

Newtown 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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Good 

Summary of findings

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	6
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Newtown 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	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Newtown Surgery on 5 April 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 defined and embedded systems to minimise risks to patient safety.
- 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.
- A clinical pharmacist works as part of the general practice team to resolve day-to-day medicines issues and consult with patients directly.

- Results from the national GP patient survey 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.
- Patients we spoke with said they were very happy with staff and the care provided.
- The appointments system provided a range of appointments to meet patients' needs including urgent and on the day appointments. However, feedback from some patients was that they had difficulty getting through to the practice by phone and that they sometimes waited too long for an appointment.
- 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.

Summary of findings

- 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:

- Take action to improve capacity for the provision of clinical appointments and improve patient experience of access to the service.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- 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, received support, information and an apology.
- The practice had defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff were aware of current evidence based guidance.
- A clinical audit seen during the inspection 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 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Survey information 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 requires improvement for providing responsive services.

Requires improvement



Summary of findings

- 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.
- Some of the patients we spoke with and patient survey results identified that it was difficult to make an appointment and patients struggled to get through on the telephone lines for the surgery.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Information about how to complain was available and evidence from complaints reviewed showed the practice responded quickly to issues raised.

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.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
- A 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.
- The 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. The practice engaged with the patient participation group.

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

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

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 was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. They supported 36 patients in local care homes.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. The practice had started to send birthday cards to patients over 75 who had not been to the practice to help encourage them to attend a full review and check-up. They had developed templates including specific topics to discuss with patients such as frailty, loneliness and screening for dementia. They had integrated medication reviews by their own clinical pharmacist with reviews carried out by their practice nurses. This provided a one stop shop for each person's appointment with an integrated approach from staff.

The practice had access to a Wellbeing service commissioned by the CCG to offer support to patients. They also had access to a Social Care in practice (SCIP) worker allocated to the surgery to help facilitate care for older patients.

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.
- They operated a rolling programme to review patients on their chronic disease register. In the last year they offered patients with several long term conditions a single, longer appointment to avoid multiple visits to the surgery.
- Data from 2016 showed that the practice was performing in comparison with other practices nationally for the care and treatment of people with chronic health conditions. .

Summary of findings

- All these patients had a named GP. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- The practice worked with health visitors to support this population group. 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.
- A full Immunisation service is provided by the practice nurses for children and young people.
- 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.
- Ante-natal and eight week baby checks were completed by the nurses and clinicians.
- The practice had emergency processes for acutely ill children and young people.
- The local family planning service was located in the building and patients were signposted to it when needed.

The practice has a refuge located close to the surgery. They encouraged people from there to register, so these patients and their families had adequate health care provision.

Good



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. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours from 7.30am to 8am Monday to Wednesday.
- 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.

Good



Summary of findings

- They provided a weekly clinic run by one of the Health Improvement Team to offer health checks and to also offer lifestyle advice to those who need this.
- They had recently set up a weekly clinic run by the Citizens Advice Office, to offer help and advice to those who may be in need of this type of service.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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.

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).

Good



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The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. They employed their own clinical pharmacist who regularly carried out medicine reviews for patients.
- The practice had information available for patients experiencing poor mental health about how they could access

Summary of findings

various support groups and voluntary organisations. They utilised the local psychiatric services including IAPT (Improving Access To Psychological therapies) homecare and crisis teams to help them to manage this group of patients.

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia. They have an active case finding system for dementia. All chronic disease templates have a screening question for dementia. Patients at risk of dementia were identified and offered an assessment.

Summary of findings

What people who use the service say

The national GP patient survey results for 2016 showed the practice was performing in line with local and national averages for care and concern and opening hours. However, data for making appointments and patients experience accessing the practice was lower than local and national averages, 362 survey forms were distributed and 104 were returned. This represented just over 1.5 % of the practice's patient list.

- 92% of patients said the last GP they saw or spoke to was good at listening to them compared with the CCG average of 91% and the national average of 89%.
- 75% of patients were satisfied with the practices opening times compared with the CCG average of 73% and the national average of 76%.
- 77 % of patients described the overall experience of this GP practice as good compared with the CCG average of 91% and the national average of 87%.
- 45% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards. We received 26 very positive comments which were all complimentary about the standard of care received. They described the staff as being very caring and always ready to help and listen to them. We received six comments identifying patients difficulties accessing an appointment and in contacting the surgery by telephone.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, they all raised their concerns about accessing appointments at the surgery.

Since January 2017 the practice had received 483 responses from the practice's friends and families test. In March 2017, they received 185 responses, 78% of patients said they would recommend the practice and 16% said they would not recommend the practice. Six per cent of patients responded as 'neither' regarding whether they would or wouldn't recommend the practice. The results for February and January produced similar results.

Areas for improvement

Action the service MUST take to improve

Take action to improve capacity for the provision of clinical appointments and improve patient experience of access to the service.

Newtown 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.

Background to Newtown Surgery

Newtown Surgery is located in Widnes in a large resource centre that is purpose built and close to local facilities. They have access to a large car park. It is registered with CQC to provide primary care services. The practice has a General Medical Services (GMS) contract with a registered list size of 7500 patients (at the time of inspection).

The male life expectancy for the area is 76 years compared with the CCG averages of 77 years and the national average of 79 years. The female life expectancy for the area is 80 years compared with the CCG averages of 81 years and the national average of 83 years. The practice is in an area of high deprivation.

The practice has one lead GP (male) and two long term locum GP's (both male), one advanced nurse practitioner (female) and a clinical pharmacist (female). They are also supported by three practice nurses. The practice administration team is overseen by the operational manager and they currently have the support of a business consultancy team providing business support. The operations manager oversees the work of a team of administration and reception staff.

The practice is open from 8 am to 6.30pm each day. Monday to Wednesday they offer extended hours from 7.30am to 8am. Appointments start at 7.30am to 5.45pm.

Patients requiring GP services outside of normal working hours are referred on to the local out of hour's provider, UC24 and St Helens rota for Thursday afternoons. Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits.

The practice is part of Halton Group (CCG). The practice offers a range of enhanced services including, minor surgery, flu vaccinations and learning disability health checks.

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 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 such as the local CCG to share what they knew. We carried out an announced visit on 5 April 2017. During our visit we:

Detailed findings

- Spoke with a range of staff: The Lead GP, locum GP, advanced nurse practitioner, practice nurse, clinical pharmacist, operational manager, administration and reception staff and spoke with patients who used the service and a PPG representative.
- Observed how patients were being cared for in the reception area and talked with carers and 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.
- 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, 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 for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We 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. For example, administration staff had identified that an older patient had not attended the practice in over three years. The practice used this information to check on this patient and to run searches on the computer system for all older patients who had not recently attended the practice. They also incorporated birthday cards being sent to over 75 year old patients on the day of their birthday inviting them in for a health assessment. The nurse visited those patients who were unable to visit the practice.
- The practice monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had 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. General Practitioners were trained to child protection and child safeguarding level three. One staff member had not received an update in safeguarding adults. The manager advised they would update their training records to ensure all staff had received updated training 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 and had received a Disclosure and Barring Service (DBS) check. (DBS)

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. 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. They had carried out various audits in March and February 2017. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that the last audit in August 2016 scored 91%. Staff told us that action was taken to address any improvements identified in this audit.
- 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). The practice had employed their own clinical pharmacist. They managed patient's medication reviews and worked in conjunction with the nurses to offer a full assessment covering both their health and medications at the one visit.
- There were processes in place for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a process in place 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

Are services safe?

guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four staff personnel files and found that appropriate recruitment checks had been undertaken prior to employment for new staff. 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. Staff that had been employed for several years had some areas in need of being updated such as a need for picture identification for one file and a medical declaration for another staff member. The operations manager advised they would review this following the inspection and sent evidence following inspection to show that the staff records had been updated.

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.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire risk assessment in place which identified how staff could support patients 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 building was managed by the landlord and various checks and updates to the environment and facilities were carried out by them. The practice had access to a variety of risk assessments to monitor the 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. Staff explained that they had experienced a period of instability over the last 2 years due to staff retiring and difficulties in recruiting GP's. However, they felt they had a stable team with the service utilising long term locum GPs an advanced nurse practitioner and most other staff members having worked at the practice for a number of years. The practice had tried various initiatives to recruit permanent GPs and continued in their recruitment drive.

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 on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff told us they had recently tested the system to ensure all staff were alerted and able to respond to the emergency call system.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were also available.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage.

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 the implementation of best practice guidelines through regular clinical meetings in discussions at staff meetings. Staff advised of recent guidance they had followed in the review of patients with diabetes needing support and assessment for foot care.
- The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.
- The practice had started to send birthday cards to patients over 75 who had not been to the practice to help encourage them to attend a full review and check-up. They had developed templates including specific topics to discuss with patients such as frailty, loneliness and screening for dementia. They had integrated medication reviews by their own clinical pharmacist with reviews carried out by their practice nurses. This provided a one stop shop for each person's appointment with an integrated approach from the staff team.

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 practice has been registered with CQC since July 2016 which meant that the practice did not have published figures for QOF as they had not yet been assessed over a 12 month period. The practice prepared their most recent results that they had monitored and reviewed. Up to April 2017 they had

achieved 531 points out of a possible 545 (97%) points of the total number of points available, compared with the clinical commissioning group (CCG) average of 95% and national average of 95%.

The practice staff had introduced a holistic review and methodology of managing patients with co-morbidities within planned and extended appointments. They had reviewed their exception reporting and planned to continue demonstrating increasing QOF results with continued monitoring of their action plan. Staff acknowledged their hard work in producing improvements to their QOF scores over the last nine months. This practice was not an outlier for any QOF (or other national) clinical targets. Data produced by the practice showed:

- Performance for diabetes related indicators was comparable with CCG and national averages. The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 83% compared to a CCG average of 71% and a national average of 70%.
- Performance for mental health related indicators was above average with CCG and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in their record, in the preceding 12 months, was 94%, compared to the CCG average of 75% and national average of 76%.

There was evidence of quality improvement including clinical audit:

Clinical audits had been completed in the last year. One of these reviewed the screening and prevention of bowel cancer. They had developed letters that they sent out to patients to encourage them to take up the screening. The audit identified a seven per cent increase in uptake over a 12 month period using this technique. They compared the results to the Health Improvements Teams audit in the use of telephoning patients. The practice utilised the results of both audits. They implemented both initiatives such as telephone calls and use of letters to encourage continued uptake of screening amongst their patients.

Are services effective?

(for example, treatment is effective)

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. The needs of patients with more complex health or social care needs were discussed at multi professional meetings.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had a detailed 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 told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had access to and made use of e-learning training modules and in-house training. Staff received training that included: safeguarding, fire safety awareness, infection control, basic life support and information governance. 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, clinical supervision and support for revalidating GPs and nurses. Most staff had received an appraisal within the last 12 months, just one staff member had yet to receive their appraisal. Staff advised that action was going to be taken to ensure the remaining staff member received their appraisal.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. Meetings took place with other health care when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients. The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. One significant event recorded as a positive experience, acknowledged the joint working and communications with the practice and district nursing staff. The event highlighted the positive effect in helping with end of life care for their patients in receiving timely care and support.

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. The practice offered a minor surgery clinic. At the time of the inspection we did not see examples of consent forms completed by patients prior to their treatment and procedure or minor surgery audits. Following our visit the practice sent evidence of a sample of records that had been completed. They included patient consent records and two minor surgery audits completed by the clinician who carried out this clinic.

Are services effective?

(for example, treatment is effective)

Where a patient's mental capacity to consent to care or treatment was unclear the GP or 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. They had access to several onsite support services such as a wellbeing officer SCIP (Social Care In Practice) offering monthly appointments, the Health Improvement team who offered weekly appointments for health assessments and advice on lifestyles and a citizen advice clinic offering walk in appointments each week. The practice also advertised these clinics in their patient leaflets, on their notice boards within the building and within their website.
- The practice's uptake for the cervical screening programme was 75%, which was comparable with the CCG average of 75% and the national average of 76%.

There was a policy to offer reminders for patients who did not attend for their cervical screening tests. 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

- 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, 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. 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.
- 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.
- Patients could be treated by a clinician of the same sex.

We received 29 completed comment cards and 26 of these were positive and complimentary about the caring nature of the service provided by the practice. We spoke with six patients who were attending the practice at the time of our inspection plus one member of the Patient Participation Group (PPG). Patients overall offered positive feedback about the caring staff and services provided by the GPs and the whole staff team. Six patients offered their opinions and suggestions about various aspects of the service regarding their difficulties accessing the phone lines and appointments. One younger patient offered their suggestions to help them have something to do when they attended the practice and suggested the practice install a television for children.

Staff demonstrated a patient centred approach to their work during our discussions with them. Staff told us they felt the staff knew the needs of the patients well. They felt they had been through a difficult time over the past few years during the changes with staffing but felt they now had a good stable team.

Staff had organised regular events for fund raising, recently for children in need and throughout the year at least one day each month they had a dress down day. Staff explained they raised money within the team due to these events and donated this to the local hospice.

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

- 92% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 85% 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%.
- 92% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 93% 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 93% and the national average of 90%.

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.

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 comparable with local and national averages. For example:

Are services caring?

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 93% and the national average of 90%.

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. Patients were also told about multi-lingual staff who might be able to support them.

Patient and carer support to cope emotionally with care and treatment

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. 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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. The practice had organised for citizen's advice to hold a regular advice clinic at the practice, available to any patient.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 220 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice displayed various information and advice on their notice board in reception and within their patient information leaflet.

Staff told us that if families had experienced bereavement, the 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 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 understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday, Tuesday and Wednesday morning from 7.30am to 8am 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.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday with extended hours from 7.30am to 8am Monday to Wednesday. Appointments were from 7.30am to 5.45pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable for opening hours and their last appointment being convenient but lower than local and national average for getting through to the practice, accessing appointments and their overall experience of making an appointment.

- 75% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 31% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

- 62% 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 82% and the national average of 85%.
- 45% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 39% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

Six patients told us on the day of the inspection that they had difficulties accessing the phone line and booking an appointment when they needed one. We found that the appointment system was not always responsive to patients' needs. The system resulted in a high number of patients trying to get through to the practice by telephone early in the morning in an attempt to secure an appointment.

The provider had taken a number of actions to improve patient experience of accessing the service. The provider had taken action to review and make changes to the appointments system such as increasing the number of phone lines. The practice had secured one clinical pharmacist to support the team. Clinical pharmacists worked as part of the general practice team to resolve day-to-day medicines issues and consult with patients directly. The practice had also applied to install a call waiting system which advised callers of what position they were in on the phone lines.

- The operations manager reviewed data on appointments provided over a four week period in March 2017. This showed us that the practice provided approximately 1283 appointments with a GP or nurse practitioner. To determine the overall appointment requirements, practices can calculate the number of appointments anticipated per number of registered patients per week. This provides a measure of demand that can then be used to ensure sufficient capacity. Using data based on average demand in England the practice was falling short on available appointments based on the size of the practice population of 7500 patients. Following our inspection the operations

Are services responsive to people's needs?

(for example, to feedback?)

manager confirmed they had put various actions in place to substantially increase the amount of appointments available each day including an increase in the number of telephone consultations..

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 and was included in the patient information leaflet.

We looked at a sample of complaints received in the last 12 months. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with an explanation and an apology when this was appropriate.

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 staff knew and understood.
- The practice had a statement of purpose which outlined its aims and objectives. These included the provision of high quality, safe and effective healthcare. Staff we spoke with demonstrated that they supported the aims and objectives and the values linked to these. They consistently demonstrated a caring and patient centred approach to their work.

Governance arrangements

The practice had a 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 lead GP and nurses had lead roles in key areas. For example, the lead GP was the safeguard lead and one of the practice nurses was the lead for infection control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. Staff we spoke with knew how to access these and any other information they required in their role.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- An example of some of the recent clinical audits were used to monitor quality and to make improvements. Further work in developing a programme of audits would help to determine on-going outcomes to patients throughout the year
- There were appropriate arrangements for identifying, recording and managing risks and implementing mitigating actions.
- We saw evidence from a sample of staff minutes that they 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 provider was 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). From the sample of significant events and complaints that we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment, the processes for reporting concerns were clear. Staff told us they felt confident about raising any concerns. The provider encouraged a culture of openness and honesty. The practice gave affected people support, information and an apology. The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt 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, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff attended 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 and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the provider. 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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

Are services well-led?

Good 

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

- Patients through the patient participation group (PPG). The PPG had struggled to attract members but very recently had managed to recruit five patients in total. The PPG member advised us that they were eager to help recruit more members to the group. They especially wanted to attract different categories of patients so they could get an overall consensus in what patients opinions were.
- The NHS Friends and Family test, complaints and compliments received. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for 2017 showed that the majority of patients who had completed the survey were either likely or extremely likely to recommend the practice.
- 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 learning and improvement at all levels within the practice. The provider was aware of challenges to the service. They were clear on the areas they intended to develop and were open about the areas of work which they felt required improvement such as access to the phone system, increasing access to appointments available and recruitment of permanent GPs.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not sufficiently addressed the patient survey results which showed poor patient's satisfaction with how they could access care and treatment.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	