For example, the practice produced a new patient leaflet after the first stage of an audiology service audit. Findings were shared with staff members and the patient participation group (PPG) and the second stage of the audit was planned for April 2017.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke with members of staff who had recently joined the practice and they told us they had found the induction process both useful and supportive.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Members of the nursing team had lead roles which was underpinned with extra training in areas such as asthma, diabetes and wound care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules

Are services effective?

(for example, treatment is effective)

and in-house training. However, records showed there were some gaps in mandatory training, for example, fire safety training had not been completed by all members of the team.

Coordinating patient care and information sharing

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

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

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. However, these meetings were not always formally minuted.

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.

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.
- An audiology service was available on the premises and smoking cessation advice was available from a local support group. The practice had access to health trainers to support patients.

The practice's uptake for the cervical screening programme was 84%, which was similar to the national average of 82%. There was a policy to telephone patients who failed to attend their cervical screening test to remind them of the test. A female sample taker was available. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. For example, 60% of patients aged between 60 – 69 years had been screened for bowel cancer, which was above the CCG average of 57% and the national average of 55% and 81% of females aged 50 – 70 years had been screened for breast cancer, which was above the CCG average of 76% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were similar to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 99% (national average 82% to 94%) and five year olds from 89% to 99% (national average 80% to 96%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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.
- Staff had access to a private area if patients wished to discuss sensitive issues or appeared distressed. Telephone calls into the practice were managed in an area away from reception to improve patient confidentiality. However, the reception desk was open and conversations between the receptionists and patients coming into the practice could be overheard in the waiting room. No action had been taken to ameliorate this.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards all were positive about the service provided at the practice. Patients commented very positively about the clinical expertise of the GPs and nurses, but also appreciated the friendly, efficient and compassionate support shown by all members of the team. Two comment cards also contained negative comments; both were about having to wait for routine appointments. Conversely, another patient commented positively about accessing appointments.

We spoke with six patients, including three members of the patient participation group (PPG). Most of the patients we spoke talked positively about the personalised and responsive care provided by the practice. Patients told us they appreciated the facilities, however, several patients said there was sometimes a long wait for routine appointments. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected.

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

- 89% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 86 of respondents 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 which was the same as the CCG and national average.
- 81 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%.
- 95% 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%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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:

- 86% 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%.
- 84% 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%.

Are services caring?

- 93% 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:

- There was access to an interpretation service for patients whose first language was not English.
- Information leaflets were available in easy read format.

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 recorded in the notes if a patient was also a carer, but did not have an alert on the system to inform all members of staff. The practice had identified 95 patients as carers (0.9% of the practice list). There were posters for carers in the waiting room and 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 was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on alternate Monday and Tuesday evenings from 6.30pm to 8pm and Saturday mornings from 8.30am to 12pm for working patients who could not attend during normal opening hours.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop for patients with a hearing impairment and braille signs for visually impaired patients.

Access to the service

The practice was open from 8am to 6.30pm. Morning appointments are from 8.10am to 11.50am and afternoon appointments are from 2.30pm to 5.30pm. Extended hours were available from 6.30pm to 8pm alternate Mondays and Tuesdays and from 8.30am to 12pm Saturday mornings.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The nurse practitioner provided a triaging system and telephone appointments throughout the day.

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

- 78% of patients were satisfied with the practice's opening hours which were the same as the national average.

- 83% of patients said they could get through easily to the practice by phone which was better than the national average of 73%.

Patients told us on the day of the inspection that they were able to get urgent appointments when they needed them, but that there could be a wait for routine appointments with a female GP.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance for GPs in England.
- The practice manager and assistant practice manager were responsible for managing complaints in the practice.
- We saw that information was available to help patients understand the complaints system; there was a complaints policy which included timescales by which a complainant could expect to receive a reply. Information was available to help patients understand the complaints system in the form of leaflets, notices and material on the practice's website.

The practice wanted to learn from patients' feedback and recorded complaints from all available avenues and included verbal and email complaints as well as written complaints in their analysis. There had been 50 complaints received in the last 12 months in areas such as communication, premises and clinical. Lessons were learnt from complaints and action was taken as a result to improve the quality of care. For example, when a patient complained because they were not called for their appointment, it was found the patient had not booked in at reception. The practice adopted new protocols for staff to check the reception before assuming the patient had failed to attend.

The practice also kept a 'compliments folder' so that positive comments could be learnt from and shared. In the last three months the practice had received 10 'thank you' letters and had recorded many more over the last few years.

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 had a mission statement which was shared in the staff newsletter letter. Staff we spoke with 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 and the practice made changes when needed for example in dementia care.
- The practice had begun a programme of continuous clinical and internal audit but was only able to demonstrate one completed cycle during our inspection. However, positive changes had arisen from some of the first stage audits undertaken and the practice had plans to repeat these in order to maintain improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go

wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice had regular staff team building events throughout the year.
- There was a staff newsletter to keep staff informed about any changes in the practice and to celebrate areas of achievement both for the practice and staff. The social secretary also used the newsletter to share upcoming social events at the practice so staff who wished to could participate. All members of staff were invited to share news or information in the newsletter.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff we spoke with told us they 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, complaints received and service reviews. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG asked for road signage to signpost new patients and

Are services well-led?

Good 

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

visitors to the practice as they had received reports that it was hard to find. We saw this had been completed the practice. The practice had also positively responded to a request by the PPG to print the patient newsletter on yellow paper to make it easier to read.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the

area. For example, the practice was in the process of recruiting a pharmacist to take part in the pharmacist in general practice pilot. There was an awareness of local demographics and the higher than average elderly population and the practice had collaborated with three other local GP practices (The Deal Collaboration) to provide a paramedic practitioner to visit patients at home that were unable to attend the practice.

There was a focus on continuous learning and improvement at all levels within the practice, clinical and non-clinical. The practice was a training practice for FY2 doctors (junior doctors).

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>Training, learning and development needs of individual staff members must be carried out at the start of employment and reviewed at appropriate intervals during the course of employment. Staff must be supported to undertake training, learning and development to enable them to fulfil the requirements of their role.</p> <p>In that:</p> <ul style="list-style-type: none">• Not all staff had completed mandatory training in areas such as infection prevention control and fire safety awareness. <p>This was in breach of Regulation 18(1)(2)(a).</p>