

New Inn Surgery

Quality Report

New Inn Surgery
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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 New Inn Surgery on 20 October 2015. Overall the practice is rated as good.

We found that many improvements had been made since the previous inspection of October 2014 when the practice had been rated as inadequate and was placed into Special Measures.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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.
- 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.

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

Summary of findings

Importantly the provider must:

- complete regular fire drills
- record the appropriate action taken when fridge temperatures are recorded above the recommended temperature range.
- ensure that some medicines to deal with emergencies are readily available.
- ensure a child oxygen mask is available
- ensure that hand written blank prescriptions are tracked through the practice at all times.
- store patients notes securely.

Additionally the provider should:

- record when the defibrillator has been checked

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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 as there are areas where it should make improvements.

Since the last inspection, significant progress had been made to address the concerns raised. Since our last inspection the practice had established a system for reporting incidents, near misses and concerns. We saw evidence the practice was reviewing when things went wrong, and ensuring lessons learnt were communicated to the wider team to support improvement. There were systems and processes in place to keep patients safe. For example, staff had received training in safeguarding children and vulnerable adults, recruitment files contained the required information, there was an infection control audit and cleaning schedules in place and staff had received comprehensive training.

Although risks to patients who used services were assessed, some systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, emergency medicine management, the tracking of blank prescription pads, not conducting regular fire drills and ensuring the secure storage of some patient notes.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Since the last inspection, significant progress had been made to address the concerns raised. Arrangements had been put in place to review performance data and outcomes showed the practice was at or above average for the locality. There was evidence of completed audit cycles. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health. Staff had received training appropriate to undertake their roles. 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. Staff worked with multidisciplinary teams.

Good



Are services caring?

Since the last inspection, the practice continued to be rated as good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with

Good



Summary of findings

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, and maintained confidentiality. The waiting and reception areas were combined therefore the practice used practical ways to maintain confidentiality, including offering patients a separate room if they wished to speak in private.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Since the last inspection, significant progress had been made to address the concerns raised. 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 well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. Evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Since the last inspection, significant progress had been made to address the concerns raised. The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good. The practice had implemented 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 proactively sought feedback from staff and patients, which they acted on. The practice had established a patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 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 offered continuity of care with a named GP. Elderly patients with complex care needs and those at risk of hospital admission all had personalised care plans that were shared with local organisations to facilitate the continuity of care. For example, patients who had dementia and those who required end of life care. It was responsive to the needs of older people, and could offer daily visits to elderly housebound patients where necessary and rapid access appointments for those with enhanced needs. We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs. The practice participated in the enhanced service for dementia that facilitated diagnosis and support for patients with dementia.

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. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For those people with the most complex needs, the 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered continuity of care with a named GP for this population group. It offered longer appointments and carried out annual health checks 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 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)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients with severe mental health needs had care plans and received physical health checks. The practice offered continuity of care with a named GP for this population group. 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, and liaised closely with counselling services. Staff had received training on how to care for people with mental health needs and dementia. The practice participated in the enhanced service for dementia that facilitated diagnosis and support for patients with dementia.

Summary of findings

What people who use the service say

Patients told us they were satisfied overall with the practice. We spoke with 11 patients during our inspection including a member of the patient participation group. We spoke with people from different age groups, and who had been registered with the practice for different lengths of time.

We reviewed 32 CQC comment cards which had been completed by patients prior to our inspection. With the exception of one comment card received, all the patients were extremely positive about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. Patients also told us that they never felt rushed in consultations and appreciated the time the GPs took with them. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were happy with the appointments system.

The national GP patient survey results published on July 2015 showed the practice was performing above or in line with local and national averages. There were 121 responses which was a response rate of 41%

- 93% find it easy to get through to this surgery by phone compared with a CCG average of 78% and a national average of 73%.
- 96% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 91% and a national average of 85%.
- 94% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 85% describe their experience of making an appointment as good compared with a CCG average of 78%
- 73% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 74% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

Areas for improvement

Action the service **MUST** take to improve

- complete regular fire drills
- record the appropriate action taken when fridge temperatures are recorded above the recommended temperature range.
- ensure that some medicines to deal with emergencies are readily available.

- ensure a child oxygen mask is available
- ensure that hand written blank prescriptions are tracked through the practice at all times.
- store patients notes securely.

Action the service **SHOULD** take to improve

- record when the defibrillator has been checked

New Inn 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 and practice manager specialist advisor and an Expert by Experience. Experts by experience are members of the team who have received care and experienced treatment from similar services.

Background to New Inn Surgery

New Inn Surgery is a small surgery offering personal medical services to the population of Burpham, Surrey. There are approximately 2,300 registered patients.

New Inn Surgery is run by two partner GPs. The practice is also supported by two GPs who were registering with CQC as partners, a practice nurse, a team of administrative / reception staff and a practice manager. At the time of the inspection one of the original partners had left the practice and we saw evidence that the required information had been sent to CQC to de-register them.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks and holiday vaccinations and advice.

Services are provided from one location:

New Inn Surgery, 202 London Road, Burpham, Guildford, Surrey, GU4 7JS

Opening hours are Monday to Friday 8:30am to 6:30pm. With the exception of Thursday when the practice closed at 1:30pm

There is extended opening on Monday evenings from 6:30 - 7:15pm and on Wednesday evenings 6:30pm to 7pm

During the times of 8am - 8:30am and Thursday 1:30pm - 6:30pm the doctors are on call via an emergency mobile number. All other times when the practice is closed arrangements are in place for patients to access care from Care UK which is an Out of Hours provider.

The practice population has a higher number of patients between 0 - 09, 25-54, and 85+ years of age than the national and local CCG average. The practice population also shows a lower number of 10-24 and 55-75 year olds than the national and local CCG average. There is a lower number of patients with a long standing health condition and a health care problem in daily life. As well as a lower than average number of patients with caring responsibilities. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous inspection had taken place in October 2014 after which the practice was rated as providing inadequate services and was placed into Special Measures. The purpose of this most recent inspection was to check that improvements had been made.

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. This inspection was planned to check whether the registered provider is

Detailed findings

meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the Guildford and Waverley Clinical Commissioning Group. We carried out an announced visit on 20 October 2015. During our visit we spoke with a range of staff, including GPs, the practice nurse, administration staff and the practice manager.

The visit was announced and we placed comment cards in the practice reception so that patients could share their views and experiences of the service before and during the inspection visit. We reviewed 32 comment cards completed by patients. We observed staff and patient interactions and talked with 11 patients including one member of the patient participation group. We reviewed policies, procedures and operational records such as risk assessments and audits.

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 living in vulnerable circumstances
- 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 (QOF) 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

We saw that the practice was able to demonstrate how they maintained patient safety. The practice used a range of information to identify risks and improve patient safety. For example, reported incidents, significant events and national patient safety alerts, as well as comments and complaints received from patients and staff. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. They were aware of what constituted a significant event and who to report these to.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. National patient safety alerts were dealt with by the practice manager and a GP. They were circulated to staff as necessary. We looked at recent alerts and saw that they had been dealt with in accordance with the instructions within the alert. We saw evidence that alerts were discussed at meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients of the chaperone service. All staff had received chaperone training and had received a disclosure and barring check (DBS). (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).

- 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 staff area. The practice had up to date fire risk assessments but had not conducted regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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. Clinical equipment was checked to ensure it was working properly and calibrated in accordance with the manufacturer's instructions.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. They told us all equipment was cleaned after use with patients and could explain how equipment was cleaned in line with guidance and evidenced this on a cleaning schedule. There was an infection control protocol in place and staff had received up to date training. We saw there was an infection control audit and an action plan had been created to address any improvements identified as a result.
- Recruitment checks were carried out and the 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 the appropriate checks through the Disclosure and Barring Service (DBS). The provider had ensured that all staff had received a DBS check.
- Staff told us there were suitable numbers of staff on duty and that staff rotas were managed well. The majority of practice staff worked part time which allowed for some flexibility in the way the practice was managed. For example, staff were available to work overtime if needed and could be available for annual leave and sickness absence cover. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe.

Are services safe?

- Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system, which collated all communications about the patient including clinical summaries, scanned copies of letters and test results from hospitals. However, we noted that some written patient notes could have been accessed by patients as they were not securely stored in either a lockable cabinet or in a locked room.
- We checked medicines stored in the treatment rooms and medicine refrigerators. These were stored securely and were only accessible to authorised staff. However, we noted that whilst refrigerator temperature checks were carried out, records indicated that the refrigerator had been above the recommended temperature range. There was no recorded evidence of investigations as to why there was a temperature change or the actions taken as a result.
- The practice met regularly with the clinical commissioning group pharmacist. Processes were in place to check medicines were within their expiry date and suitable for use including expiry date checking. Expired and unwanted medicines were disposed of in line with waste regulations.
- The nurses used Patient Group Directions (PGDs) to administer vaccines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated.
- All patient prescriptions were reviewed and signed by a GP before they were given to the patient. The practice had appropriate written procedures in place for the

production of prescriptions. An up to date prescribing policy was in place and repeat prescriptions were reviewed in line with published guidance. However, blank prescription forms were not tracked through the practice at all times.

Arrangements to deal with 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. There was a first aid kit and accident book available with the reception area.

There was a defibrillator and oxygen available on the premises. The nurse told us they completed monthly checks on both however, the monthly check for the defibrillator was not recorded. We noted that there was no child's mask for the oxygen.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. However, some emergency medicines were not available. For example, Benzylpenicillin, Glucagon, Diclofenac, GTN Spray, Salbutamol, Hydrocortisone and Antiemetic. There was no evidence of a risk assessment to identify which medicines the practice should stock.

The practice had a business emergency plan in place for major incidents such as power failure or building damage. Staff we spoke with knew the procedure to take in an incident and had emergency contact numbers for staff.

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. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs. The practice monitored that these guidelines were followed by undertaking risk assessments, audits and random sample checks of patient records.

We found that the GPs and nurse shared their knowledge and expertise with each other. They referred to recognised clinical publications and completed training to ensure they were up to date with any new practice or innovations in healthcare.

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. The most recent published results from 2014/2015 were 95% of the total number of points available, with 6.8% exception reporting. Recent data provided by the provider showed:-

- Performance for diabetes related indicators were slightly above the clinical commissioning group (CCG) and national average. For example, the practice QOF score was 98.9% with the CCG and England average at 91% and 89%.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was at 100%, which was the CCG recorded as 94% and national average as 95%.
- Performance for cancer was better than the CCG and national average. The percentage of patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within six months of the diagnosis was at 100% with the CCG and national average being 94%

- The percentage of patients diagnosed as living with dementia whose care had been reviewed in the preceding 12 months was at 100% compared to the CCG and the national average of 84%.
- Performance indicators for asthma were at 100% with the CCG average being 96.8% and the national average being 97%

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We reviewed five clinical audits which had been completed in the last year. We noted several audits where improvements had been implemented. There were also several audits that had been repeated to ensure continued improvement. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

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 such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals. We saw that staff had access to appropriate training to meet these learning needs and to cover the scope of their work. Records seen showed that staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Are services effective?

(for example, treatment is effective)

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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. The practice worked to Gold Standards Framework when co-ordinating patient end of life care. GPs informed us that these meetings were not held on a regular basis due to the small number of patients but instead were arranged when needed.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. Staff were able to give examples of how best interest meetings had been used to help decide the course of action to be taken where patients lacked the capacity to decide for themselves. The practice had a consent policy that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded. A separate form was used to record consent to invasive procedures, such as minor surgery. This form had been

adapted, from the national guidance, to suit the needs of the practice. The practice ensured it met its responsibilities within current legislation and followed relevant national guidance.

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 and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 89.2%, which was above the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were either on a par with or above average when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 95% and five year olds from 68.2% to 91%. Flu vaccination rates for the over 65s were 80%, and at risk groups 62%. These were above CCG and 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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard by patients in the waiting area. Reception staff could offer patients a private room to discuss sensitive issues or if they appeared distressed.

We received 32 CQC comment cards completed by patients prior our inspection. 31 comment cards 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 also spoke with 11 patients including one member of the patient participation group (PPG) on the day of our inspection. 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 patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was average or above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and national average of 95%
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.

- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 96% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were below or in line with local and national averages. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 81%

The practice participated in the avoidance of unplanned hospital admissions scheme. There were regular discussions for patients on the scheme and care plans were regularly reviewed with the patients. We saw that care plans were in place for those patients with long term conditions, those most at risk, patients with learning disabilities and those with mental health conditions.

Staff told us that most patients had a first language of English but translation services were available for patients who did not.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting rooms and patient website also told patients how to access a number of support groups and organisations. The practice's computer system

Are services caring?

alerted GPs if a patient was also a carer. We saw that there was an information folder in the waiting area which contained information for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a

patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice website also contained information to support

patients following bereavement. This included information about who to contact when someone died and how to obtain a death certificate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday and a Wednesday evening for working patients who could not attend during normal opening hours.
- Staff were aware of appointments which needed extended time. For example, patients with a learning disability or reviews of certain long term conditions.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice was accessible for patients with services located on the ground floor.

A patient participation group (PPG) had been formed in January 2015. The group was actively trying to recruit new members from differing age groups so that they represented all of the patient groups. The group met regularly and worked with the practice to improve services. For example, the PPG and practice had discussed having an ECG machine and the PPG group was looking at how this could be funded.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday with the exception of Thursday when the practice closed at 1:30pm. Appointments were from 9am to 11am every morning and 3:30pm to 5:30pm daily (with the exception of Thursday). Extended hours surgeries were offered at the following times on Monday evenings until 7:15pm and on Wednesday evenings until 7pm. In addition to pre-bookable appointments that could be booked two 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 patients' satisfaction with how they could access care and treatment was in line with or above local and national averages. The patients we spoke with on the day said they were able to get appointments when they needed them. For example:

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 85% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 73% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

Information was available to patients about appointments on the practice website and leaflet. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. All staff we spoke with were aware of the system in place to deal with complaints. They told us that any feedback was welcomed by the practice as this was seen as a way it could improve the service.

We saw that information was available to help patients understand the complaints system, with details about how to make a complaint in a complaints leaflet which was on display in the patient waiting area. Detailed information on the complaints process was also available on the practice website. A Friends and Family test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints. None of the patients we spoke with had ever needed to make a complaint about the practice. However, they felt that if they had to make a complaint they would be listened to and the matter acted upon.

We looked at complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.

Are services responsive to people's needs? (for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, after receiving a complaint in relation to a patients' appointment time, refresher training was given to reception staff.

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. We found details of the aims and objectives values in their statement of purpose. The practice aims and objectives included to provide personalised, effective and safe high quality care, to work in partnership with patients, their families and carers and to take care of their staff, ensuring a competent and motivated team with the right skills and training to do their jobs.

We spoke with six members of staff and they all knew and understood the practice values and knew what their responsibilities were in relation to these. Staff spoke very positively about the practice.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. In support of this there were policies and procedures that guided staff. These were available on the desktop on any computer within the practice. We looked at some of these including information governance, chaperoning, repeat prescribing, safeguarding, and complaints. They were in date and had recently been reviewed. There was evidence that staff had read the policies. We noted that structures and procedures in place ensured that:

- There was a clear staffing structure with named members of staff in lead roles. Staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous 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 practice had identified leads for key roles within the practice. These included governance, safeguarding, clinical

and infection control. The partner GPs and practice manager were responsible for oversight of the practice. The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and minutes were available to read if staff could not attend for any reason. Topics such as significant events, training and changes to practice policies

were discussed. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. A patient participation group had been formed in January 2015. The group was actively trying to recruit new members from differing age groups so that they represented all of the patient groups. The practice website was used to encourage patients to join the PPG and to keep them updated. Minutes of meetings were available to read on the website and a leaflet in the waiting room had been created to provide patients with information and encourage them to join. The group met regularly and worked with the practice to improve services. For example, the PPG and practice had discussed having an ECG machine and the PPG group was looking at how this could be funded.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us

Are services well-led?

Good 

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

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

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice. Staff we spoke with told us they would have no concerns in using the policy to protect patients if they thought it necessary.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not completed regular fire drills and therefore was not doing all that was reasonably practicable to mitigate fire risks</p> <p>The provider had failed to ensure the safe storage of medicines by not recording the appropriate action taken when fridge temperatures were recorded above the recommended temperature range.</p> <p>The provider had failed to ensure that some medicines to deal with emergencies were readily available. There was no evidence of a risk assessment to identify which medicines the practice should stock.</p> <p>The provider had failed to ensure there was a child oxygen mask available.</p> <p>The provider had failed to ensure that hand written blank prescriptions were tracked through the practice at all times.</p> <p>This was a breach of regulation 12 (2) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to store some patients notes securely.</p> <p>This was a breach of regulation 17 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>