

The Hollies

Quality Report

Elbow Lane
Formby
Liverpool
L37 4AD
Tel: 01704 877600
Website: www.theholliesurgery.co.uk

Date of inspection visit: 13 April 2016
Date of publication: 10/05/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to The Hollies	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Hollies on 13 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety. A system was in place for reporting and recording significant events. However, we found a number of incidents had not been recorded, reported and investigated. In some cases, findings were not shared with staff that had left the practice, which limited the learning from events.
- Overall, risks to patients were assessed and managed. However, we found arrangements for the administration of some treatments had not been formalised, for example, with patient specific directions.
- Safeguarding processes were in place and followed by staff. We did find that some requests for reports by safeguarding review boards were not met.
- Some recruitment checks had not been carried out.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.

Summary of findings

- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The partnership was undergoing a period of change which the lead partner and practice manager were managing.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider MUST make improvements are:

- To ensure that all significant events are recorded, reported and investigated. Learning should be shared with all staff involved in the incident.
- To produce patient specific directions to cover administration of medicines by health care assistants and to ensure these are signed by GPs and healthcare assistants.
- To ensure that all staff recruitment records required by Schedule 3 are held by the practice.
- To ensure that the practice registration with the Care Quality Commission (CQC) is accurate and correctly names all partners involved in the delivery of regulated activities.
- To ensure that all requests for safeguarding reports are met.

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.

- There was a system in place for reporting and recording significant events.
- We found some significant events had not been formally recorded, reported and investigated. This limited the learning from events.
- From all recorded significant events, we saw lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. We found some requests for safeguarding reports had not been met by the practice.
- Risks to patients were assessed and managed. However, patient specific directions were not in place in relation to administration of medicines (vaccines) by health care assistants.
- Some recruitment checks had not been completed in relation to staff.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, within extended hours surgeries offered at the practice, a number of appointments are ring-fenced specifically for cytology screening for women with working or caring responsibilities.
- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk

Good



Summary of findings

- The practice were in the process of updating its registration with CQC.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Winter planning arrangements were made every year to ensure the practice could meet the needs of the growing elderly population on the patient list.
- One of the GP's leads on care of frail elderly patients and works with other surgeries to ensure proactive services meet the needs of this population group.

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.
- Nursing hours had reduced at the practice. To address this, delivery of prescribed care was being done by health care assistants, for example delivery of vitamin B injections.
- Indicators for care of diabetes patients showed the practice performance was in line with national averages.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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.

Good



Summary of findings

- The practice had not met all requests for safeguarding reports, by safeguarding review boards. This could impact on the outcome of such meetings and on patients concerned.
- 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.
- Data showed the practice results for cytology screening were similar to those nationally: The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years, was 79% compared to the national rate of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice had ring-fenced appointments within its extended hours surgeries, for cytology screening for women with work or caring responsibilities, to further increase uptake of screening.
- 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.
- The practice GPs offered extended hours surgeries on two evenings each week to help meet the needs of working patients.

Good



People whose circumstances may make them vulnerable

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

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

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had targeted areas for improvement in the management of patients experiencing poor mental health. Figures available demonstrated that progress was being made.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 242 survey forms were distributed and 117 were returned. This represented 2% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, 30 of which were positive

about the standard of care received. Two comment cards described situations when patients had not been able to get appointments. Positive comments made by patients in CQC comment cards included comments about the caring nature of the GPs at the practice and the continuity of care patients received.

We spoke with three patients during the inspection. These patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice had received limited feedback forms for the Friends and Family Test. For example, just two forms were submitted into the collection box in March 2016. Both gave positive recommendations for the surgery. The practice had drawn patients' attention to the Friends and Family Test via its website, asking patients to support the practice by submitting their views on a regular basis.

Areas for improvement

Action the service MUST take to improve

The areas where the provider MUST make improvements are:

- To ensure that all significant events are recorded, reported and investigated. Learning should be shared with all staff involved in the incident.
- To produce patient specific directions to cover administration of medicines by health care assistants and to ensure these are signed by GPs and healthcare assistants.
- To ensure that all staff recruitment records required by Schedule 3 are held by the practice.
- To ensure that the practice registration with the Care Quality Commission (CQC) is accurate and correctly names all partners involved in the delivery of regulated activities.
- To ensure that all requests for safeguarding reports are met.

The Hollies

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Hollies

The Hollies is a GP partnership practice, based in a residential area of Formby, Liverpool. The practice is located in a former domestic property which has been extended and developed over time to provide GP consulting and treatment facilities. The practice is led by two GP partners, one male and one female, supported by two further (female) salaried GPs. The clinical team is complemented by two practice nurses (female) and two health care assistants (female). The practice administrative team is led by a practice manager who oversees the work of five administrative and reception staff. The practice is registered to deliver three regulated activities, diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services. Those patients requiring family planning services or surgical procedures are referred to other services locally by the GPs at the practice. All services are delivered under a PMS contract. The practice list size is approximately 4,900 patients.

The four GPs at the practice work part-time. Their combined hours provide 2.8 whole time equivalent GP hours, yielding 335 pre-bookable appointments each week. The GPs fit in emergency appointments and home visits on

top of this. The practice has two nurses. At the time of our inspection one of the nurses was away on maternity leave. The other nurse works 16 hours per week and is supported by two health care assistants.

All parts of the practice are located on the ground floor; the practice had been adapted over time to be wheelchair accessible. Doorways were also wide enough for pram and pushchair access. The practice has four GP consulting rooms, two clinical treatment rooms, two dedicated office areas and a meeting room. There are separate staff and patient toilet facilities and two store cupboards. The patient toilets have baby changing facilities. The practice offers any breast feeding parents the use of a room for their comfort and privacy. There is limited car parking outside the practice; there are no parking bays specifically reserved for use by disabled patients.

The practice is open from 8 am to 6.30pm each weekday, with later opening until 7.30pm on Tuesday and on Thursday, when extended hours surgeries are offered. Appointments are available from 8.30am to 11.50am each week day morning and from 2.30pm to 6.10pm each week day afternoon. Later appointments are available in the the two extended hours surgeries each Tuesday and Thursday evening with the last bookable appointment being at 7.15pm. Outside these hours, patients contacting the surgery are diverted to NHS 111 who handle calls and refer those patients in need of a GP, to the locally appointed out of hours service provider Go to Doc.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 April 2016. During our visit we:

- Spoke with a range of staff including two GPs, a practice nurse, the practice manager and two members of administrative staff. We spoke to three patients who used the service and met with the Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out analysis of significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that some incidents prompted clinic audits, which were made up of repeated cycles ensuring any learning was embedded and was used to drive improvements in practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. We saw that there were instances where requests for safeguarding reports, for use at safeguarding review boards, had not been met.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. However, the written patient specific directions worked to – for example for delivery of Vitamin B injections, were not in place. Patient specific directions are a legal requirement.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment for three of the staff. The recruitment records for a recently recruited member of staff were

Are services safe?

incomplete. For example, references had not been followed up; there was no evidence of checks on current registration with the appropriate professional body and no evidence of DBS check.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out 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 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recently reviewed the work of practice nurses due to staff absence. As a result, some routine work was being

performed by health care assistants. The practice could demonstrate that they had applied a risk assessment to the delivery of these duties but this had not been formally recorded.

Arrangements to deal with emergencies and major incidents

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

- Although there was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency, staff were not aware of how to use this as they had never had cause to use it in the past.
- 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. A first aid kit and accident book were 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 stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 93% of the total number of points available. There were no areas of QOF where exception reporting was significantly higher than either local or national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

Performance for diabetes related indicators was in line with the national average:

- The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c is 64mmol/mol or less in the preceding 12 months was 86%. National average 76%.
- The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80mmHg or less was 76%. National average 78%.

- The percentage of patients with diabetes, on the register, who had received influenza immunisation in the preceding 1 August to 31 March was 92%. National average 94%.

- The percentage of patients with diabetes, on the register, whose last last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less, was 80%. National average 80%.

- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 90%. National average 88%.

Performance for mental health related indicators, in the last published figures (2014-15) was lower than the national average, in two out of four key areas measured by QOF.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 57%. National average 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 69%. National average 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 82%. National average 84%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 93%. National average 94%.

The practice had implemented improvements for patients identified with mental health conditions. We were able to confirm that this had led to improved results for patients covered by two of the mental health indicators above, where scores had been markedly lower than the national average. QOF figures for 2015 in relation to mental health indicators showed:

Are services effective?

(for example, treatment is effective)

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months had improved from 57% to 75%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months had improved from 69% to 86%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years and all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the training of nurses in spirometry for accurate diagnoses of patients with respiratory problems.

Information about patients' outcomes was used to make improvements. For example, we saw that the practice had carried out year on year death audits. These reviewed the place of death of each patient, to check if a patient's wishes for final days of care were observed. Results showed that in cases of terminal illness, results year on year were similar. It was noted that the introduction of a template on the practice computer system to record the wishes of terminally ill patients, may help improve results.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw that both nurses and health care assistants had attended courses relevant to their roles at the practice.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- 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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to relevant services.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of

82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme. They ensured a female sample taker was available and had ring-fenced appointments in the extended hours surgeries, to increase attendance of women with working or caring commitments. This step was taken as part of the practice response to a local sexual health service closing. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 100% and five year olds from 97% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of all of the 32 patient Care Quality Commission comment cards we received, 30 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. Two cards expressed concerns on difficulties in getting an appointment.

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

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read and large print format.
- A hearing loop was available to those patients with reduced hearing.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified all patients who were carers. 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, 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.

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.

- The practice offered a 'Commuter's Clinic' on a Tuesday and Thursday until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- There was a quiet room available for any mothers wishing to breast feed, and baby change facilities were available in the patient toilets. Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.

Access to the service

The practice is open from 8 am to 6.30pm each weekday, with later opening until 7.30pm on Tuesday and on Thursday, when extended hours surgeries are offered. Appointments are available from 8.30am to 11.50am each week day morning and from 2.30pm to 6.10pm each week day afternoon. Later appointments are available in the two extended hours surgeries each Tuesday and Thursday evening, the last appointment on these evenings being at 7.15pm.

In addition to pre-bookable appointments that could be booked up to four 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.

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 79% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and posters advising how to make a complaint were posted prominently in the patient waiting area. There was also a copy of the complaints policy on the practice website, along with a complaints form, which enabled patients to submit complaints electronically or manually.

We looked at complaints received in the last 12 months and found all had been handled and responded to in line with the practice complaints policy. Lessons were learnt from individual concerns and complaints, and were shared amongst staff. Findings prompted action taken to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

We found that some governance processes had not been followed at all times; particularly during a period of change at the practice. A partner had recently left the practice and another was due to retire shortly. Two new salaried GPs had been recruited, with a view to partnership. In this period of change we could see that some governance processes had slipped. For example, the number of nursing hours at the practice had reduced due to staff semi-retirement and staff absence. As a result, work had been re-distributed, with routine tasks such as some health checks and injections being delivered by health care assistants. There were no patient specific directions in place, recording and setting out the delegation of work, such as delivery of Vitamin B injections to patients, by health care assistants. Patient specific directions are a legal

requirement. We also noted some governance processes related to health and safety had lapsed, such as the carrying out and recording of fire drills. The practice also needed to address its registration with CQC, to fully reflect any new partners and ensure that all partners were correctly registered.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

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

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, for best use of available space in the practice, whilst a decision is made on whether the practice will be staying in its current location.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was involved in leading the work in the locality on improving the identification of frail elderly patients, with a view to providing support to help these patients stay well, in their home environment.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to mitigate any such risks;</p> <p>The registered person did not report, record and investigate all significant events; findings were not routinely shared with all that were involved in the incidents.</p> <p>Regulation 12(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not have signed patient specific directions in place to support the delegation of administration of medicines work to health care assistants, such as Vitamin B injections and pneumococcal vaccine.</p>
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>Systems and processes must be established and operated effectively to prevent abuse of service users.</p>

This section is primarily information for the provider

Requirement notices

The provider had not met all requests for submission of safeguarding reports for use at safeguarding review boards.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17(2)(d)(i) and (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance

How the regulation was not being met:

The registered person did not maintain securely such other records as are necessary to be kept in relation to –

(i) Persons employed in the carrying on of the regulated activity.

Some staff recruitment checks had not been completed. And;

(ii) the management of the regulated activity;

There were no records kept in relation to fire drills.

Regulated activity

Regulation

Regulation 15 CQC (Registration) Regulations 2009 Notifications – notice of changes

The registered person must notify the Commission as soon as it is reasonably practicable to do so, of any change in the membership of the partnership.

The registered person must include the names of new partners in the registration and remove the names of former and retiring partners. Regulated activities must be delivered by the persons named in the partnership