

The Summerhill Surgery

Quality Report

Summerhill
Kingswinford
DY6 9JG
Tel: 01384273275
Website: www.summerhillsurgery.com

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

Ratings

Overall rating for this service		Good	
Are services safe?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

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

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The practice held an intermediate care contract and provided GP services to approximately 50 nursing homes across the area. The practice had a dedicated nursing home team who worked within the nursing home division of the practice.

- Risks to patients were assessed and well managed, with the exception of risk assessments in the absence of disclosure and barring checks (DBS checks) for staff that chaperoned.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- There was evidence of appraisals and personal development plans for staff, with the exception of one member of the nursing team.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had good facilities and was equipped to treat patients and meet their needs.

Summary of findings

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure risk assessments are in place to assess the risk of not having disclosure and barring checks (DBS) for staff who chaperone.

The areas where the provider should make improvement are :

- Ensure staff performance and training needs are identified and documented for all members of the nursing team through a programme of annual appraisals.

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. Some risks to patients were assessed and managed, with the exception of risk assessments in the absence of disclosure and barring checks (DBS checks) for staff who acted as chaperones.

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated through a programme of initial and follow up reviews to support improvement. This was done individually and in small teams and the partners at the practice were in the process of scheduling wider team meetings to bring all divisions of the practice together and to discuss themes and learning points from significant events and complaints as part of their practice meetings.

Requires improvement



Are services effective?

Data showed patient outcomes were at or above average for the locality. For example, the percentage of patients with hypertension having regular blood pressure tests was 82% compared to the CCG and national averages of 83%. Performance for mental health related indicators was 94% compared to the CCG average of 61% and national average of 90%.

Staff referred to guidance from the National Institute for Health and Care Excellence and patients' needs were assessed, planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.

There was evidence of appraisals and personal development plans for all staff, with the exception of one member of the nursing team. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data from the national GP patient survey published in July 2015 showed that patients rated the practice higher than others for several aspects of care. For example, 94% found the receptionists at this surgery helpful compared with the CCG and national averages of 87% and 98% said the last nurse they spoke to was good at treating them

Good



Summary of findings

with care and concern compared to the CCG average of 91% and national average of 90%. 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 also saw that staff treated patients with kindness and respect.

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 and 9% of the practice list had been identified as carers and were being supported, for example, by offering health checks, flu vaccinations and referral to a variety of support organisations.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. 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 equipped to treat patients and meet their needs.

The practice held an intermediate care contract and provided a dedicated service to approximately 50 nursing homes across the area. Each nursing home was assigned a lead GP and an advanced nurse practitioner who would carry out structured ward rounds and twice weekly visits to each home. The GPs also worked fixed shifts to offer regular care to their patients in the nursing homes.

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared individually and in small teams. The partners at the practice were in the process of scheduling wider team meetings to bring all divisions of the practice together and to discuss themes and learning points from significant events and complaints as part of their practice meetings.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. 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. Staff told us they felt involved and engaged to improve how the practice was run and the partners encouraged staff to identify opportunities to improve

Good



Summary of findings

the service delivered by the practice. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk.

The practice had an active patient participation group (PPG) and shared their plans to increase numbers and patient representation. The practice proactively sought feedback from staff and patients, which it acted on. For example, the practice acted on feedback from patients by introducing a phlebotomy clinic in line with patient requests.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice shared a report which highlighted that 96% of their patients with Chronic Obstructive Pulmonary Disease (COPD) had received an annual review. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services. The practice held an intermediate care contract and provided a dedicated service to approximately 50 nursing homes across the area which involved regular structured ward rounds and twice weekly visits to each home.

The practice regularly engaged with this patient group to improve services for them. Examples included monthly monitoring systems to check all fall related attendance at A&E. The practice followed up on monthly checks by liaising with the care home teams and ensuring specific falls prevention care plans were in place. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. The advanced nurse practitioners also offered home visits for chronic disease management. All these patients had a structured annual review to check that their health and medication needs were being met. Performance for overall diabetes related indicators was 89% compared to the CCG average of 86% and national average of 90%. The practice shared a report which highlighted that 88% of their patients with diabetes had received an annual review.

For those people with the most complex needs, a named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Childhood immunisation rates for vaccinations given to under two year olds ranged from 95% to 100% compared to the national averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 87% to 100% compared to the national averages which ranged from 94% to 98%. 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. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered and provided extended hours to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and comprehensive screening programme that reflects the needs for this age group. The practice's uptake for the cervical screening programme was 92%, compared to the national average of 81%.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks, offered longer appointments and offered appointments at quieter times for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. Patients' consent to care and treatment was always sought in line with legislation and guidance. The practice provided GP services to a number of nursing homes, as a result staff were very knowledgeable and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Staff carried out annual health check, offered longer appointments and offered appointments at quieter times for people experiencing poor mental health. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above and in line with local and national averages. There were 111 responses and a response rate of 36%.

- 97% found it easy to get through to this surgery by phone compared with the CCG average of 68% and national average of 73%.
- 94% found the receptionists at this surgery helpful compared with the CCG and national averages of 87%.
- 51% with a preferred GP usually get to see or speak to that GP compared with the CCG average of 56% and national average of 60%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 83% and the national average of 84%.
- 97% said the last appointment they got was convenient compared with the CCG and national averages of 92%.

- 92% described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 82% usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.
- 75% felt they did not normally have to wait too long to be seen compared with the CCG and national averages of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Comments described staff as cooperative, friendly and helpful. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

Areas for improvement

Action the service **MUST** take to improve

Ensure risk assessments are in place to assess the risk of not having disclosure and barring checks (DBS) for staff who chaperone.

Action the service **SHOULD** take to improve

Ensure staff performance and training needs are identified and documented for all members of the nursing team through a programme of annual appraisals.

The Summerhill 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 GP specialist advisor, a practice nurse specialist advisor and an expert by experience. An expert by experience is a person who has experience of using this particular type of service, or caring for somebody who has.

Background to The Summerhill Surgery

The Summerhill Surgery is a long established practice located in the Kingswinford area of Dudley. The practice provides services under general medical services (GMS) contract and has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The practice holds an intermediate care contract and the structure of the practice is divided into two separate divisions, one division for general medical care and another division nursing home care; where GP services are provided to approximately 50 nursing homes across the area. There are approximately 5980 patients registered and cared for at the practice, 18% of which make up the population of the practices nursing home division. The practice has a dedicated nursing home team who work within the nursing home division of the practice and complete structured ward rounds and regular visits to each home.

The practice is led by a lead GP partner and a practice manager partner. The clinical team includes three GPs, two

advanced nurse prescribers, a healthcare assistant, a physician's assistant and a pharmacist. The practice is supported by an office manager and a team of six receptionists and an apprentice who cover reception, secretarial and administration duties.

The practice is open between 7:30am and 7pm on Mondays, Tuesdays and Wednesdays, with appointments from 8am to 6:30pm. On Thursdays and Fridays the practice is open between 8am and 6:30pm, with appointments from 8:30am to 6pm. Pre-bookable appointments can be booked up to six weeks in advance, urgent appointments and telephone consultations are also available for people that needed them. Patients requiring a GP outside of the practices opening hours are advised to contact the GP out of hour's service provided by Malling Health.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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.

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

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

The inspector :-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 30 September 2015.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

The staff we spoke with were aware of their responsibilities to raise concerns. The practice took an open and transparent approach to reporting incidents and near misses. There was a system in place for reporting and recording significant events, we saw that the process included a review of each incident to ensure learning and action items were consistently applied. We reviewed records of four significant events that had occurred during the last 12 months. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a significant event was recorded where incorrect medication was issued by the pharmacy for a patient at a local care home. To mitigate the risk of further occurrence, the practice improved communication processes with the care home to ensure that steps were taken to check each new medication request and gain confirmation of the prescribing details to ensure correct medications were issued to patients.

Staff told us how the practice team worked closely and communicated well on a daily basis. We saw weekly updates which were circulated throughout the practice, the updates included items such as key announcements and process changes. We could not see that learning from significant events was included in the updates and the practice did not have a structure of regular staff meetings where learning was shared. However, we found that learning from significant events was discussed individually and in small teams. This was done through an initial review and a planned follow up review for each incident raised. We saw that learning outcomes and required actions were documented to support the review on each significant event form.

Overview of safety systems and processes

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

- Arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Safeguarding information was readily available to staff, the information clearly outlined who

to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the member of staff responsible for safeguarding, but staff gave mixed feedback on who the lead was. Shortly after our inspection, the practice manager sent information to demonstrate that this had been addressed and that lead roles were reiterated to all staff at the practice. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

- There were three non-clinical staff members who acted as chaperones when required and we saw notices to advise patients that they could request a chaperone. We saw evidence of chaperone training, however disclosure and barring checks (DBS checks) had not been carried out for the non-clinical staff members who chaperoned. These 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 informed us that although chaperones would not be left alone with patients, they did not have formal risk assessments in place to assess the risk of not having DBS checks. The management team advised that risk assessments would be completed as a priority..
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice carried regular fire drills and shared records to evidence regular testing of fire safety equipment, the practice had also taken steps to schedule a fire risk assessment from an external organisation in September 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead however not all staff were able to identify who the correct lead was. Shortly after our inspection, the practice manager sent information to demonstrate

Are services safe?

that this had been addressed. The infection control lead regularly liaised with the local infection prevention teams to keep up to date with best practice. We saw copies of comprehensive infection control audits and we saw evidence that action was taken to address any improvements identified as a result. We saw calibration and cleaning records to ensure that clinical equipment was cleaned, checked and working properly. There was an infection control protocol in place and staff had received up to date training. The infection control policy contained information on the immunisation of practice staff which reflected national guidelines. We saw evidence of Hepatitis B immunisation for practice staff.

- The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use.
- The practice employed a part time pharmacist who focused on the nursing home vision of the practice. The practice also worked with a pharmacist from their Clinical Commissioning Group (CCG). The pharmacists assisted the practice with medication audits and monitored their antibiotic prescribing.

- Recruitment checks were carried out and the six files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and for clinical staff, we saw evidence of checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice used a regular locum GP to cover if ever the GP was on leave and the practice shared records to support that the appropriate recruitment checks were completed for locum staff.

Arrangements to deal with emergencies and major incidents

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. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff accessed and monitored guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2013/14 the practice had achieved 94% of the total number of points available, and had a 7% exception reporting rate overall. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Data from 2013/2014 showed;

- Performance for overall diabetes related indicators was 89% compared to the CCG average of 86% and national average of 90%.
- The percentage of patients with hypertension having regular blood pressure tests was 82% compared to the CCG and national averages of 83%.
- Performance for mental health related indicators was 94% compared to the CCG average of 61% and national average of 90%.
- The dementia diagnosis rate was 100% with 0% exception reporting.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The GPs discussed three completed clinical audits which were carried out within the last year. The practice identified that they were high prescribers of antibiotics. An audit was carried out across all prescribers within the practice and a summary report was further shared to highlight findings from an initial and a repeated audit. Each individual worked

on reviewing their own prescribing, this had a positive impact on prescribing rates which showed a reduction through the repeated audit. The repeated audit also highlighted that prescribing was in line with the local guidelines. Further audits were shared with us shortly after the inspection, these included audits on specific hypnotic medicines (hypnotic medicines cause sleep or a partial loss of consciousness), as well as audits on antibiotics and an audit on emergency admissions.

The practice regularly monitored A&E attendance and identified a high level of attendance due to a number of patient falls within their care home division. As a result, the practice implemented a monthly monitoring system to check all fall related attendance at A&E. The practice followed up on monthly checks by liaising with the care home teams and ensuring specific falls prevention care plans were in place. The practice shared reports to show how this had a positive effective and a reduction in A&E attendance for falls.

The practice manager also worked closely with the clinical team on a number of non-clinical quality audits. An example was shared which showed how the practice completed audits on care plans for specific patient groups such as patients who were diagnosed with dementia. The audits identified areas where care plans were required and where reviews were due. The GP would also complete a quality check to ensure the care plan was up to date and reflected patient's preferences.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered key topics including safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings and facilitation and support for the revalidation of doctors. However we

Are services effective?

(for example, treatment is effective)

found that one of the advanced nurse practitioners had not had an appraisal for two years. We fed this back to the lead GP and practice manager who discussed addressing this as a priority.

- We spoke with several staff members throughout our inspection, all of whom shared training opportunities they had been given while working at the practice. For example, some staff were involved in a training scheme initiated by the practice manager where non-clinical staff members were able to attend the local college to complete key components of customer services training specific to their role as practice receptionists. Some staff members who also covered administrative duties progressed on to complete medical terminology training. Practice staff also 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. This included blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service. All relevant information was shared with other services in a timely way.

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

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. The practice provided GP services to a number of nursing homes, as a result staff

were very knowledgeable and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. The practice carried out an annual review of all Do not attempt resuscitation orders (DNAR) in place to ensure that they continued to reflect patient choices.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice. 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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 92%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for vaccinations given to under two year olds ranged from 95% to 100% compared to the national averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 87% to 100% compared to the national averages which ranged from 94% to 98%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations and treatments. Consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. During quieter times staff taking incoming calls could sometimes be overhead in the waiting room. Reception staff advised that a private room was offered to patients who wanted to discuss sensitive issues or appeared distressed.

We reviewed 21 completed CQC comment cards, all of which were positive about the service experienced. Patient's comments described staff as cooperative, friendly and helpful. We also spoke with nine patients on the day of our inspection. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

The majority of the results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG and national averages of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 94% patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

Care planning and involvement in decisions about care and treatment

We spoke with nine patients on the day of our inspection, patients and comment cards described the GPs as good listeners who communicated professionally and gave clear advice. Patients told us that 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. Staff throughout the practice were described as helpful and caring. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%

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

Patient and carer support to cope emotionally with care and treatment

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 and 9% of the practice list had been identified as carers and were being supported, for example, by offering health checks, flu vaccinations and referral to a variety of support organisations. Written information was available for carers to ensure they understood the various avenues of support available to them.

The practice also supported patients by referring them to a gateway worker from the local mental health trust who provided counselling services on a weekly basis in the practice.

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

Are services caring?

to find a support service. Notices in the patient waiting room told patients how to access a number of support groups and organisations for example, CRUSE bereavement counselling. The practice also coached staff on areas such as soft skills and terminology to support

them when dealing with enquiries regarding death certificates and also to ensure communicate was appropriate and that staff felt comfortable when speaking with people who had suffered bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice held an intermediate care contract and provided GP services to approximately 50 nursing homes across the area. Partners shared a presentation with us which highlighted that this made up 18% of their practice population. The practice had a dedicated nursing home team who worked within the nursing home division of the practice. The structure of the team included the lead GP partner, two salaried GPs, two advanced nurse practitioners, a healthcare assistant and a physician's assistant. The team was also supported by the practice pharmacist and two administrators. Each nursing home was assigned a lead GP and an advanced nurse practitioner who would carry out structured ward rounds and twice weekly visits to each home. The GPs also worked fixed shifts to offer regular care to their patients in the nursing homes.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- The practice offered extended hours for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and for patients experiencing poor mental health.
- Home visits were available for older patients and patients who would benefit from these. The advanced nurse practitioners also offered home visits for chronic disease management.
- Urgent access appointments were available for children and those with serious medical conditions, staff told us that 40% of their appointments were book on the day and 60% of their appointments could be booked in advance.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 7:30am and 7pm on Mondays, Tuesdays and Wednesdays, with appointments from 8am to 6:30pm. On Thursdays and Fridays the practice was open between 8am and 6:30pm, with appointments

from 8:30am to 6pm. Pre-bookable appointments could be booked up to six weeks in advance, urgent appointments and telephone consultations were also available for people that needed them.

Results from the national GP patient survey showed that patient's responded positively regarding access to care and treatment. For example:

- 86% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 97% patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.
- 92% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 82% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

Patients we spoke with on the day of our inspection also commented on the ease of access at the practice and commented that the practice offered an effective service overall.

Listening and learning from concerns and complaints

The practice had a 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. We saw that a complaints information leaflet was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint. There was a designated responsible person who handled all complaints in the practice.

We looked at six complaints received in the last 12 months and found that these were satisfactorily handled. The practice demonstrated openness and transparency when dealing with complaints. We saw learning from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw how the practice had conducted peer reviews and one to one feedback sessions with GPs where patients raised concerns because they at times felt rushed during consultations and

Are services responsive to people's needs?

(for example, to feedback?)

that communication was not effective. Learning points included notes on useful reminders for staff and to be mindful of patient perception, communication methods and distressed patients.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a supporting business plans which reflected the vision and values of the practice. The practice manager explained how the business plan was regularly reviewed and that key factors such as succession planning were due for consideration when the business plan was due for review in the near future.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. The practice also had policy leads in place to ensure policies continued to reflect national guidance. We saw that weekly practice updates included prompts for staff to be aware when policies and processes had changed
- A programme of clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The lead GP and practice manager were partners in the practice. The partners encouraged a culture of openness and honesty and they prioritised safe, high quality and compassionate care. The practice manager operated an open door policy and staff told us that there was very much an open culture within the practice. During our inspection we spoke with 11 staff members across the practice. Staff said they felt respected, valued and supported and were

confident in raising issues openly with any of the partners in the practice. Staff told us they felt involved and engaged to improve how the practice was run and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.

The partners highlighted their practice team as a strength within the practice presentation which they provided on the day of our inspection. Staff described their work environment as happy and we could see how the team worked closely and communicated regularly within one another on the day of our inspection. At the end of the inspection we held a feedback session with the partners at the practice, the partners explained how over the months their regular staff meetings had stopped due to a mixture of work load and staff sickness. They discussed that regular meetings would be scheduled again to bring all divisions of the practice together and to discuss key areas such as themes and learning points from significant events and complaints, on a wider basis.

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

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, however the numbers in PPG representatives had reduced from 10 members to four. The practice shared plans to promote their PPG through a flu clinic event on 17 October 2015.

The practice decided to follow up on the positive feedback they received from the family and friends test (FFT) where 92% of the respondents were likely or extremely likely to recommend the practice to their family and friends. The practice displayed a presentation for patients to inform them of their FFT results and asked them to feedback on any additional service requests. The practice acted on their results by introducing a phlebotomy clinic, specifically on Tuesday and Thursday mornings in line with patient requests.

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 Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The practice did not demonstrate effective recruitment procedures in line with schedule 3 of the Health and Social Care Act. Risk assessments had not been completed for staff who chaperone, in the absence of criminal record checks. Regulation 19 (2).