

Sibford Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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 Sibford Surgery	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	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Sibford Surgery on 4 May 2016. Overall the practice is rated as good. However, improvements are required in providing safe services.

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

- There was a system in place for reporting and recording significant events.
- Risks to patients were not always appropriately assessed and well managed. Specifically risks related to infection control and management of medicines
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff were trained in order 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Improve medicines management frameworks within the practice to ensure they follow national guidance. Specifically; review the checking process for medicine fridges, ensure dispensed medicines are always being

Summary of findings

checked appropriately, review the process used for patient specific directions (PSDs) and that dispensing follows standard operating procedures that are fit for purpose and specific to the Sibford Surgery dispensary.

- Ensure infection control guidance is followed and that audits identify any areas which require action.
- Ensure fire risks are identified effectively and managed.

The areas the provide should make improvements are:

- Formalise and document the completion of clinical audit to ensure improvements in care resulting from audit are embedded.
- Review policies to ensure they are up to date and standardised
- Review the means of identifying carers to ensure they are provided with any additional support requirements.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Risks related to medicines management, dispensing medicines and infection control were not always identified and managed appropriately.
- Fire risk assessment checks were not followed up with an action plan.
- The practice had a system in place for reporting, recording and monitoring 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.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Risks to patients were assessed and well managed
- Emergency medicines and equipment were stored appropriately and within expiry dates.
- The practice was clean and well maintained.
- Equipment was checked and calibrated.
- There were health and safety policies in place.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Exception reporting was low.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although re-audit was not always taking place to assure systemic improvements had been made.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

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

Good



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 to secure improvements to services where these were identified.
- Patient surveys were used to identify improvements. For example, ensuring that online services worked properly.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

- The practice had a clear vision and 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, this did not always identify risks to patients and others.
- Some policies were not monitored to ensure they were up to date and consistent.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

Good



Summary of findings

- 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 and involved by the partners and manager.

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

Good



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 premises were accessible for patients with limited mobility and poor hearing.
- All Appointments were available on the ground floor.
- Patients over 75 had a named GP.
- Eligible patients had access to their medicines for any health conditions via the dispensary

People with long term conditions

Good



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.
- The most recent published results were 98% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%.
- The practice has a rate of 5% exception reporting compared to the national average of 9% and regional average of 8%. Performance for diabetes related indicators was 88% compared to the national average of 89% and regional average of 93%. Diabetes exception reporting was 7% compared to the CCG average of 12%.
- 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.
- Patients had access to their medicines for any health conditions via the dispensary.

Summary of findings

Families, children and young people

Good



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

- 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 high for all standard childhood immunisations.
- 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.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Joint working with external organisations took place in the management of children at risk of abuse.

Working age people (including those recently retired and students)

Good



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.
- Patients' feedback on the appointment system was very positive overall.
- 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.
- Travel vaccinations were available.
- Extended hours were available on Thursday evenings until 8pm, which was valuable to patients who commuted.

People whose circumstances may make them vulnerable

Good



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 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.

Summary of findings

- 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.
- Joint working with external organisations took place in the management of patients at risk of abuse or harm, although the practice rarely attended these meetings.

People experiencing poor mental health (including people with dementia)

Good



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

- Performance for mental health related indicators was 100% compared to the national average 92% and regional average of 95%.
- There were 14 patients on the mental health conditions register and 10 had a care plan in place. Twelve patients had a physical health check.
- 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 advanced 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.

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 better than local and national averages. 226 survey forms were distributed and 114 were returned. This represented 6.8% of the practice's patient list.

- 99% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 88% usually got to see or speak to their preferred GP compared to the CCG average of 67% and national average of 59%.
- 99% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 88%.

- 99% 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% and CCG average of 84%.

We received 41 comment cards from patients during the inspection. The comments were overwhelmingly positive about the service patients received.

The practice undertook the friends and family test but had received no responses in the last three months. The practice's 2015/16 survey showed high levels of satisfaction with 99% of patients reporting being highly satisfied with services.

Areas for improvement

Action the service **MUST** take to improve

- Improve medicines management frameworks within the practice to ensure they follow national guidance. Specifically; review the checking process for medicine fridges, ensure dispensed medicines are always being checked appropriately, review the process used for patient specific directions (PSDs) and .
- Ensure infection control guidance is followed and that audits identify any areas which require action.
- Ensure fire risks are identified effectively and managed.

Action the service **SHOULD** take to improve

- Formalise and document the completion of clinical audit to ensure improvements in care resulting from audit are embedded.
- Review policies to ensure they are up to date and standardised
- Review the means of identifying carers to ensure they are provided with any additional support requirements.

Sibford Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Sibford Surgery

We undertook an inspection of this practice on 4 May 2016. The practice provides services from New Surgery, Burdrop, Banbury, Oxfordshire OX15 5RQ. The premises are purpose built and there is onsite disabled parking. Premises are accessible for patients on the ground floor. The practice serves patients from the local village and surrounding rural area. This includes dispensing medicines to patients eligible to receive their prescriptions directly from the practice's dispensary.

- There are two GP partners at the practice, one female and one male. There is one practice nurse and a healthcare assistant. A number of administrative staff and a practice manager support the clinical team.
- There were 1.7 whole time equivalent (WTE) GPs and .75 WTE nurses.
- The practice phone lines are open between 8am and 6.30pm Monday to Friday and appointments were available from 8.10am to 6pm. There are extended hours appointments until 8pm Thursday.
- Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.

The practice serves 2700 patients. There is minimum deprivation among the local population. There are a lower number of patients between 20 to 45 compared to the national average but a higher number of patients over between 45 and 70 years old. The patient list was predominately white British in origin with very minimal representation from ethnic minority backgrounds.

The practice had not been inspected by CQC previously.

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 4 May 2016. During our visit we:

- Spoke with a range of staff, including two GPs, two members of the nursing team and support staff.
- 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.

Detailed findings

- 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

The practice had a system in place for reporting, recording and monitoring 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 some of the time

- Staff told us that they would inform the practice manager of any significant events and complaints. We saw that there was a standard form for recording events.
- Complaints, incidents and concerns about care or treatment were recorded as significant events.
- When a significant event had been investigated the findings would be fed back to the staff in clinical team meetings (GPs and Nursing staff) or individually to staff.
- We saw that significant events and complaints were reviewed annually and analysis of the events (including learning) was undertaken at this review. For example, we saw a significant event where a test result was not received by the practice and no one had followed this up. The process for following up test results was discussed with staff to ensure a GP was alerted if this happened
- There was an overall review of complaints to identify trends and ensure that any learning identified was embedded in practice.

Overview of safety systems and processes

- 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. There were hard copies of policies which 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 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. GPs attended multidisciplinary team meetings to discuss vulnerable patients and also provided information to case conferences where required.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed that the practice was clean and tidy. However not all infection control guidance was followed. The last audit on infection control did not identify that fabric (non-disposable) towels were being used in consultation rooms. There was no sharps injury (needle stick) protocol in the staff handbook. Although informal checks of cleanliness were undertaken there was no recording mechanism to ensure that all areas were checked regularly. Canvass chairs were located in the treatment and consultation rooms, but there was appropriate cleaning plan in place. The audit was not identifying all risks regarding infection control and this posed a risk to patients. 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.
- Medicines were managed safely. Blank prescription forms and pads were securely stored. There were systems in place to monitor their use. We saw that medicines stored onsite were within expiry dates and stored properly. Fridges used to store medicines were monitored and temperature checks recorded. However, there was no monitoring of both high and low temperatures, only the current temperature when checks took place. There was a risk that temperatures out of the required range may not be identified.
- The practice dispensed to 85% of its patients. We observed the process for dispensing repeat prescriptions and spoke with dispensary staff. All repeat prescriptions were approved and handled appropriately. Dispensary staff were able to provide evidence of appropriate training and qualifications. We saw that dispensary staff used a computerised system for stocking and dispensing medicines. A barcode system was used to track the prescription and it was checked by a member of the dispensary. However, if a prescription was altered manually there was no system

Are services safe?

for double checking taking place by another member of staff. There was a risk that a mistake may not be identified with single checks. Where any errors were identified these were recorded and investigated to identify causes and reduce the risk of recurrence. There were standard operating procedures (SOPs) in place for the dispensary, but there were various versions in the relevant file used by staff and it was not clear which one was being followed.

- 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.
- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, some were out of date due to a delay in submission of updated PGDs from the CCG and no temporary measures had been put in place, such as patient specific directions (PSD). The practice rectified this the day after inspection. Health Care Assistants were trained to administer vaccines against patient specific directions from a prescriber. However, the system described by a partner for PSDs did not include a check of patient's records per administration of a vaccine. A list was drawn up from patients listed as eligible on the record system and this was signed by a GP. This meant the authorisation for the vaccine may be out of date by the time it was administered. The practice reviewed this system immediately after the inspection.
- We reviewed four 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

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There were health and safety related policies available. Staff had received relevant in health and safety. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Staff at the practice had received fire training but no evidence of fire drills was seen. Fire equipment had been tested and maintained. The practice provided us with a completed fire risk assessment. However, the fire risk assessment had identified that a lack of drills was a risk in 2015 and when reviewed in 2016. However, no action was identified to remedy this risk. The partners confirmed there had been a visit from a member of the fire and rescue service but no documented assessment from this visit was available.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. The planning for medical emergencies was risk assessed:

- The practice had an automated external defibrillator and clinical staff received training in how to use this.
- There were appropriate emergency medicines onsite and these were available to staff. All staff had received basic life support training.
- The practice had a 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 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 compared to the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice has a rate of 5% exception reporting compared to the national average of 9% and regional average of 8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This indicated the practice was performing well in terms of national data.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 showed:

- Performance for diabetes related indicators was 88% compared to the national average of 89% and regional average of 93%. Staff who led on diabetes management told us care planning was person centred and aimed at their specific needs. Diabetes exception reporting was 7% compared to the CCG average of 12%.

- Performance for mental health related indicators was 100% compared to the national average 92% and regional average of 95%. There were 14 patients on the mental health conditions register and 10 had a care plan in place. Twelve patients had a physical health check.

There was evidence of clinical audit:

- The practice participated in local audits, identified their own audits and national benchmarking. .
- Findings were used by the practice to improve services. Outcomes were discussed in team meetings. Where improvements were identified in the audits we saw actions were noted for GPs and nurses to make improvements. For example, an audit into the use of a specific pain relief medicine led to a review of all patients who had been prescribed it and learning regarding the appropriate use of the medicine was noted.
- There was limited checking that these improvements had been made via a re-audit. Some issues were not identified via audit which may indicate improvements. For example, there was no overall monitoring of repeat prescriptions to identify whether patients had up to date medicine reviews. GPs explained this was done manually, so that when a repeat prescription was received a patient would be reviewed or identified via the dispensary for a medicine review. The partners explained due to the familiarity between patients and GPs because of their small list size, there was minimal recording of this on the record system. Data provided by the practice showed 58% of patients had current up to date medicine reviews in April 2016, which was not an accurate figure. However, the practice did not audit the recording of medicine reviews as means of identifying improvements.

Information about patients' outcomes was used to make improvements such as reviewing the treatment for specific dermatological conditions on the basis of an audit of referrals related to skin problems. .

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.

Are services effective?

(for example, treatment is effective)

- Staff told us they could access role-specific training and updates when required and that there was a comprehensive programme of training.
- Staff administering vaccines and those who undertook long term condition reviews 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. A diabetes nurse had a relevant diploma.
- 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
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. There were 42 patients deemed at risk of unplanned admissions to hospital and 40 had care plans to reduce the risk of this occurring.

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 (MCA).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- There was a protocol for the MCA and this was available to staff.

Supporting patients to live healthier lives

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

- One patient was receiving end of life care. Additional support for carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation was available. Patients were signposted to the relevant service when necessary.
- Ninety two per cent of smokers were offered access to a smoking cessation service with 0.1% quitting.

The practice's uptake for the cervical screening programme was 82%, which was comparable 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. 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.

There was a register of patients deemed at risk of developing dementia. The enhanced service for early diagnosis was not undertaken. However, the practice audited dementia care at the practice to ensure patients were receiving appropriate care and support.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Of those eligible 59% percent had undertaken bowel cancer screening compared to the national average of 59%. Of those eligible 80% of had attended breast cancer screening within six months of being invited, compared to the national average of 73%.

The practice offered annual health checks to patients with a learning disability. Five out of the six patients with a learning disability had received a health check.

Are services effective?

(for example, treatment is effective)

In 2015/16 16% of eligible patients undertook chlamydia screening which is among the highest in the CCG.

Childhood immunisation rates for the vaccinations were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% (CCG 93%) and five year olds from 92% to 100% (CCG 95%).

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Nearly all of the patient Care Quality Commission comment cards we received were highly positive about the service experienced. The one negative comment related to a one of specific issue. Patients said they felt the practice offered an excellent and caring service. They reported staff were helpful and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We spoke with patient participation group (PPG) members and they told us the service provided a caring service and they were respected by the staff and partners.

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

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 100% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% national average of 85%.

- 98% 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% and CCG average of 93%.
- 97% 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 on CQC comment cards. 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. 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 better than local and national averages. For example:

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 91% 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% and CCG average of 85%.
- 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% and CCG average of 87%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- 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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 patients as carers 1.3% of the practice list. 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, there was a protocol for contacting relevant services and offering support to bereaved relatives, depending on circumstances.

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 planned its services accordingly. For example:

- There were longer appointments available for vulnerable patients including those 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 if required by patients and a named GP appointment was usually available the same day or within 24 hours.
- Patients were able to receive travel vaccinations.
- There were disabled facilities, a hearing loop and translation services available.
- A ramp enabled access for wheelchair users and those with mobility scooters. However, the access at the top of the ramp was not level as the threshold was lipped and may have caused difficulties for wheelchair users.
- All treatment rooms were on the ground floor and there were registers of patients who required additional assistance.
- The practice surveyed its patients and as a result of the findings was considering changes to the car park.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. There were extended hours appointments on Thursday evenings until 8pm. Pre-bookable appointments were available and urgent appointments were available. There was good access to a named GP. The partners told us a patient would only wait 24 hours for an appointment with a specific GP.

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

- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 82% and national average of 85%.

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 99% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 99% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 88% usually got to see or speak to their preferred GP compared to the CCG average of 67% and national average of 59%.

Patient comment cards showed patients were able to get appointments when they needed them.

There were 37 patients registered to use online appointment booking.

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.

< 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. This included a paramedic led home visiting service. 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.

- 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. However, it was not clear on the website that verbal complaints and comments were also accepted and reviewed by the practice.

We looked at several complaints received in the last 12 months and there was a process for assessing and investigating the complaint. They were satisfactorily handled, dealt with in a timely way and that patients received a response with an outcome.

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 staff shared a clear vision to deliver personalised, caring and quality care to its patients.

- There was an ethos of patient centred care at the practice and this was reflected in discussions with staff.
- The partners were considering the future of the practice and succession planning.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, improvements were required and some risks were not identified and monitored properly.

- 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. However, some of the policies review dates were long overdue and copies of generic documents, not altered to meet the requirements of the practice were stored on the shared drive the practice specific documents. There were multiple copies of some standard operating procedures, without version control, and it was not clear which version staff should refer to. This was immediately reviewed following the inspection.
- 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. Re-audits did not always take place to demonstrate improvement. This was partly due to the GPs' familiarity with the patient list.
- There were not always robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This specifically related to management of medicines and infection control

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. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff felt included in the running of the practice.

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.
- 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 via its patient participation group (PPG). There were patient surveys undertaken and proposals for improvements were discussed. For example, discussions with the PPG were underway about how to improve the limited parking outside the practice.

Are services well-led?

Good 

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

- The practice's 2015/16 survey showed high levels of satisfaction with 99% of patients reporting being highly satisfied with services.
- The practice undertook the friends and family test but there were no responses in the last three months.
- The practice had gathered feedback from staff through appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management

Continuous improvement

There was focus on continuous learning and improvement. Despite high levels of patient satisfaction the partners, practice manager and PPG worked together to identify any areas that could be improved further. The PPG tested the online services and information on the website to identify improvements. As a result the information on out of hours services was improved and online appointment booking was tested to ensure it worked properly.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They were not appropriately managing medicines, dispensing medicines or managing infection control.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>