

The Victoria Surgery

Quality Report

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Date of inspection visit: 20 January 2016
Date of publication: 08/04/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, a Disclosure and Barring Service (DBS) check for one member of staff had been applied for but the certificate had not been received and a risk assessment had not been completed.
- There were uncollected prescriptions; some were nearly two months old. This meant that insufficient safeguards were in place to ensure that patients always received medicines in a timely way.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.
- Results from the national GP patient survey showed that patients scored the practice lower than the CCG and national average with regards its satisfaction scores on consultations with GPs and nurses and involvement in planning and making decisions about their care and treatment. The practice had taken action to make improvements.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.
- Policies were available to staff online. However the Whistleblowing policy did not signpost staff to where they would obtain external support if required.

The areas where the provider must make improvement are:

- Ensure that emergency equipment is properly maintained, checked and fit for purpose.

Areas where the provider should make improvements are:

- Consider storing emergency medicines in a location that is accessible at all times.
- Consider improving the process for the review of uncollected prescriptions.
- Ensure risk assessments are completed in the absence of a Disclosure and Barring Service (DBS) check.

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



- There was an effective system in place for reporting and recording significant events, lessons were shared and action taken to improve safety in the practice.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice had clearly defined and embedded systems in place to keep people safe and safeguarded from abuse.
- Information about safety was highly valued and was used to promote learning and improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe in relation to recruitment checks
- We saw calibration records used to ensure clinical equipment was checked and working properly. However, the defibrillator was only checked annually and the oxygen mask and defibrillator pads were out of date.
- The practice had a process for managing uncollected prescriptions. However, this was not robust as we saw prescriptions that had not been collected for two months.
- Emergency Medicines were stored securely in the clinical room. The room was used infrequently but was locked during procedures on patients and at these times the medicines were not easily accessible to staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group. For example, the percentage of patients with hypertension having regular blood pressure tests was

Summary of findings

100% compared to the CCG average of 96.8% and a national average of 97.8%. Performance for mental health related indicators was 100% compared to the CCG average of 89.1% and a national average of 92.8%.

- The practice undertook clinical audits to support quality outcomes and took action to improve services where identified.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

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

- We observed a strong patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and maintained patient and information confidentiality.
- Results from the national GP patient survey showed the practice was below average for its satisfaction scores on consultations with GPs and nurses, and involvement in planning and making decisions about their care and treatment. The practice had taken action to make improvements.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- 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 to provide ultrasound examinations locally.
- 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.

Good



Summary of findings

- 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 and other stakeholders.

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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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 in improvement projects across the practice.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people.

The provider was rated as requires improvement for safe and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Patient received personalised care from a named GP to support continuity of care.
- The practice was responsive to the needs of older people, and urgent appointments for those with enhanced needs.
- The premises were accessible to patients with mobility difficulties.
- Nationally reported data showed that the outcomes for patients with conditions commonly found in the older population were consistently better than CCG and national averages.
- The percentage of people aged 65 and over who received a seasonal flu vaccination was comparable to the National average.
- Shingles vaccinations were available for eligible patients.

Good



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions.

The provider was rated as requires improvement for safe and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Chronic disease management was led by the GPs and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that the outcomes for patients with long term conditions were consistently better than the CCG and National average.
- A six week diabetic education course was offered to support patients to manage their care.
- Longer appointments 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.

Good



Summary of findings

Families, children and young people

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

The provider was rated as requires improvement for safe and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. Uptake of childhood immunisation rates was comparable to the CCG and national average.
- Nationally reported data showed that the outcomes for patients with Asthma were consistently better than the CCG and national average.
- Uptake of cervical screening was consistently better than the CCG and national average.
- 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.
- The practice was proactive in contacting patients that do not attend for childhood immunisations and cervical cytology.

Good



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

The provider was rated as requires improvement for safe and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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. For example extended opening hours and online booking for appointments
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

Good



Summary of findings

The provider was rated as requires improvement for safe and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and carers enabling additional support to be provided
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

People experiencing poor mental health (including people with dementia)

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

The provider was rated as requires improvement for safe and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Performance for mental health related indicators was above the CCG and national average. For example 100% of patients with severe mental health conditions had a documented care plan in place that had been agreed with the individual, their family and/or carers as appropriate.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice provided a weekly counselling service

Good



Summary of findings

What people who use the service say

The national GP patient survey results published January 2016 showed the practice was performing below local and national averages. 396 survey forms were distributed and 108 were returned. This represented 27% return rate.

- 56% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 73% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 76% and a national average of 85%.
- 73% described the overall experience of their GP surgery as good compared to a CCG average of 76% and a national average of 85%.
- 52% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 65% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards and, with the exception of one card, all were positive about the standard of care received. Of the 46 cards completed, three expressed difficulty in obtaining an appointment.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients have been with the practice for over twenty five years and indicated they would never change practices because of the service they receive.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that emergency equipment is properly maintained, checked and fit for purpose.

Action the service **SHOULD** take to improve

- Consider storing emergency medicines in a location that is accessible at all times.

- Consider improving the process for the review of uncollected prescriptions
- Ensure risk assessments are completed in the absence of a Disclosure and Barring Service (DBS) check.

The Victoria 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.

Background to The Victoria Surgery

The Victoria Surgery is located in the Tipton area of the West Midlands. The practice list size is approximately 2500 patients. We reviewed the most recent data available to us from Public Health England which showed that the practice population and age distribution was similar to the England average, with a slightly higher number of female patients aged between 40 and 45.

The clinical team includes three GP partners (two female and one male) and a part time practice nurse. The GP partners and the practice manager form the practice management team and are supported by a team of four receptionists, who all cover reception and administration duties.

Since 1 April 2015 the services are provided under a General Medical Services (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care. The practice provides enhanced services (An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients), for example avoiding unplanned admissions.

The practice is open, 9.00am – 12.30pm and 4.00pm – 6.30pm, Monday to Wednesday and Friday, and 9.00am – 12.30pm Friday. Closed Saturday and Sunday.

Appointments are available, 9.00am – 12.00pm and 3.20pm – 6.00pm, Monday to Wednesday and Friday, and 9.00am – 12.00pm.

The practice is increasing the opening hours from 1 April 2016, 8.00am – 6.30pm, Monday to Friday.

When the practice is closed, from 8 am till 9 am and between 12.30 pm and 4.00pm, the practice has arrangements with another provider to take calls. Between 12.00pm and 6.30pm on Thursday full cover is delivered by the other provider, this includes advice, triage and visits if necessary. During the out of hours period patients can contact 111 in order to access medical care and advice.

Online prescription requests are available and the practice are working towards online prescribing (they are awaiting training from the CCG). Online appointments are available.

Why we carried out this inspection

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

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 20 January 2016. During our visit we:

- Spoke with a range of staff (including GPs, the practice manager, and reception staff, the nurse was not available) and we spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documents that were made available to us

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

- Is it safe?

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

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 in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. The practice used an electronic recording system.
- We reviewed three significant events that had occurred in the last year. There was evidence that the practice had carried out a thorough analysis and taken action to mitigate the risk of reoccurrence.
- The practice discussed and shared learning from significant events at practice meetings.
- Alerts from the Medicines & Healthcare Products Regulatory Agency (MHRA) were received by the practice manager who disseminated to all appropriate staff to be signed and actioned.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. 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. The GPs were trained to Safeguarding level 3 and a GP was nominated as the safeguarding lead for adults and children. They attend safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. The practice shared with us an example of when a safeguarding concern was identified and reported by reception staff at the practice. The staff files we viewed identified that staff had received training relevant to their role.
- There was a chaperone policy in place and a notice in the waiting room advising patients that chaperones were available if required. The staff files we viewed demonstrated that staff had received chaperone training. Most had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may

have contact with children or adults who may be vulnerable). For one person who acted as a chaperone, the DBS check had been applied for but the certificate had not been received and no risk assessment had been completed.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning schedules were in place and signed to show that cleaning had been undertaken. Staff had access to appropriate handwashing facilities and personal protective equipment such as gloves and aprons. Appropriate arrangements were in place for the safe disposal of clinical waste. The GP was the infection control lead for the practice. There was an infection control protocol in place and the staff files we viewed demonstrated that staff had received training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including prescribing, recording, handling, storing and security). The practice had a process for managing uncollected prescriptions. However we saw that some were nearly two months old; two of these were for children, one of which was for the treatment of asthma. This meant that insufficient safeguards were in place to ensure that vulnerable patients always received medicines in a timely way.
- 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. For example, percentage of patients on analgesic patches, antibiotic prescribing (initiated following above average results for the area). Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directives (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken for most of them 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. No risk assessment had been completed in the absence of a confirmed DBS check for one staff member

Are services safe?

- 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. For example, patients were identified by an alert on the computer system and the practice manager conducted two monthly audits and non-attenders were invited for review.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety poster in reception and a health and safety policy available. Staff had access to health and safety training the practice manager was the health and safety lead. The practice had up to date fire risk assessments and carried out regular fire drills. We saw evidence that fire equipment and alarms were serviced and checked. We saw evidence that electrical equipment was checked to ensure it 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We were told about systems in place to ensure that the practice was sufficiently staffed at all times including during annual leave and sick leave. All administration staff covered staff absences. There was evidence to demonstrate that there was very little staff turnover at

the practice. The healthcare assistant (HCA) had recently resigned to pursue her nurse training and the practice was in the process of recruiting a replacement. The practice nurse worked on an interim contract, part time, Tuesdays and Fridays. She worked additional hours to suit the needs of the practice, for example vaccination clinics.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen available on the premises. This equipment was only checked annually and we found that the oxygen mask and defibrillator pads were out of date.
- All the emergency medicines were in date and fit for use. They were stored securely in the clinical room and staff knew of their location. The room was used infrequently but was locked during procedures on patients and at these times they were not easily accessible to staff.
- 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 in place to keep all clinical staff up to date. Staff had access to guidelines from NICE, via an icon on the computer system and used this information to deliver care and treatment that met peoples' needs.

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 97.9% of the total number of points available, with 5.2% 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 86% compared to CCG average of 85.2% and a national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% compared to the CCG average of 96.8% and a national average of 97.8%..
- Performance for mental health related indicators was 100% compared to the CCG average of 89.1% and a national average of 92.8%.

The exception rates for the practice were 5.2% compared to the CCG average of 8.8% and a national average of 9.2%

Clinical audits were carried out to support service improvement and patient outcomes.

- We reviewed five audits completed over the last two years by the practice. The findings from the audits had been shared with staff at the practice meetings.

- We looked at two completed audit cycles including the management of patients requiring nutritional supplements, antibiotic and methotrexate prescribing, which demonstrated improvements in the management of patient care.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example staff who administered vaccinations 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.
- There was a comprehensive locum pack available for GPs working on a short term basis.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had protected time to access appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation. All staff had had an appraisal within the last 12 months.
- The GPs were up to date with their yearly continuing professional development requirements and had recently been revalidated. Every GP is appraised annually and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had protected time to enable them to and make use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice computer system.

- This included care and risk assessments, care plans, and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services, safeguarding, health visitors and school nurses.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place three weekly and that care plans were routinely reviewed and updated, a practice based counsellor was available weekly. Due to the high numbers of diabetic patients, the practice provided a specialist clinic eight weekly and a structured six week course for patient's to help them manage their condition.

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 this included the Mental Capacity Act 2005 and the Fraser guidelines when assessing capacity to consent in relation to children and young people.
- Staff had received training in this area and they had access to online training.
- 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

Patients who may be in need of extra support were identified and supported by the practice; patients were also signposted to relevant services for additional support. These included patient's in the last 12 months of their lives, carers, those at risk of developing long term conditions and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 79.7% and the national average of 80.2%. The practice's exception rate for this indicator was 7.0%. The practice manager undertook a two monthly audit of patients that were overdue and telephoned and sent a personal letter.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for the national programmes was comparable to the CCG and national average.

Flu vaccination rates for the over 65s were 80% and at risk groups 70.5%. These were above national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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.

Forty five of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed that patients scored the practice lower than the CCG and national average with regards its satisfaction scores on consultations with GPs and nurses. For example:

- 71% said the GP was good at listening to them compared to the CCG average of 83% and a national average of 89%.
- 70% said the GP gave them enough time compared to the CCG average of 81%, and a national average of 87%.
- 84% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and a national average of 95%
- 73% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80%, and a national average of 85%.
- 70% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86%, and a national average of 91%.

- 71% said they found the receptionists at the practice helpful compared to the CCG average of 81%, and a national average of 87%.

However, this did not correlate with the comment cards we received. The comment cards were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The results were discussed with the patient participation group (PPG) and an action plan developed.

In order to improve continuity of care the practice had reduced the number of locum doctors used and an additional GP partner has been employed. The practice had used less than ten locum doctor sessions in 2015.

Care planning and involvement in decisions about care and treatment

Patients we spoke to 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients scored the practice less positively than the CCG and national average to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 70% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 67% said the last GP they saw was good at involving them in decisions about their care compared to a CCG average of 76%, and a national average of 82%.
- 70% said the last nurse they saw was good at involving them in decisions about their care compared to a CCG average of 82%, and a national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. Patients confirmed that they had used the translation service. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers, the practice had identified 0.67% of the practice list as carers. There was a 'carers' corner' in

reception with an assortment of information to direct carers to the various avenues of support available to them. The patient participation group (PPG) had arranged a carers' day for the summer to establish that they have access to sufficient information and support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the local CCG and other practices locally to plan services and improve outcomes for patients in the area. For example,

- There were longer appointments available for patients who needed one.
- Same day appointments were available for children and those whose needs were urgent
- On line appointment booking was available to patients
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS, those only available privately were referred to other clinics.
- The practice was accessible to patients with mobility difficulties or used a wheelchair. Ramp access and disabled toilet facilities were in place.
- Translation services were available. There was no hearing loop in place.
- The practice had arranged with the CCG for local access to ultrasound examinations.
- There were a variety of services available at the practice for the convenience of patients, which included near patient testing, electrocardiograms (ECG).

The practice was part of local pilot schemes to improve outcomes for patients in the area. For example they were part of a pilot scheme to improve access at weekends and were considering sharing half day closing with local practices in order to improve access.

Access to the service

The practice is open, Monday to Wednesday and Friday, 9.00am – 12.30pm and 4.00pm - 6.30pm. Thursday 9.00am – 12.30pm, closed Saturday and Sunday.

Appointment times, Monday to Wednesday and Friday, 9.00am – 12.00pm and 3.20pm - 6.00pm. Thursday 9.00am – 12.30pm, closed Saturday and Sunday.

The practice was increasing the opening hours from 1 April 2016, 8.00am – 6.30pm, Monday to Friday.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages.

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 75%.
- 56% patients said they could get through easily to the surgery by phone compared to the CCG average of 62%, national average of 73%.
- 32% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 47%, national average of 59%.

However, the results above did not correlate with the information patients told us on the day of the inspection which was generally more positive.

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.
- The senior partner and the practice manager were responsible for handling all complaints in the practice.
- Information was available to help patients understand the complaints system. This was included in the practice leaflet given to patients new patients and displayed in reception.
- Both verbal and written complaints were recorded to identify trends and learning.

We looked at four complaints (two verbal and two written) received in the last 12 months. We found these had been handled appropriately, in a timely manner and action taken to improve quality of care. Complaints were investigated and discussed as appropriate with the relevant staff. We saw evidence that concerns and complaints had been discussed at staff meetings to share learning. For example, Patient was seen by the locum doctor and wasn't happy with the way she was treated. A meeting was arranged with the patient and an apology given. The patient was happy with the prompt action.

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. Staff shared with us their vision and values for the practice and how they were working to develop the service they offered to patients. Staff spoke positively about working at the practice, they demonstrated a sense of pride in their work and said they felt valued and supported.

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
- Policies were available to staff online. However, the Whistleblowing policy did not signpost staff where they would obtain external support if required.
- There was an understanding of the practice performance.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Meetings were held that incorporated all staff groups to ensure information was shared.

Leadership and culture

The GP partners and practice manager formed the management team. They were aware of and complied with the Duty of Candour and encouraged a culture of openness and honesty.

- The management team were visible in the practice and staff said they were confident in raising concerns and suggesting improvements openly with the management team.
- Staff told us that they were able to raise issues that affected them at practice meetings and they were kept well informed.
- Staff described good relationships with other healthcare professionals.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and discussed areas for improvements with the practice management team. For example, posters displayed inside and outside the practice with out of hours information, decluttering of information in reception.
- Staff were able to provide feedback through appraisals and practice meetings. Staff told us there was an open culture and they felt involved and valued.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice and protected learning time was provided for staff. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example they were part of a pilot scheme to improve access at weekends and were considering sharing half day closing with local practices in order to improve access.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not ensure that emergency equipment was properly maintained, checked and fit for purpose. Oxygen mask and defibrillator pads were out of date. <p>This was in breach of regulation 12(2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>