Beeches Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
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 Beeches Surgery on 19 November 2015. Overall the practice is rated as requires improvement.

We carried out this inspection to check that the practice was meeting regulations. Our previous comprehensive inspection carried out in January 2015 found breaches of regulations relating to the safe, effective and well led domains. Improvements were also required for responsive and caring domains. Concerns included not having appropriate arrangements in place for processing prescriptions, inadequate systems for the reduction of healthcare associated infection control processes, inadequate systems to safeguard patients from abuse and poor leadership structures.

In addition all population groups were rated as inadequate due to the concerns found in safe, effective and well led. The overall rating from this inspection in January 2015 was inadequate and the practice was placed into special measures for six months.

Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance.

The inspection carried out on 19 November 2015 found that the practice had made significant improvements and they were meeting some regulations they were previously in breach of. However we identified two breaches of regulations on this inspection.

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. Reviews and investigations were thorough enough.
- Risks to patients were assessed and managed, with the exception of those relating to recruitment checks and fire risks.
- Urgent appointments were usually available on the day they were requested.

Summary of findings

- Access to the practice was limited due to an inadequate telephone system that could not manage patient demands effectively.
- The practice had a number of policies and procedures to govern activity
- The practice had proactively sought feedback from patients and had an active patient participation group.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services was available.
- Patients knew how to complain and information was readily available.
- The practice had facilities and was equipped to treat patients and meet their needs although access for wheel chair users was limited.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff including carrying out disclosure and barring services checks prior to employment.
- Ensure an appropriate fire risk assessment is carried out.

In addition the provider should:

- Review arrangements for wheelchair users accessing the building by ensuring they have appropriate facilities to alert staff they require assistance to enter the building.
- Review the availability of an alarm in the disabled accessible toilet ensuring patients are able to alert staff if they need assistance.
- Review the induction process and ensure it covers all relevant areas specific to individual roles.

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?

Requires improvement

The practice is rated as requires improvement for providing safe.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Staff demonstrated appropriate awareness of safeguarding and had completed training to the appropriate levels.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Recruitment checks were not carried out for new staff recruited to the practice.
- An adequate fire risk assessment had not been completed.
- Processes were not robust to ensure the minimising of the spread of healthcare related infection prevention and control systems.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with or above other local services for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Requires improvement

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

- The practice had reviewed the needs of its local population, and engaged with the Clinical Commissioning Group to secure improvements to service where these were identified.
- 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 with staff.
- Feedback from patients reported that access to a named GP and continuity of care was available however the telephone system was not adequate for this to be done in a timely manner. Urgent appointments were usually available the same day however patients reported difficulty in getting through by telephone to secure an appointment.
- The practice was equipped to treat patients and meet their needs.
- Access to the premises was limited for wheelchair users. The door was not automatic and if they required assistance they had to wait to be seen at the door before they could enter because there was no bell or alarm for them to ring to summons help.

Are services well-led?

Good

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- There was a focus on continuous learning and improvement at all levels.

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

Requires improvement

The provider was rated as requires improvement for safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

The practice had 361 patients aged over 75 at the time of our inspection and there was a named GP for them.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Care and treatment of older people reflect current evidence-based practice, and older people had care plans where necessary.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was higher than the CCG and national averages.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Registers were maintained of patients with long-term conditions such as diabetes, COPD and asthma.
- Longer appointments and home visits were available when needed.
- GPs had lead role for the management of patients with long-term conditions.
- All patients had a structured annual review to check that their health and medicines needs were being met.

Summary of findings

- There is a dedicated member of staff who implements the diabetes programme and co-ordinates the annual review appointments.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children who have parents that are vulnerable or have mental health issues are identified and coded as vulnerable.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The health visitor was invited to and attends clinical meetings regularly to discuss the care of vulnerable children.
- Chlamydia testing is offered to all new patients aged 16-24. All clinical staff offer screening opportunistically.
- 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 health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- 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 such as booking appointments and ordering repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offers extended hours appointments both morning and evenings

Summary of findings

- The practice runs smoking cessation clinics and give healthy living advice

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- It offered longer appointments 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice 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.
- The practice had information available for patients experiencing poor mental health on how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. Two hundred and seventy one survey forms were distributed and 122 were returned representing 45% of the response rate.

- 70.1% found it easy to get through to this surgery by phone compared to a CCG average of 72.8% and a national average of 73.3%.
- 94.1% found the receptionists at this surgery helpful (CCG average 86.5%, national average 86.8%).
- 85.1% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85.4%, national average 85.2%).
- 94% said the last appointment they got was convenient (CCG average 92.4%, national average 91.8%).
- 78.3% described their experience of making an appointment as good (CCG average 74.8%, national average 73.3%).
- 62.2% usually waited 15 minutes or less after their appointment time to be seen (CCG average 65.3%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Patients described staff as friendly and professional, they felt they were treated with dignity and respect and were involved in making decisions about their care and treatment. Patients also commented that the practice was clean and tidy and that the facilities were appropriate. Most patients felt they had appropriate access to appointments, although some commented on the difficulty on getting through on the phone.

We spoke with 11 patients during the inspection including five members of the patient participation group. All 11 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. They spoke highly of clinical staff and their confidence in them.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff including carrying out disclosure and barring services checks prior to employment.
- Ensure an appropriate fire risk assessment is carried out.

Action the service SHOULD take to improve

In addition the provider should:

- Review arrangements for wheelchair users accessing the building by ensuring they have appropriate facilities to alert staff they require assistance to enter the building.
- Review the availability of an alarm in the disabled accessible toilet ensuring patients are able to alert staff if they need assistance.
- Review the induction process and ensure it covers all relevant areas specific to individual roles.

Beeches Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, two additional CQC inspectors, a practice manager specialist advisor and an Expert by Experience.

Background to Beeches Surgery

Beeches Surgery is a medium sized practice based in Sutton. The practice list size is approximately 5800. Whilst the practice population is diverse, patients are mainly from white British backgrounds.

The practice facilities include three consulting rooms, two treatment rooms, two patient waiting rooms, three administration offices and a staff room. The premises have wheelchair access and there are facilities for wheelchair users including an accessible toilet, however the main entrance door was not automatic and wheelchair users had to depend on someone seeing them to assist with opening the door to gain access to the practice.

The staff team compromises of two male GPs partners, three salaried GPs (two female and one male), one female specialist nurse, two female practice nurses, one female healthcare assistant, a practice manager, seven receptionists, a secretary and an administration assistant.

The practice is open between 8.00am and 6.30pm Monday to Friday and offer extended opening on Monday to Thursdays from 6.30pm-7.00pm and from 7.00am-8.00am Tuesday mornings. Appointments are from 8.00am-12.00pm every morning and 1.30pm-6.30pm daily.

When the practice is closed patients are directed (through a recorded message on the practice answerphone) to contact the local out of hours provider. This information is also in the practice leaflet and on the website.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures and family planning services; surgical procedures and maternity and midwifery services at one location.

Why we carried out this inspection

We inspected this service to check if the practice had made improvements from the last inspection in January 2015. The last inspection had rated the practice as inadequate and the practice was placed into special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We met with Sutton Clinical Commissioning Group (CCG) and they provided us with information. We carried out an announced visit on 19 November 2015. During our visit we:

- Spoke with a range of staff (GPs, nurses and reception and administration) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

We also looked at how well services 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)

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice in January 2015, we found that the practice did not have adequate systems to identify risks and improve patient safety. The practice did not maintain logs of incidents or near misses and some staff were unaware of reporting procedures.

During our inspection on 19 November 2015 we found that the practice had systems in place that could demonstrate a safe track record and evidence learning.

There was an effective system in place for reporting and recording significant events. The practice maintained a record of significant events, incidents and near misses and we saw that they were discussed and analysed during clinical meetings. Staff went through significant events with us including one relating to a prescribing error. We saw that sufficient analysis had been carried out and learning from the event discussed with all relevant staff

- Staff told us they would inform the practice manager or one of the GPs of any incidents and there was also a recording form available on the practice's computer system and paper copies available in a folder in the administration area. All staff were aware of how to complete the forms.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. All safety alerts were received by one of the principal GPs and disseminated amongst staff. There had been 18 incidents in the practice since January 2015. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we reviewed the clinical meeting minutes for June 2015 and saw that lessons learnt from a recent incident had been discussed and lessons learnt shared.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

When we inspected the practice in January 2015 we found that safety systems and processes were not robust enough to ensure patients were safeguarded from abuse. Non-clinical staff had not completed safeguarding training and did not demonstrate an understanding of safeguarding issues and reporting procedures. Some staff performing chaperoning duties were not trained and did not have appropriate disclosure and barring services checks in place to ensure their suitability. Systems were not in place to ensure arrangements for prescribing, recording and handling prescriptions kept people safe; there were insufficient systems in place to protect patients and staff from the risk of healthcare associated infections

During our inspection on the 19 November 2015 we found that the practice had made improvements however there were still areas that required improving to ensure they had clearly defined processes and practices in place to keep people safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults 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 provided safeguarding reports where necessary for other agencies. Staff, including non-clinical staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 and nurses to level 2.
- 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations.
- A notice in the waiting room advised patients that staff would act as chaperones, if required and patients were

aware of their right to ask for a chaperone. All staff who acted as chaperones were trained for the role, however not all had received a disclosure and barring service check (DBS check). (DBS

- We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. The practice nurse was the infection control lead. The practice had liaised with the local infection prevention teams to keep up to date with best practice; this included the local team carrying out an infection control audit in September 2015. There was a general cleaning schedule in place however it was not thorough and there was no cleaning schedule for equipment. These required improvements and had been identified in the infection control audit undertaken in September 2015. We saw evidence that action was being taken to address all improvements identified as a result of the audit.
- We reviewed four staff personnel files, two of which were members of staff recruited since our last inspection in January 2015; and found that appropriate recruitment checks had not been undertaken prior to employment. For example, for one clinical member of staff there was no DBS check. The other newly recruited member of staff had a DBS completed by their previous employer and was dated September 2014. No risk assessment was in place to mitigate this. Further to this we reviewed the file of another employee who was in post at the time of our last inspection and they still did not have an up to date DBS carried out by the provider. Shortly following the inspection the provider sent us confirmation that DBS had been applied for, for all staff.

Monitoring risks to patients

When we inspected the practice in January 2015 we found that the practice did not have adequate systems and processes in place to monitor risks to patients. A fire risk assessment had not been carried out and there was inadequate signage displaying fire exits and evacuation procedures. The provider did not maintain a risk log and risks were not discussed at practice meetings.

During our inspection on 19 November 2015 we found the following:

- 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 had completed a fire risk assessments checklist in July 2015 but there was no risk assessment document that assessed fire risk hazards and planned for any such eventuality. For example one of the questions on the checklist related to asked if there were any difficult areas to exit the building from. The answer recorded was that all parts of the building have accessible exits. There was no assessment of severity (i.e. low, medium or high), actual or potential risks or what was put in place to mitigate risks. The issues relating to inappropriate fire exit signage identified at the previous inspection was still outstanding. Signage on the first floor was still not clear to make people aware of all available exits in the event of a fire.
- All electrical equipment was checked in January 2015 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.
- 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. For example the partners of the practice were not permitted to take annual leave at the same time to ensure one of them was available; there was a GP buddy system in place for the salaried GPs to cover workloads during sickness, annual leave and any other occasion that caused them to be absent from the practice.

Arrangements to deal with emergencies and major incidents

When we inspected the practice in January 2015 there was a lack of arrangements to deal with medical emergencies. Emergency equipment including medical oxygen and a defibrillator were not present

Our inspection on 19 November 2015 found that the practice had adequate arrangements in place to respond to emergencies and major incidents.

Requires improvement

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Staff told us that they were checked regularly to ensure they were in good working order however records were not being maintained. The practice manager developed a log of records on the day of our inspection and told us they would be maintained.
- 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.

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 and they had arrangements in place to use the facilities of another local GP practice in the event of any major incident.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. One of the partners took lead responsibility for reviewing all new guidance and collating the information for discussion at clinical meetings. We reviewed the minutes of the last three meetings and saw that relevant information sharing had been carried out.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. This was evident through our review of medical records.

  The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

When we inspected the practice in January 2015 they were not undertaking regular audits of various clinical outcomes at practice level .There was a lack of processes to set up for alerts and reviews for patients with long-term conditions, so structured annual reviews were not taking place.

Our inspection on 19 November 2015 found that the practice had set up an annual programme of continuing clinical audits and had carried out. Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed since our inspection in January 2015, one of these was a completed audit where the improvements had been implemented and monitored. The practice had carried out a co-amoxiclav audit to highlight and reduce the inappropriate prescribing of the antibiotic and ensure future prescribing complied with local guidance. Patients prescribed the medication between May and June 2015 were identified and their records were checked to ascertain the clinical indication that led to that particular prescription. The local criteria for primary care usage were discussed at a subsequent practice meeting and another audit was undertaken in July and August 2015. Results showed that there was 20% reduction in prescribing and a successful reduction in antibiotic prescribing overall.
- The practice participated in applicable local audits, national benchmarking, peer review and research.

There were processes in place for the effective monitoring of patients with long-term conditions and in vulnerable circumstances;

- The practice maintained registers of patients with long-term conditions such as diabetes and Chronic Obstructive Pulmonary Disease (COPD)
- There were lead clinicians for each clinical area.
- There were robust processes in place for patient recall (for example six monthly reviews for patients with diabetes)
- Structured review process for patients.
- Dedicated longer appointments.
- Care plans for clinically vulnerable patients.

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.2% of the total number of points available, with 4.1 exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. Overall they scored 75 out of 85 points (87.2%). This was 1% below the CCG average and 2% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. Overall they scored 25 out of 26 (96.2%) This was 0.2% below the CCG average and 1.6% below the national average.
- Performance for mental health related indicators was better than the CCG and national averages. The practice scored 100% which was 6.7% above the CCG average and 7.2% above the national average.

Good

Are services effective?

(for example, treatment is effective)

- The dementia diagnosis rate was comparable to the CCG and national average.

  The number of ibuprofen and naproxen items prescribed as a percentage of all non-steroid anti-inflammatory drugs prescribed was far lower than the national average. We discussed this with staff at the practice and they explained that their prescribing of diclofenac was higher than average. One of the GPs had carried out an audit looking at the prescribing of diclofenac and as a result a significant number of patients on diclofenac switched to ibuprofen. The practice was confident that figures for the next reporting year would bring them into line with the national average.

  The ratio of reported versus expected prevalence of COPD was 0.31 compared to the national average of 0.61. Staff explained that the variation was due to the demographics of the area they were situated in and it was a natural lower prevalence. However the practice had put processes in place to meet the needs of patients. This included having a dedicated COPD nurse who ran clinics and carried out spirometry testing.

Effective staffing

When we inspected the practice in January 2015 we found that there was a lack of learning and development opportunities for non-clinical staff. Our visit on 19 November 2015 found that all staff received appropriate support for them to be effective in their roles.

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

- The practice had an induction programme for newly appointed members of staff that covered topics such as safeguarding, fire safety, health and safety and confidentiality. There had been two new members of staff since out inspection in January and both had received an induction. The induction had not included infection control however we saw that all new staff recently recruited to the practice had sufficient knowledge and experience of infection control to make them effective. The practice assured us that infection control would be added to the induction process for all future staff and sent confirmation of this to us shortly after the inspection.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme and minor surgery.
- The learning needs of staff were identified through a training matrix, training needs analysis and personal development plans. Staff had access to some training to meet these learning needs and to cover the scope of their work. This included ongoing support during, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, Mental Capacity Act and information governance awareness.
- Staff we spoke with told us they felt supported and had access to the learning and development opportunities.

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 (for vulnerable patients), medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. Two week urgent referrals were made in a timely manner and followed up appropriately.
- Test results were distributed on a daily basis and actioned appropriately. If a GP was absent their patient results were actioned by their GP buddy.

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

Good

Are services effective?

(for example, treatment is effective)

multi-disciplinary team meetings with health visitors and district nurses took place on a four to six weekly interval basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. We saw evidence of this through our review of medical records
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Consent forms were available for minor operations procedures. Care plans we reviewed for patients, such as those with dementia who lacked capacity, had appropriate consent documented
- All staff had completed recent mental capacity awareness training and demonstrated knowledge of how capacity issues related to their role.

Health promotion and prevention

There were processes in place for health promotion and prevention;

- All new patients were offered a health check with the health care assistant and any issues identified were passed onto a GP for further investigation.
- Information relating to smoking cessation, alcohol advice, smear testing were available in the nurses room.

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

- These included patients in the last 12 months of their lives (32 patients currently on the register), carers (four), those at risk of developing a long-term condition and those requiring advice on their diet.
- The practice had a successful smoking cessation programme in place which included a dedicated in-house smoking cessation counsellor. The health care assistant had recently received a reward in recognition of their work with patients. The HCA had assisted 11 people to quit smoking with a quit rate of 74% on the year 2014/15.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 81%. 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 comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.7% to 100% and five year olds from 79.4% to 94.1%. Flu vaccination rates for the over 65s were 84%, and at risk groups 67%. These were also comparable to 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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff also made efforts to be discreet when taking with patients at the reception area.
- Patients told us that reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was also a sign in the waiting room making patients aware that they could request to speak with staff in the confidential room.
- Patients were aware of their right to have a chaperone and staff chaperoning had completed the relevant training.

The majority of the 29 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with 5 members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. They gave examples of when staff had displayed compassion and respect for them. 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 felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.
- 87% said the GP gave them enough time (CCG average 85%, national average 86%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 94% said they found the receptionists at the practice helpful (CCG average 86%, national average 86%).

Care planning and involvement in decisions about care and treatment

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 and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%).

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

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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

The practice's computer system alerted GPs if a patient was a carer. There were four patients on their carers register. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, it was common for one of the GPs to contact them via telephone or home visit or sent them a sympathy card. Patients we spoke with on the day of the inspection gave examples of the support they had received when they suffered bereavement. All their experiences were very positive.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One of the principal GPs attend the local CCG meetings and fed back to the team any outcomes from the meetings.

- The practice offered a 'Commuter's Clinic' on a Tuesday morning from 7.00am to 8.00am and Monday to Thursday evenings from 6.30pm until 7.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability, patients with dementia and patients with long term conditions.
- Home visits were available for older patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities however access to the building was limited. Whilst the building was wheelchair accessible the door was manual and wheelchair users had to wait for someone to see them at the door before they could get assistance to enter. There was no bell or alarm available for them to ring if they required assistance accessing the building. There were also no alarm cords in the disabled toilets.
- Translation services were available and there were signs in the waiting rooms making patients aware. The practice also had access to interpreting services if required.

Access to the service

When we inspected the practice in January 2015 we found that improvements were required relating to patients accessing the service. The practice had an outdated telephone system with only two reception lines and no facility for a message to be left. The limitations with the telephone system meant that access to the service was limited because patients were delayed with being able to speak with staff or in some instances not being able to get through at all. During our inspection on 19 November 2015 we found the situation was unchanged. We discussed this with staff in the practice and were advised that there were plans in place to replace the current telephone system to be more accessible to patients and they were considering quotations they had received. However no firm decision had been made at the time of our inspection. Patient feedback we received (comment cards and those we spoke with) mentioned this remained an on-going issue.

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.00am to 12.00pm every morning and 1.30pm to 6.30pm daily. Extended hours surgeries were offered at the following times on Tuesday from 7.00am to 8.00am and 6.30pm to 7.00pm Monday, Wednesday and Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. Some patients told us on the day that they were generally able to get appointments when they needed them, 74% of patients were satisfied with the practice's opening hours in line with the CCG average of 74% and national average of 74%.

- 74% of patients were satisfied with the practice's opening hours in line with the CCG average of 74% and national average of 74%.
- 70% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 78% patients described their experience of making an appointment as good (CCG average 74%, national average 73%.
- 62% patients said they usually waited 15 minutes or less after their appointment time (CCG average 65%, national average 64%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. All complaints were dealt with initially by the practice manager and triaged to other staff as appropriate for example. if it was related to a clinical matter or particular member of staff involved. Staff demonstrated appropriate knowledge of complaint handling and patients we spoke with all knew how to make a complaint, although none had ever need to make a complaint.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (the practice manager) who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included having a poster in the patient waiting rooms informing them how to make a complaint and details relating to the complaints procedure on the practice website.

We looked at 13 complaints received in the last 12 months and found that complaints were handled satisfactorily and dealt with within the procedural timescales. The provider displayed honesty and transparency when dealing with the complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we reviewed the clinical meeting minutes and saw that in February and June 2015 complaints had been discussed and lessons learnt were shared with all 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 spoke with the partners of the practice and they had a clear picture of how the practice needed to progress and the action they were taking to achieve this

- The practice had a statement of purpose which outlined how they wanted services to be delivered and how they would achieve this which was displayed in the waiting areas and staff knew and understood the values.
- The practice had developed a robust strategy and supporting business plans which reflected the vision and values and were monitoring it closely. This included succession planning and clear ideas and action in place relating to leadership in the practice both currently and in the future.
- Leadership was inclusive as there were GP meetings that included the salaried doctors.

Governance arrangements

When we inspected the provider in January 2015 we found the governance arrangements were not adequate to support the smooth running of the service. There were no clinical governance leads, staff reported they did not feel fully supported, there was a lack of arrangements for identifying and managing risks; and staff structures and responsibilities were not clearly defined.

Our inspection on 19 November 2015 found that there governance arrangements existed that supported the smooth running of the service. 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. All staff had job descriptions and were aware of who they had to report to.
- GPs had individual portfolios and lead roles for areas such as mental health, diabetes and dementia.
- Practice specific policies were implemented and were available to all staff via the computer and in hard copy format.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

When we inspected the provider in January 2015 we found that there was a lack of effective leadership and absence of a clear vision. Staff were not clear about leadership structures and there was no transparency with leaders.

During our inspection on 19 November 2015 we found that leadership was more visible and there was a culture of openness and transparency. The leaders displayed the capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us that they were approachable.

- Leadership structures were clear and there was a duty system in place for the GPs on a daily basis. If any staff had queries or concerns during the working day they could triage them through the duty GP.
- The provider exhibited a culture of honesty and transparency. There was a poster in the reception area and waiting room about the performance of the practice outlining the improvements that were required and how they were progressing with them. This information was also displayed on their website.
- Staff gave example of how they felt supported. They spoke of the improvements that had been made over the past few months and this included improved information sharing systems; more structured support for development opportunities; newly introduced duty doctor system and clearer leadership structures.
- The provider was engaged with patients; in particular the Patient Participation Group (PPG) and the partners and salaried GPs attended meetings to demonstrate their commitment to the group and their valued input.

Are services well-led?

Good

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners and GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

We spoke with staff in the practice and they told us that when there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- 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 GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys such as the NHS Friends and Family Test (FFT). For example the 2015 PPG survey discovered that not many patients were aware of the services the practice offered. As a result they had improved information available on the surgery premises and practice website as well as making improvements to their online services. There was a computer available in the patient waiting room for patients to complete the FFT.
- There was an active PPG which met on a regular basis (bi-monthly). We met with five members of the group and they were enthusiastic and positive about the group. They gave us examples of how the practice had acted on their feedback. For example as a result of the PPG suggestions staff now wore name badges to make them more visible to patients and improve staff/patient relations. The group had also been instrumental in arranging the provision of health checks for over 60s and were working with the practice on the planned improvements for the telephone system.
- The practice had also gathered feedback from staff through a staff survey started in 2015. Ten out of 14 staff had responded and the results showed that the majority of staff felt supported and were aware of the practice policies and aims. Actions had been identified as a result of the survey which included plans to arrange a staff away day as a team bonding exercise and providing better access to staff policies. Staff told us they felt included in decisions relating to the practice and they were happy with the level of involvement they had. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. GPs shared responsible for leading on areas of the quality outcomes framework. They had systems in place to look at the previous scores and analyse them to ensure that they improved on the previous scores. We saw that results for the previous year's QOF scores had been improved upon.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 Safe Care and treatment** **How the regulation was not being met:** **The provider was not carrying out appropriate fire or premises risk assessments to ensure that the premises were safe to use.** **Regulation 12 (1)(2)(d)**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 Fit and Proper person employed** **How the regulation was not being met:** **The provider was not undertaking disclosure and barring services checks prior to a person commencing employment in the service.** **Regulation 19 (1)(a)**