

The Broadway Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Broadway Surgery on 8 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Some risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it difficult to make an appointment on occasions and urgent appointments were not always available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- The practice should ensure an automated external defibrillator (used to attempt to restart a person's heart in an emergency) is available or should carry out a risk assessment to identify what action would be taken in an emergency.

Summary of findings

- Ensure that staff who carry out chaperone duties are Disclosure and Barring Service (DBS) checked. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The areas where the provider should make improvement are:

- Review the telephone and booking system to ensure that patients are able to book appointments when needed and review the practice's opening hours in light of patient feedback in the GP patient survey
- Ensure the infection control lead undertakes further training to enable them to understand their role and provide advice on the practice infection control policy.
- Replace the carpets in the GP treatment rooms with washable surfaces, in line with infection control guidance.
- Ensure that all medication is correctly labelled and carry out regular medication checks to ensure they are stored appropriately.
- Install a fire alarm in line with health and safety regulations or carry out a risk assessment to show how staff would be able to provide a warning to patients in the event of a fire
- Ensure that appropriate employment checks are carried out for all staff before they are employed.
- Implement processes to improve their Immunisation rates for five year olds.
- Ensure patients with caring responsibilities are proactively identified.

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.

- Staff that undertook chaperone duties had not been DBS checked
- Some medication was incorrectly labelled in the fridge
- The practice did not have a defibrillator available on the premises.
- There was an effective system in place 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 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.

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 below the CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs

Good



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 similar to others for several aspects of care.

Good



Summary of findings

- 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.

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.
- Patients said they found it difficult to make an appointment on occasions and urgent appointments were not always available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as 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 a number of policies and procedures to govern activity and held governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Patients over 75 years had a named GP to co-ordinate their care.
- The practice was responsive to the needs of older people, and offered double appointments, home visits and urgent appointments for those with enhanced needs

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 was 75%, which was 7% below the CCG and 14% below the national averages.
- 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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 83%, which was above the CCG average of 79% and the national average of 82%.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had good connections with the local children's centre and would refer families and young people for additional support

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. They offered extended appointments on Friday mornings.
- They also had GP telephone triage for all requests for same day appointments, which enabled telephone consultations where appropriate, without patients having to take time off work.
- 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



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 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 and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- Patients experiencing poor mental health were invited to attend annual physical health checks and 15 out of 19 had been reviewed in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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 an 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 published in January 2016 showed the practice was performing below or in line with local and national averages. There were 106 responses and a response rate of 39%, which was approximately 0.5% of the practice population.

- 55% found it easy to get through to this surgery by phone compared to a CCG average of 53% and a national average of 73%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 77% and a national average 85%.
- 74% of patients described the overall experience of this GP practice as good compared to a CCG average 72% and a national average 85%.

- 56% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average 65% and a national average 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received.

We spoke with six patients during the inspection. All said they were satisfied with the care they received and the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, there were some comments about not being able to get through on the phone and not always being able to get an appointment when they needed one.

The Broadway Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, who was accompanied by a GP specialist adviser.

Background to The Broadway Surgery

The Broadway Surgery provides GP primary care services to approximately 6045 people living in Redbridge. 13% of are patients are over 65, which is higher than the Redbridge average of 12%.

The local area is a mixed community and there is a wide variation in the practice population, from relatively deprived to affluent.

The practice is staffed by two GP partners. In addition there are two salaried GPs. There is one male and three female GPs who work a combination of full and part time hours totalling 21 sessions per week. Other staff included a practice manager, a nurse, a health care assistant and ten administrative staff. The practice holds a General Medical Services (GMS) contract and was commissioned by NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

The practice was open between 8.30am to 6.30pm Monday to Fridays. They had extended hours on Wednesday from 8am to 8.30am. The telephones were staffed throughout working hours. Appointment slots were available throughout the opening hours. The out of hours services

are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them.

The practice provided a wide range of services including clinics for diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provided health promotion services including a flu vaccination programme and cervical screening.

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.

This practice has not been inspected before.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 June 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice managers and reception staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised 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.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that where reception staff were unclear about how to interpret blood results to determine those for further review, the practice developed an information leaflet for patients and clearer protocol guidelines for staff.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinicians were trained to child safeguarding level 3 and non-clinicians, level 1.

- 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, however a Disclosure and Barring Service (DBS) check had not been carried out. (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).
- Appropriate standards of cleanliness and hygiene were followed. There was an infection control policy and protocols in place. We observed the premises to be clean and tidy. The practice nurse was the infection control lead; however we noted they had not undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. However, some staff had received training. The practice completed annual audits and the last one was carried out in April 2016. However, we noted that the GPs treatment rooms were carpeted and this was not mentioned in the infection control audit. We discussed this with the practice who informed us they had plans to have them removed. Cleaning records were kept which showed that all areas in the practice were cleaned daily, and the toilets were also checked regularly throughout the day and cleaned when needed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice needed some improvements to keep patients safe. We found one box of medication that was incorrectly labelled and a syringe attached to a drug in the fridge. The fridge was however kept locked at all times. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out 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

Are services safe?

and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and saw that some appropriate recruitment checks had been undertaken prior to employment for some staff. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we found there were no written references on file for the most recently recruited member of staff. We discussed this with the practice manager who said they had obtained verbal references.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments, however, we noted it did not mention that the practice did not have a fire alarm installed in line with health and safety regulations. We discussed this with the practice and saw evidence that they had made arrangements to have one installed at the end of June 2016. Regular fire drills were carried out and we saw the last one took place in May 2016.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Portable electrical equipment testing (PAT) had been carried out in May 2016. We saw evidence of calibration of relevant equipment; for example, blood pressure monitors, ECG, weighing scales and pulse oximeter which had also been carried in July 2015.
- 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, asbestos and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice manager told us about the arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. We saw there was a plan in place to increase the number of weekly GP sessions as there had been a recent increase in patient numbers and the GP sessions had not increased in line with this. There was a rota system in place for the reception staff. Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. For example, the reception manager provided cover for the receptionist staff when needed for all absences.

Arrangements to deal with emergencies and major incidents

The practice had some 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises and had not carried out a risk assessment to show how they would respond to an emergency. Oxygen was available with adult and children's masks. A first aid kit and accident book were located in the reception.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However, we noted the practice did not have any penicillin or anti-sickness medication available, but we saw evidence that this was ordered on the day of our inspection. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However, we noted there were no clear instructions in the plan as to what staff would do in the event of not being able to access the buildings. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance and accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw the practice had monthly clinical meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed.
- 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 96% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 75%, which was 7% below the CCG and 14% below the national averages.
- Performance for mental health related indicators was 92%, which was 1% below the CCG and comparable to the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits carried out in the last two years. One was completed which showed slight improvements. For example, the practice had carried out a cancer diagnosis of patients whose diagnosis was made at the hospital accident and emergency (A&E) department. On first audit they found of the 15 patients identified, 2 had been diagnosed at A&E. On re-audit a year later, they found 15 patients again had been identified, but all had been diagnosed by the practice.
- The practice participated in local audits, national benchmarking, accreditation and peer reviews.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- 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, 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: fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

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

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

Consent to care and treatment

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

- 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.
- Smoking cessation advice was provided at the practice by the HCA.

The practice's uptake for the cervical screening programme was 83%, which was above the CCG average of 79% and slightly above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were above to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 92% and five year olds from 54% to 64%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 12 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered a caring service and staff were helpful and treated them with dignity and respect.

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

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

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 82% 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 93% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.

- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% 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.

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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.
- 97% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 93% and national average of 97%.

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.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 12 patients as carers (0.2% of the practice list). The practice had a carer's pack that contained written information to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them 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 attended monthly network meetings with the Clinical Commissioning Group (CCG) and other practices to discuss local needs and plan service improvements that needed to be prioritised such as A&E attendances and prescribing.

- Patients over 75 years had a named GP to co-ordinate their care. The GPs carried out home visits when needed and double appointments were available for these patients when required. Home visits were also offered to housebound patients for flu vaccination.
- The practice held registers for patients in receipt of palliative care, had complex needs or had long term conditions. Patients in these groups had a care plan and would be allocated longer appointment times when needed.
- The practice was pro-actively managing patients with Long Term Conditions (LTC). The nurse and the HCA carried out reviews of patients with diabetes and respiratory conditions. All patients with diabetes had a care plans. However, the practice was aware of the need to improve their reviews and management of patients with diabetes. GPs attended multidisciplinary meetings with district nurses, social workers and palliative care nurses to discuss patients and their family's care and support needs.
- Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, they would refer families for additional support and had multidisciplinary meetings with health visitors where any safeguarding concerns would be discussed. The practice triaged all requests for appointments on the day for all children when their parent requested the child be seen for urgent medical matters, thus were able to offer appointments at a mutually convenient times, for example after school, when appropriate. The GPs demonstrated an understanding of Gillick competency and told us they

promoted sexual health screening. The practice had good connections with the local children's centre and would refer families and young people for additional support

- The practice offered working age patients access to extended appointments one morning a week. They offered on-line services which included appointment management, viewing patient records, repeat prescriptions and registration. They also had GP telephone triage for all requests for same day appointments, which enabled telephone consultations where appropriate, without patients having to take time off work.
- The GPs told us that patients whose circumstances may make them vulnerable such as people with learning disabilities and homeless patients, were coded on appropriate registers. These patients had 'pop ups' on their computer notes to alert all members of staff of vulnerable patients who may present as chaotic. Patients with learning disabilities were invited annually for a review and all seven had been reviewed in the last twelve months.
- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and 21 out of 33 had been reviewed in the last 12 months. Patients were also referred to other services such as MIND. Reception staff we spoke with were aware of signs to recognise patients in crisis and to have them urgently assessed by a GP if they presented.
- The practice had annual reviews for patients with dementia, which included early consideration of advance care planning. All dementia patients had a care plan which both they and carers had been involved in drafting.
- The premises were accessible to patients with disabilities and there was a hearing loop installed. The waiting area was large enough to accommodate patients with wheelchairs and allowed for easy access. Accessible toilet facilities were available for all patients attending the practice.

Access to the service

The practice was open between 8.30am to 6.30pm Monday to Fridays. They had extended hours on Wednesday from

Are services responsive to people's needs?

(for example, to feedback?)

8am to 8.30am. The telephones were staffed throughout working hours. Appointment slots were available throughout the opening hours. The out of hours services are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them.

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

- 56% of patients were satisfied with the practice's opening hours which was below the CCG average of 69% and the national average of 78%.
- 55% of patients said they could get through easily to the practice by phone which was comparable to the CCG average of 53% and below the national average of 73%.

People told us on the day of the inspection that they sometime find it difficult to get an appointment when they needed them. The practice told us they were thinking of increasing their GPs, but had made not made any decisions as yet.

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.
- The practice manager was responsible for handling all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example posters were displayed in reception and, summary leaflet were available.

We looked at two complaints received in the last 12 months and found these were dealt with in a timely way, in line with the complaints policy and there were no themes emerging. Lessons were learnt from concerns and complaints and 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 vision and values were to deliver high quality patient centered care, and to foster a nurturing and pleasant working environment for their staff. They said in order to achieve this they offered a flexible service, which they constantly try to improve. All staff we spoke with knew and understood the vision and values.
- The practice had supporting business plans which reflected the vision and values, which was regularly monitored and reviewed annually.

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 in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. We spoke with six members of staff and they were all clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Staff had to read the key policies such as safeguarding, health and safety and infection control as part of their induction. All four policies and procedures we looked at had been reviewed and were up to date.
- The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. They had scored 756 out of 900 in 2014 and 533 out of 559 in 2015 which was 2% above the CCG average and 1% above England average. We saw QOF data was regularly reviewed and discussed at the monthly clinical meetings.

- Clinical audits were used to monitor quality and to make improvements. The practice had carried out clinical audits in relation to cancer referrals and polypharmacy.
- There were some 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 training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. Staff felt they worked well together, who listened and learnt, and were aware of their challenges such as, the need to increase their GP sessions.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff said they felt respected, valued and supported, particularly by the management in the practice. All staff were involved in discussions

Are services well-led?

Good 

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

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 sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, recent survey results had identified that patients were dissatisfied with the opening hours. As a result the practice had employed a salaried GP to carry out an extended session once a week and are planning on increasing this further.

- There were high levels of staff satisfaction. The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff at all levels were actively encouraged to raise concerns. All staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said 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. For example the practice had signed up to provide a number of 'out of hospital' services during the pilot stage.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The practice did not have an automated external defibrillator and had not carried out a risk assessment to identify what action would be taken in an emergency. Staff who carried out chaperone duties were not Disclosure and Barring Service (DBS) checked. (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.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>