

South Saxon House 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

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	11

Detailed findings from this inspection

Our inspection team	12
Background to South Saxon House Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at South Saxon House Surgery on 27 September 2017. 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 and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety although there were areas related to actioning alerts, clinical waste management and medicines management that required review.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey, the friends and family test, discussions with patients and

opinions from comment cards showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care in response to patient feedback.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

Summary of findings

- Ensure that all clinical (MHRA) alerts are acted upon and the actions recorded.
- Ensure that all storage bins containing clinical waste are kept locked at all times.
- Ensure that batch numbers, expiry dates and amounts used are always recorded when using injectable local anaesthetic.
- Ensure that alerts for children at risk which are placed on the practice computer are also placed on family or other household members' records, as appropriate.
- Monitor national GP survey responses and consider ways of improving responses on any that are below local and national averages.

The areas where the provider should make improvement are:

- Keep the revised system for audit trailing minor surgery histology specimens under regular review.

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?

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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.
- Although risks to patients were assessed and monitored the systems to address these risks were not always implemented well enough to ensure patients were kept safe. For example, the system for recording and monitoring (MHRA) alerts did not ensure that clinical action was always taken.
- There were systems and processes in place to manage medicines and although printer prescriptions were not tracked to specific printers, prescription serial numbers were recorded and the practice adjusted their system to track them to individual printers on the day of the inspection. Batch numbers, expiry dates and amounts used were not always recorded when local anaesthetic was used.
- Clinical waste was managed appropriately within the practice, however one of the external storage bins which contained clinical waste was found to be unlocked. The practice acted promptly to mitigate and resolve the issue.
- To ensure that all results were received and checked, the practice were introducing a new system of checking results against tissue samples taken when minor surgery was carried out.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- All children at risk had their computer records tagged with an alert although not all household members did.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- As the practice was newly registered at the current location, no data from the Quality and Outcomes Framework had been

Good



Summary of findings

published so any data used as part of the inspection process was provided by the practice and was unpublished and unverified with no local or national comparators at the time of the inspection.

- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

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 slightly lower than others for some aspects of care.
- Comment cards, discussion with patients on the day and friends and family test information that we reviewed showed that 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 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.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was readily available and the complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Good



Summary of findings

Are services well-led?

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

Good



- The practice had a clear vision and strategy to provide a friendly welcoming and safe environment to all their patients whilst also providing a high level of up-to-date clinical care. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt well supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We looked at two examples and saw evidence the practice complied with these requirements.
- The GP provider encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and staff were allowed protected time to complete courses.

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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. The practice involved patients and where appropriate carers in the review.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- All local care homes on the practice list were visited weekly with additional visits as required.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services such as community nurses.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice provided one stop clinics and screening clinics for patients with long term conditions. At these clinics all tests and consultations with the nurse and if necessary GP were carried out at the same appointment.
- Unverified figures from the practice showed that 84% of patients with diabetes were reviewed in a face to face interview in 2016/2017. There were no published local or national comparators available at the time of the inspection.

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, if appropriate the named GP arranged joint home visits with other professionals such as the occupational therapist, specialist cancer care nurse or physiotherapist when required.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances. However although all children at risk had their computer records tagged with an alert although not all household members did.
- Unverified and unpublished data shown to us by the practice showed Immunisation uptake rates for children of one year and under to be just over 80%. Immunisation uptake rates for children of two years were 96% up to 100% and for five years in a range from 87% to 97% for all standard childhood immunisations. There were no local or national comparators.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Unverified data from the practice for 2016/2017 showed that the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 82%. There were no published local or national comparators available.
- Safeguarding policies were in place with safeguarding being an agenda item on the monthly multi-disciplinary team meetings. Health visitor contact details were available to all GPs and staff to discuss child safeguarding concerns.

Good



Summary of findings

- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours for nurse appointments.
- 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. There was a link on the website home page to a practice survey and patients were encouraged to leave comments and suggestions as to how the service and care could be improved
- Evening appointments were available with the practice nurse.
- Appointments could be booked or cancelled and repeat prescriptions ordered online.
- 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.
- Telephone appointments were available with each clinician during each surgery.
- Patients were offered new patient health checks and health checks for 40 to 74 year olds.
- The practice proactively offered exercise advice and referral to a local gym for those with a BMI >30.

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. All patients that staff members perceived to be vulnerable were flagged up on the computer system.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Palliative/End of Life Care provided by the GP provider with a register of patients to ensure effective care and support is provided to such patients/relatives in their own homes

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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. We saw examples where staff had raised safeguarding concerns.

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 carried out advance care planning for patients living with dementia.
- We saw unverified data from the practice that 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- We saw unverified data from the practice that 93% of patients diagnosed with mental health disorders had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- A Mental Health Worker was available for counselling sessions in the practice every week.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. Two hundred and ninety four survey forms were distributed and 105 were returned. This represented 3% of the practice's patient list.

- 80% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 85% and the national average of 85%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 79% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Care was frequently described as excellent and staff described as professional, caring, polite, friendly and helpful.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice were pro-active in encouraging patients to fill in Friends and Family Test forms which were processed by an external organisation. We saw that from January to July 2017 382 patients filled in the forms. 92% were very likely or likely to recommend the practice, two per cent were unlikely or extremely unlikely to do so and six per cent were neither likely or unlikely to do so.

South Saxon House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to South Saxon House Surgery

South Saxon House Surgery is a GP practice that provides medical services to the people of St Leonards on Sea and the surrounding area under a General Medical Services contract. The practice had approximately 3,100 patients at the time of the inspection. Patient numbers had risen from around 2,700 since the move to the current location in April 2016.

The practice is run by a single (female) GP who is covered by regular locums when not available. The clinical team also consists of a practice nurse and an advanced nurse practitioner, a healthcare assistant (HCA) and a phlebotomist (all female). The clinical team are supported by a practice manager, an office manager and a team of reception and administrative staff.

The practice address is:

4 Whatlington Way

St Leonards on Sea

East Sussex

TN38 9TE

The practice is open Monday to Friday from 8am to 6pm. Appointments are available with the GP from 8.30am to

11.30 am Monday to Friday and from 3.30pm to 5.30pm on Monday, Tuesday, Thursday and Friday afternoons and on Wednesday afternoon from 1pm to 2.30pm. On Wednesday afternoons and between 6pm and 6.30pm the GP can be contacted in an emergency via the practice. Appointments with the nurse are available on Tuesdays and Fridays and with the HCA on Tuesday and Thursday. Appointments with the nurse are also available on Thursday evenings from 5pm to 8pm.

When the surgery is closed the Out of Hours provider IC24 can be contacted via the 111 provider.

Five morning GP appointments and two afternoon appointments each day are pre-bookable, the rest are book on the day. Appointments with the nurse can be booked up to three months in advance.

The practice population has a higher number of patients between the ages of 10 and 24 and 35 to 64 than the national average. There is also a lower than average number of patients aged 65 or more. There is a lower than average number of patients with a long standing health condition and slightly higher than average number of patients with caring responsibility or who have health related problems in daily life. The percentage of registered patients suffering deprivation (affecting both adults and children) is higher than average for the Clinical Commissioning Group (CCG) or for England.

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 27 September 2017. During our visit we:

- Spoke with a range of staff, GP, nurse, advanced nurse practitioner, health care assistant, practice manager and reception and administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of 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.
- Visited the practice.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

Please note that when referring to information throughout this report, all data is unverified and unpublished as this was a new practice and was the most recent information available to CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system 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. 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).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. We saw that all significant events were reported to the National Reporting and Learning System (NRLS). For example, an incident where samples were incorrectly labelled was investigated, actioned and discussed with all staff to reduce the risk of the issue reoccurring.
- There was a system for recording and monitoring Medicines & Healthcare products Regulatory Agency (MHRA) alerts. We saw that non clinical alerts were actioned and cascaded to staff, however although clinical staff were alerted by email to clinical issues, the system did not ensure that the alerts were actioned and followed through. When this was mentioned during the inspection the practice immediately revised their system to ensure that all clinical alerts were actioned and that there was an audit trail of the actions.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs, the advanced nurse practitioner and nurse were trained to child protection or child safeguarding level three.
- We noted that all children at risk had their computer records tagged with an alert although not all household members did.
- 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 or a written risk assessment. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We did note however that the outside clinical waste bin had a broken lock and contained bagged clinical waste. The practice management were not aware that waste was in the bin and acted immediately to resolve the problem.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). Although printer prescriptions were not tracked to specific printers, prescription serial numbers were recorded and the practice adjusted their system to track them to individual printers on the day of the inspection. All rooms containing printers and prescriptions were locked when not in use and at night. Following our inspection the practice decided to increase security further by locking the prescriptions in cupboards within the locked rooms at night.

There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being given to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. 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 and patient specific prescriptions or directions from a prescriber were produced appropriately. We did find that when carrying out minor surgery the visiting surgeon recorded the type of local anaesthetic used, but did not always record the batch numbers or amount used.

The practice carried out minor surgery for patients from their own and other local practices. The results were sent to the GP who checked them and sent them to the patients' GPs. Patients were asked to phone their own GPs for the results. To ensure that all results were received and checked, the practice were introducing a new system of checking results against tissue samples taken when minor surgery was carried out.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and regular recorded checks of the premises were carried out.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. During periods of staff sickness or annual leave staff covered one for one another. If the GP was on leave then locum cover was sourced and we saw that the locums were provided with a comprehensive locum pack. Another local GP was available to provide clinical support for the Advanced Nurse Practitioner on the rare occasions that the provider was unavailable.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system and emergency icon on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- 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 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 risk assessments, 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). As the practice was new to its current location there were currently no published QOF results available. There were some unverified results available from the practice for the 2016/2017, but as the 2016/2017 results have not yet been published, there were no comparators with local or national figures available. The most recent unpublished and unverified results were that the practice achieved 100% of the total number of points available

The practice reported exception reporting across all domains as 13% for 2016/2017. There were no local or national comparators published at the time of the inspection. (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). The practice told us that patients were written to on three separate occasions a month apart before being excepted. The practice manager would make the decision to except patients for non-responding patients referring to the GP where necessary.

Unverified data from the practice showed that in 2016/2017

- 84% of patients with diabetes were reviewed in a face to face interview.
- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- 93% of patients diagnosed with mental health disorders had their care reviewed in a face to face meeting in the last 12 months.

There was evidence of quality improvement including clinical audit:

- In addition to medicines audits carried out in conjunction with the clinical commissioning group (CCG), there had been three clinical audits commenced in the last two years, two of these were completed two cycle audits where the improvements made were implemented and monitored.
- Information about patients' outcomes was used to make improvements such as: Improvements in the quality of care of patients with atrial fibrillation (a heart condition) and osteoporosis (a bone condition).

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.
- 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,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. 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.
- From the sample of documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Multi-disciplinary team (MDT) 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 or patients on the palliative care register.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- The practice referred patients with a Body Mass Index of over 30 to a local service for lifestyle and weight management advice.

The practice's unverified uptake for the cervical screening programme for 2016/2017 was 82%. At the time of the inspection there were no published local or national comparators.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Unverified and unpublished data shown to us by the practice showed Immunisation uptake rates for children of one year and under to be just over 80%. Immunisation uptake rates for children of two years were 96% up to 100% and for five years in a range from 87% to 97% for all standard childhood immunisations. There were no local or national comparators.

We discussed the lower uptake of childhood vaccinations for children less than one year and the practice told us that they would contact the patients if they failed to make or attend an appointment, often calling them on the phone. However despite concerted efforts they were unable to increase the uptake. They also pointed out that since moving the surgery location the demographic of the local population had changed with an increase in deprivation which can also affect uptake of immunisation.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by having access to

Are services effective?

(for example, treatment is effective)

information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were systems 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.

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. The practice had a much higher than the local average uptake of NHS Health Check invitations (practice uptake 84%, CCG uptake 52%). 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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were professional, helpful, caring and treated them with dignity and respect.

We spoke with four . They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 average or a little below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.

- 89% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 90% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 91% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 95%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, we spoke with a staff member from a local home who the practice looked after. They told us that the practice were really caring and proactive and that they couldn't ask for better.

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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 mixed in relation to local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.

Are services caring?

- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- We saw signs in the waiting room informing patients that information could be obtained in a large print format or braille if requested.
- Signs informed patients that they could access a British Sign language interpreter if required.

- There was a hearing loop available in the reception area.

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. There was also a television screen displaying a variety of information such as Information about chronic illness, support groups and other services. Information was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 33 patients as carers (1% of the practice list). Carers were offered flu immunisation, longer appointments and were offered referral to respite services where appropriate. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, the practice would offer support and refer to bereavement counselling where appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours with the nurse on a Thursday evening until 8pm 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The practice had 10% of patients with a Body Mass Index (BMI) greater than 30. These patients were diagnosed as obese and were pro-actively referred for lifestyle counselling.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments if appropriate.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- A member of a local social prescribing service was available one day a week to assist patients with issues such as claiming benefits.
- There were accessible facilities, which included a hearing loop, and interpretation services including British Sign Language interpreters available.
- There were automatic sliding entrance doors and one reception counter was lower for ease of wheelchair access.
- There were disabled and baby changing facilities.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open Monday to Friday from 8am to 6pm. Appointments were available with the GP from 8.30am to 11.30 am Monday to Friday and from 3.30pm to 5.30pm on Monday, Tuesday, Thursday and Friday afternoons and on Wednesday afternoon from 1pm to 2.30pm. On Wednesday afternoons and between 6pm and 6.30pm the GP could be contacted in an emergency via the practice. Appointments with the nurse were available on Tuesdays and Fridays and with the HCA on Tuesday and Thursday. Appointments with the nurse were also available on Thursday evenings from 5pm to 8pm.

When the surgery was closed the Out of Hours provider IC24 could be contacted via the 111 provider.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to, or better than, local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the clinical commissioning group (CCG) average of 73% and the national average of 71%.
- 85% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 84%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 83% and the national average of 81%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 68% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

The system was that the receptionist informed the GP of the visit who then telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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. For example, posters were displayed in the waiting room and summary leaflet was available. The website also contained information on how to complain.

We saw that no complaints had been received in the last 12 months, but we saw that there were systems in place to handle any future complaints in line with guidance. Complaints were a standing item in meeting minutes and it was noted if there were no complaints.

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 and strategy to provide a friendly, welcoming and safe environment to all their patients whilst also providing a high level of up-to-date clinical care.

- The vision was displayed on the front of the practice leaflet.
- The practice had a clear 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 structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The GP and nurses had lead roles in key areas such as safeguarding and infection control.
- Practice specific policies were implemented and were available to all staff on the computer and in hard copy. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Clinical meetings were held with the multi-disciplinary team monthly and practice meetings were held quarterly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the provider 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 GP provider and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 provider encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems 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.

There was a clear leadership structure and staff felt very well supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, spoke to health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Minutes were comprehensive, were signed by staff to confirm that they had been read and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the GP provider and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the provider 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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through a suggestions box, complaints received and the Friends and Family test. The practice used the Friends and Family Test proactively. Staff actively asked patients to fill them in, there was a place for comments and a breakdown of grading. There was also a space for free text comments. The forms were sent to an external agency for analysis and the results including anonymised comments returned to the practice. For example from January to July 2017 382 patients filled in the forms. Ninety two percent were very likely or likely to recommend the practice, two per cent were unlikely or extremely unlikely to do so and six per cent were neither likely or unlikely to do so. The PPG met regularly and discussed proposals for improvements with the practice management team.

- 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 worked closely with local agencies such as wellbeing and care agencies to improve outcomes for patients in the area. They were also part of a pilot scheme with the clinical commissioning group on workflow management.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. They had not always ensured that all clinical Medicines & Healthcare products Regulatory Agency (MHRA) alerts were acted upon. Clinical waste was not always kept securely. Batch numbers, expiry dates and amounts used were not always recorded when local anaesthetic was used..</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>