

Petworth Surgery

Quality Report

Petworth Surgery
Grove Street
Petworth
West Sussex
GU28 0LP
Tel: 01798342248
Website: www.petworthsurgery.co.uk

Date of inspection visit: 7 June 2016
Date of publication: 15/09/2016

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 Petworth Surgery	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	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Petworth Surgery on 7 June 2016. Overall the practice is rated as good.

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

- 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.
- There was an open and transparent approach to safety and an effective system in place for reporting significant events, although we found the recording processes could be improved.
- Most risks to patients were assessed and well managed. However, some systems and processes to

address risks were not implemented well enough to ensure patients and staff were kept safe. This included the arrangements to manage infection control, the safe storage and security of controlled drugs, completion of recruitment checks, and the monitoring and tracking of prescriptions.

- 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.
- All patients had a named GP. The practice management and all staff considered patient care to be their top priority and demonstrated a focus on knowing their patients individually, in order to provide continuity of care.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day. The patients we spoke with on the day of the inspection told us they were happy with the care and treatment they received.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The patient participation group was relatively new, but had made a number of improvements to the practice and ensured regular communication with the patients.

The areas where the provider must make improvements are:

- Ensure that all significant events are fully recorded centrally at the practice to ensure a comprehensive audit trail is maintained.
- Improve policies and procedures to ensure the monitoring and tracking of blank prescriptions at all times.
- Ensure that access to controlled drugs is restricted and improve the security arrangements for their storage.
- Ensure there are robust arrangements in place for the management of infection control and for the assessment, monitoring and minimising of associated risks. This includes that all staff receive training that is appropriate to their job role on infection control and that all cleaning is recorded according to a defined schedule.
- Ensure that recruitment checks are completed, including proof of identification and references. Ensure that all non-clinical staff are either risk assessed or have received a Disclosure and Barring Scheme (DBS) check especially those who act as chaperones.

In addition the provider should:

- Ensure all practice policies and procedures are dated at the time of writing and last review.
- Review the practice layout in order to consider methods to restrict access to the dispensary to the dispensary staff only.
- Continue to improve records of training to ensure all staff have completed their training requirements.
- Consider improvements to the recording of complaints to enhance efficiency and the management of the process.
- Ensure there are arrangements to provide regular communication and updates to all staff regarding senior management changes in light of succession planning.

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 an effective system in place for reporting significant events, although we found the recording processes could be improved.
- 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Some risks to patients were assessed and well managed. However, systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included the arrangements to manage infection control, the safe storage and security of controlled drugs, completion of recruitment checks, and the monitoring and tracking of prescriptions.

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.
- All patients had a named GP; however the practice had a formal buddy system to ensure that each patient had a second GP to ensure continuity of care.
- 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 they were collaborating with other local practices to discuss setting up an urgent care clinic.
- 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 had good facilities and was well equipped to treat patients and meet their needs. This included a portable hearing loop, disabled facilities and baby changing facilities.
- The practice regularly attended to the residents of nearby care homes to provide services that included medicine reviews and health checks. We received positive feedback from one of the care home managers about the care and treatment received.
- 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 good 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.
- The practice management and all staff considered patient care to be their top priority and demonstrated a focus on knowing their patients individually, in order to provide continuity of care.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice held regular governance meetings and had a number of policies and procedures to govern activity, although not all were dated.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 relatively new but we were given examples of improvements that had been made and were planned.
- There was a strong focus on continuous learning and improvement at all levels. This included that the GPs had a shared office in order to facilitate information sharing, case reviews and general assistance. The registrars would also work from this room and therefore benefited from unrestricted time with more experienced GPs and partners.

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.

- All patients had a named GP, including those over 75.
- 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.
- The practice regularly attended to the residents of a nearby care home to provide regular services that included medicine reviews and health checks. We received positive feedback from the manager of one of these care homes.

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.
- Performance for diabetes related indicators were in line or slightly above with national averages. For example, the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 90% compared with a national average of 88%.
- Longer appointments and home visits were available when needed.
- All these 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.
- The practice offered a range of services to people with long term conditions. This included clinics for diabetes, asthma and hypertension.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 76% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was proactive in offering online services including booking/cancelling appointments and an electronic prescribing service.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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 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

Good



Summary of findings

and how to contact relevant agencies in normal working hours and out of hours. The practice had designated the senior partner as the lead member of staff for safeguarding, who had recently attended a safeguarding update and attended a meeting for safeguarding leads annually.

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).

- Data from the Quality and Outcomes Framework (QOF) showed results were in line with national averages for this population group. For example the percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 80% which was in line with the national average of 84%.
- 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. We saw evidence of detailed and personalised care plans for patients experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 and showed the practice was performing in line with or above local and national averages. There were 233 survey forms distributed and 116 were returned. This represented less than 2% of the practice's patient list and a response rate of 50%.

- 77% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% 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%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered good personalised care and staff were friendly, understanding and caring. There were four cards received where patients were not all positive, comments included difficulty with making appointments and waiting times.

We spoke with three patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all significant events are fully recorded centrally at the practice to ensure a comprehensive audit trail is maintained.
- Improve policies and procedures to ensure the monitoring and tracking of blank prescriptions at all times.
- Ensure that access to controlled drugs is restricted and improve the security arrangements for their storage.
- Ensure there are robust arrangements in place for the management of infection control and for the assessment, monitoring and minimising of associated risks. This includes that all staff receive training that is appropriate to their job role on infection control and that all cleaning is recorded according to a defined schedule.
- Ensure that recruitment checks are completed, including proof of identification and references. Ensure that all non-clinical staff are either risk assessed or have received a Disclosure and Barring Scheme (DBS) check especially those who act as chaperones.

Action the service **SHOULD** take to improve

- Ensure all practice policies and procedures are dated at the time of writing and last review.
- Review the practice layout in order to consider methods to restrict access to the dispensary to the dispensary staff only.
- Continue to improve records of training to ensure all staff have completed their training requirements.
- Consider improvements to the recording of complaints to enhance efficiency and the management of the process.
- Ensure there are arrangements to provide regular communication and updates to all staff regarding senior management changes in light of succession planning.

Petworth 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, a practice manager specialist adviser and a CQC Assistant Inspector.

Background to Petworth Surgery

Petworth Surgery is located in a purpose built premises in the semi-rural area of Petworth. The practice provides primary medical services and a dispensing service to approximately 6,000 patients. The practice also provides care and treatment for the residents of a nearby care home, which serves individuals with mental and physical care needs, including dementia.

There are five GP partners (two male, three female). Collectively they equate to just under three full time GPs. The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

There are four female members of the nursing team; two practice nurses, one health care assistant and one phlebotomist. GPs and nurses are supported by the practice manager, a deputy practice manager, a patient services manager, and a team of reception/administration staff. The dispensary service is led by a senior dispenser who is supported by two staff members.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of

patients who are aged over 65 years when compared to the national average. The number of patients aged from birth to 18 years is slightly lower than the national average. The number of registered patients suffering income deprivation is lower than the national average.

The practice is open from 8:30am to 6:30pm Monday to Friday. The practice has a lunchtime closure from 1pm to 2pm; during this time patients can call the normal surgery phone number and a duty doctor is available. Outside of the opening hours care is provided by an out of hours service. Extended hours appointments are offered from 7am to 8am on alternate Tuesday and Wednesday mornings.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access the out of hours service by calling the surgery or viewing the practice website.

The practice offers a number of services for its patients including; family planning, minor surgery, hypertension clinics, smoking cessation, and travel vaccines.

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Coastal West Sussex Clinical Commissioning Group.

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

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 June 2016. During our visit we:

- Spoke with a range of staff including; GPs, nurses, receptionists, the practice manager and receptionists/administrators/secretaries. We also spoke with patients who used the service.
- Observed how people were being cared for, talked with carers and/or family members and reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Made observations of the internal and external areas of the main premises.
- Reviewed documentation relating to the practice including policies and procedures.

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 a system in place for reporting 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 a thorough analysis of the significant events and we saw satisfactory evidence of the recording process, which was open and transparent to all staff. However we found the central recording of events could be improved to ensure a comprehensive audit trail is maintained. We found that the responsibility for significant events was shared between the practice manager and a lead GP. We saw that the recording of clinical meetings and subsequent actions were handwritten and therefore it was not always possible to easily trace the full significant event cycle from event to completed actions. However we saw and were told about the electronic recording process that was underway.

Overview of safety systems and processes

Most of the systems, processes and practices in place kept patients safe and safeguarded from abuse. This included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. The arrangements reflected relevant legislation and local requirements. We saw that policies were accessible to all staff but these were not dated so it was unclear when they were written or last reviewed. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had designated the senior partner as the lead member of staff for safeguarding, who had recently attended a safeguarding

update and attended a meeting for safeguarding leads annually. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice stored relevant incoming information on the practice system as appropriate, for example minutes of case conferences where the safeguarding concerns of children and their families were discussed. GPs were trained to child protection or child safeguarding level three, nurses and health care assistants to level two or three and all administrative staff to level one. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

- 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 but we found the practice were in the process of completing Disclosure and Barring Service (DBS) checks for non-clinical chaperones. (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). We saw evidence that all clinical staff had completed DBS checks.
- The practice maintained appropriate standards of cleanliness and hygiene. The practice employed a cleaner and a schedule of cleaning was in place, but this did not include the cleaning of fabric curtains used in clinical rooms. The practice told us they would add this aspect to their schedule immediately, although they had ordered replacement disposable curtains for all rooms. We observed the premises to be clean and tidy. The health care assistant was the infection control clinical lead who had attended clinical commissioning group led training. Certified training had not yet been undertaken. The infection control lead liaised with the local infection prevention teams to keep up to date with best practice and fed back to the clinical team. There was an infection control policy and we were told that infection control staff training was planned, to include hand hygiene. Annual infection control audits were undertaken and we saw evidence of the recent audit conducted with the practice manager in June 2015, however we did not see evidence that the actions were completed. We were told another audit had been commenced recently and the actions were in progress but we did not see evidence of this.

Are services safe?

- Most of 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. However at the time of inspection the practice was not able to demonstrate that there were systems in place to routinely record, track and monitor blank prescriptions. The practice did not have Independent Prescribers; therefore Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a dispensary at Petworth Surgery. We observed this was in an open plan office environment and therefore access could not be restricted to all staff, however it was not accessible to patients. The staff and partners told us this was a recognised concern for them and they had begun considering ways to partition the dispensary, but we saw that they were bound by the limited building space available. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. We were told that medicines were always checked carefully for accuracy, by two separate dispensary staff before being supplied to patients. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. We saw examples where these had been escalated and treated as significant events. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These were regularly reviewed by the senior dispenser.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage these. Controlled drugs were stored in a controlled drugs cupboard but we found that access to the cupboard was not always restricted safely to

appropriate staff. Dispensary staff kept the keys with them at all times during opening hours. However, the keys to the cupboard were stored within an insecure location overnight and therefore all practice staff could potentially gain access.

- We reviewed six personnel files and found the majority of appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). This included that we found one file that did not have evidence of the staff members' employment history, proof of identification, or references. We also found that the practice had not completed DBS checks or risk assessment for any non-clinical staff. The practice told us they would conduct a risk assessment or completed DBS checks if appropriate, in order to address this concern.

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 staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. We found that all practice staff had recently attended a clinical commissioning group fire training day. The practice manager was an accredited fire warden. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Are services safe?

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- We saw evidence that 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. The emergency equipment and medicines were checked weekly.
- 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, fit for use 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 and was available both on and off site in case of loss of services.

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 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). The most recent published results were 97% of the total number of points available, which was in line with the clinical commissioning group (CCG) average of 98% and national average of 95%.

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

- Performance for diabetes related indicators were in line or slightly above with national averages. For example, the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 90% compared with a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 87% which was slightly above to the national average 84%.
- Performance for mental health related indicators were in line with or slightly above the national average. For example, 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the last 12 months compared with a national average of 90%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 80% which was in line with the national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice provided evidence of six clinical audits completed in the last two years, four 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, a two cycle palliative care audit was completed by May 2016 as it was found the practice had not previously reviewed registered patients who had died. The audit was conducted to determine whether early planning had been completed to co-ordinate care and provide the opportunity for patients wishes to be fulfilled. The first audit highlighted that an increased recognition of palliative care patients and the practice register was required. Regular multi-disciplinary meetings were set up along with the creation of a folder of information, forms and support. Additionally, the results of the audit were discussed at a practice development day. The second audit found that the number of patients on the register had increased and the recording of patient wishes had improved. The results were again discussed and it was recommended to conduct a re-audit annually to maintain the recognition of palliative care patients.

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 and they used a checklist to ensure all areas were completed. This covered such topics as safeguarding, 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. This included that one of the nurses had a

Are services effective?

(for example, treatment is effective)

specialist interest in diabetes and had strong links with other services, a nurse forum was also regularly attended to provide updates and best practice on this topic.

- 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. We found there were some gaps in staff training however we saw that the practice manager, along with the lead GP, were developing a training matrix to ensure all staff completed their training requirements.

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.
- All patients had a named GP. The practice also had a formal buddy system to ensure that each patient had a second GP to ensure continuity of care.

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.

The practice attended multi-disciplinary team meetings regularly; this included a fortnightly palliative care meeting and attendance at a fortnightly Proactive care meeting (Proactive care is a team consisting of representatives of community agencies). We saw evidence of recent minutes for both of these meetings and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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 the relevant service.
- Advice on patients' diet and smoking cessation advice was available from the health care assistant or local support groups.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 76% and the national average of 74%. 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 by ensuring a female sample taker was available. The practice also encouraged its patients to attend national

Are services effective?

(for example, treatment is effective)

screening programmes for bowel and breast cancer screening. There were 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 vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 94% to 100% and five year olds from 83% to 98%.

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

Throughout our inspection we observed that members of staff were courteous, friendly and attentive with patients both in person and on the telephone. The reception desk area was open but the waiting area was a separate room, which meant conversations at the desk could not be overheard. We saw that staff dealt with patients in a friendly, polite and helpful manner. Staff told us that a room could be made available if patients wanted to speak confidentially away from the reception area. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Within consulting rooms we noted that curtains were provided so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

All of the 23 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 helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with one member of the patient participation group (PPG) who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 95% 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%.
- 96% 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 saw examples of detailed care plans were personalised, for example for mental health patients and those with a learning disability.

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:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 91% 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%.
- 85% 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- In the reception area we saw that the digital check in system had a number of different languages available.

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 100 patients as carers (1.5% of the practice list). The practice had collated information into a carers support information folder, which was available to direct carers to the various avenues of

support available to them. The practice also told us they worked closely with local and national services, for example they provided patients with information on how to seek respite care.

Staff told us that their patients were well known to them due to the GPs having a personal list. They told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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. For example, the practice had collaborated with three other local surgeries to meet with the CCG in order to discuss setting up a new local service called a Minor Injury Assessment & Minor Illness (MIAMI) clinic. At a MIAMI clinic, patients can access urgent care and support from 8am to 8pm Monday to Friday, and attend pre-bookable chronic disease management, sexual health, and family planning services on Saturdays and Sundays.

- The practice offered extended hours from 7am to 8am on alternate Tuesday and Wednesday mornings.
- There were longer appointments available if required. This included younger patients, and those with a learning disability, dementia or poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included that a practice nurse made weekly visits to those whose circumstances may make them vulnerable, for example those on the practice housebound register and to conduct chronic disease reviews.
- There were disabled facilities, baby changing facilities, a hearing loop and translation services available.
- Same day appointments were available for children, and those patients with medical problems that require same day consultation.
- Patients had online services available that included booking/cancelling appointments and ordering repeat prescriptions.
- Appointments were offered to patients with no fixed address.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice offered a variety of services including family planning, minor surgery and hypertension clinics. The practice also hosted other services, for example a commercial organisation that provided a self-referred hearing loss clinic once per month.
- The practice regularly attended to the residents of a nearby care home to provide services that included

medicine reviews and health checks. We received feedback from the manager of one of these care homes who was happy with the care and treatment provided to the residents, stating a good relationship had been built with the GPs of the practice. It was commented that they were kind and caring, putting the care and respect of the residents as a priority. We were also told that any issues with the dispensing service were being resolved, and that medicines audits were conducted by the practice with any learning discussed together with the nursing home.

Access to the service

The practice is open from Monday to Friday. The practice has a lunchtime closure from 1pm to 2pm. Outside of the opening hours the practice is serviced by an out of hours service.

The practice was open between 8:30am and 6pm Monday to Friday with a lunchtime closure from 1pm to 2pm, during which time an emergency telephone service was provided. Extended hours appointments were offered from 7am to 8am on alternate Tuesday and Wednesday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them via the practice triage system. We saw that an appointment with a GP or a nurse were both available within one week, which could be booked online or by phone.

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.

- 71% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 76% and the national average of 78%.
- 77% of patients said they could get through easily to the practice by phone compared to the clinical commissioning group average of 72% and 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.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Are services responsive to people's needs?

(for example, to feedback?)

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 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 on notice boards and leaflets in the waiting room to help patients understand the complaints system

We looked at five complaints received in the last 12 months and we saw evidence that they had been fully investigated, with transparency and openness. We saw satisfactory evidence of the recording process however we noted that recording could be improved to enhance efficiency and management of the process. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result 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 management and all staff considered patient care to be their top priority and demonstrated a focus on knowing their patients individually, in order to provide continuity of care.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice told us this had been developed in collaboration with all practice staff.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However some policies were not dated and therefore it was not possible to determine when these were written or last reviewed. This could present difficulties for staff to determine whether information was up to date.
- An understanding of the performance of the practice was maintained
- A programme of continuous 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.

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 always 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 and 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. The practice had started a transitional process in management due to staff succession planning, however the majority of staff felt they were kept updated on these changes.

- Staff told us the practice held regular team meetings. Alongside this the practice had a collaborative working arrangement. This included that the GPs had a shared office in order to facilitate information sharing, case reviews and general assistance. The registrars would also work from this room and therefore benefited from unrestricted time with more experienced GPs and partners. The GPs we spoke with enjoyed working together, rather than within individual rooms, when conducting tasks other than patient consultations.
- 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 commented that they enjoyed working at the practice and that the senior practice staff were kind, supportive and willing to help when needed.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Many staff we spoke with gave examples where they were being encouraged and supported to progress in their roles. All

Are services well-led?

Good 

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

staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, 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 their own patient survey in 2015 and through the patient participation group (PPG). The PPG was relatively new but had established members and they met regularly. The PPG members we spoke with told us that the meetings were attended by practice staff, including GPs and nurses, who listened to their suggestions for improvement and had acted on them wherever possible. We were told about various

improvements that had already been made. For example, it was commented by a patient that the waiting room was dark and uninviting so the practice redecorated to ensure a warm and welcoming environment. The PPG were working towards future improvements, including that they were hoping to set up transport scheme for patients due to the rural setting and lack of public transport.

- 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.

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>How the regulation was not being met:</p> <p>We found that the registered provider had not always ensured that effective systems were in place to assess the risks to the health and safety of service users of receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks.</p> <p>This included that the provider had not:</p> <ul style="list-style-type: none">• Ensured that significant events were always thoroughly recorded to ensure a comprehensive audit trail was maintained.• Ensured the proper and safe storage of controlled drugs.• Ensured robust arrangements for the management of infection control and for the assessment, monitoring and minimising of associated risks. This includes staff training on infection control.• Ensured that persons employed for carrying out the regulated activities were of good character, that processes were in place to ensure staff have appropriate and current registration with a professional body, that Disclosure and Barring Scheme checks were completed as appropriate, and had not ensured that information specific to schedule three was in place.• Ensured that blank prescriptions were monitored and tracked throughout the practice at all times.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.