

Roysia 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 Roysia Surgery on 5 May 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 significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Urgent appointments with a GP were available on the same day.
- Information about services and how to complain was available and easy to understand.

- 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 practice was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are;

- Ensure regular infection control audits are undertaken.
- Ensure the practice has a documented Legionella policy and risk assessment.
- Ensure that staff have received specific training appropriate to their role in the dispensary and that a formal assessment of their competence to work in this area is carried out annually.

The areas where the provider should make improvements are;

- The practice should record on their clinical system children who fail to attend hospital appointments by using the appropriate coding.

Summary of findings

- Ensure thermometers used to record refrigerator temperatures are validated and calibrated annually to ensure their accuracy.
- Ensure all standard operating procedures are finalised and implemented.

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.

Requires improvement



- 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.
- The practice should record on their clinical system children who fail to attend hospital appointments by using the appropriate coding.
- When there were unintended or unexpected safety incidents, patients received reasonable support and a verbal and 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.
- Infection control audits were not undertaken. The practice did not have any infection control audits.
- The practice did not have a Legionella policy or a documented risk assessment in place.
- We found that staff recruitment checks had been undertaken prior to employment including, references, photographic proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). (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). All members of staff who acted as chaperones had received a DBS check.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.

Summary of findings

- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice above average for several aspects of care.
- The practice had identified 150 patients as carers (2.4%). Carers' forms were available on the practice website and also on the new patient registration form. Carers were referred to various charities and support groups. The practice did not have an icon on the clinical computer system to easily establish if the patient was a carer.
- 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.

Good



- Patients said that urgent appointments with a GP were available on the same day.
- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.

Are services well-led?

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

Good



Summary of findings

- 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice 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 knowing about 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 strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice would contact all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- The practice offered health checks for patients aged over 75.
- GPs regularly visited patients in one care homes and two residential homes and liaised with the home managers.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, end of life care. The practice had 23 patients on their palliative care register and they worked closely with their nursing teams and ensured proactive end of life planning.

People with long term conditions

Good



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.
- 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. Data from 2014/2015 showed that the performance for asthma related indicators was 100% which was above the CCG average by 2% and the England average by 3% with a 1% exception reporting which was below the CCG average by 7.2% and the England average by 6.8% (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). Performance for diabetes related indicators was 76% which was below the CCG and the England average by 14% with a 5.9% exception reporting which was below the CCG average of 12.9% and the England average of 10.8%.

Summary of findings

- The practice had an annual recall system for patients with asthma and diabetes and the nurses set up more frequent recalls if the patients needed them. The practice offered a 30 minute appointment for patients with a new diabetes diagnosis.
- Longer appointments and home visits were available to patients 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.

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. Children and young people's safeguarding meetings were held regularly with health visitors and safeguarding was a standing agenda for the weekly GPs' meetings. GPs were safeguarding level three trained (safeguarding children and young people).
- Immunisation rates were generally in line with the CCG average for the standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a priority system for unwell children to be seen within 24 hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwifery team used a room at the practice for weekly antenatal care.
- The practice had a private room available for mothers who were breast feeding and baby changing facilities.
- The practice took part in the Chlamydia screening programme.

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 the working age population, those recently retired and students had been identified and the practice had adjusted

Good



Summary of findings

the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice had extended hours on alternate Tuesdays and Thursdays until 8pm with GPs, nurses and healthcare assistants/phlebotomists. They offered telephone consultations during the day to patients that might not be able to access the surgery during normal hours.

Appointments could be booked in advance or on the same day.

- The practice offered online appointments and prescriptions as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice's uptake for the cervical screening programme was 84%, which was above the CCG and England average by 2% with a 1.2% exception reporting which was below the CCG exception reporting average of 7.9%.
- The practice offered minor surgery on site.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They had identified 16 patients with a learning disability and 12 had received an extensive health check in the previous 12 months so far. The practice referred patients to various support services.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- The practice should record on their clinical system children who fail to attend hospital appointments by using the appropriate coding.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients with dementia. 95% of patients diagnosed with dementia had

Good



Summary of findings

had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average by 11% and the England average by 11% with a 9.1% exception reporting which was below the CCG and England average by 1%.

- Performance for mental health related indicators was 100% which was above the CCG and England average by 7% with a 9.7% exception reporting which was below the CCG exception reporting average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 might have been experiencing poor mental health including patients seen during out of hours.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey was published in January 2016. Results showed that the practice was performing in line with the local and national averages. 244 survey forms were distributed and 101 were returned. This represented a 41% completion rate.

- 89% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 87% and a national average of 85%.
- 90% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 86% and a national average of 85%.
- 86% said they would recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 80% and a national average of 78%.

- 74% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards, all 17 were positive about the standard of care received from the practice. One of the cards suggested a push button disabled access on the main door. Patients described the practice as a community practice, caring and efficient.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. The patients raised that they couldn't always see the GP they preferred. We spoke with two members of the practice patient participation group (PPG) who echoed those views.

Roysia Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Roysia Surgery

Roysia Surgery is situated in Royston Hertfordshire. The practice provides services for approximately 6100 patients. It holds a General Medical Services contract. The practice has two male and three female GP partners. The team also includes two female practice nurses and two female health care assistants (HCA). They also employ a practice manager, a dispenser and a team of reception/administration/secretarial staff. The practice is a dispensing practice and dispenses medicines to 824 patients. The practice is a teaching and training practice.

The practice's opening times are from 8am until 6.30pm Monday, Wednesday and Friday with extended hours on alternate Tuesdays and Thursdays until 8pm. The practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by Herts Urgent Care via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had a comparable practice population compared with the national England average. The deprivation score was lower than the average across England.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 to share what they knew. We carried out an announced visit on 5 May 2016.

During our visit we:

- Spoke with a range of staff which included; GPs, a nurse, the dispenser, the practice manager and members of the reception/administration/secretarial team. We also spoke with the patient participation group and patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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 a 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 practice carried out a thorough analysis of the significant events.
- The practice did not include on the significant event template who attended the practice discussions.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care.

When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. Safeguarding was a standing agenda for the weekly GPs meetings, and the practice provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three (safeguarding children and young people). The practice did not record on their clinical system children who failed to attend hospital appointments.

- A notice in the waiting room, consultation rooms and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role.
- A nurse was the infection control clinical lead. There was an infection control policy in place which had been recently reviewed and staff had received up to date training. The practice did not ensure that annual infection control audits were undertaken. The practice did not have any audits to show us. We observed the premises to be clean and tidy. There were daily cleaning check lists. Carpets were deep cleaned annually and the practice used disposable curtains which they changed every six months. Bodily fluid spillage kits were available in the practice and a log card was filled in when used. There were hand washing signs next to all sinks and alcohol hand gel was available for use. There was a sharps' injury policy, a risk assessment and a sharps injury procedure available. Clinical waste was stored and disposed in line with guidance. All practice staff did infection control e-learning and regular handwashing training. The practice did not have a Legionella policy and risk assessment however water temperatures were checked monthly and the air conditioning maintenance was completed regularly.
- There were regular practice meetings to discuss significant events including when there were prescribing incidents. We saw a positive culture in the practice for reporting and learning from medicines' incidents and errors. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- We reviewed four personnel files and found that staff recruitment checks had been undertaken prior to employment including, photographic proof of identification, references and qualifications. Registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) had been carried out on all appropriate staff. (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). All members of staff who acted as chaperones had received a DBS check.

Are services safe?

- 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.

Medicines Management

Medicines management practices were examined to establish how medicines were managed in a way that kept patients safe. We saw that medicines were correctly obtained from authorised sources, checked on receipt, stored in appropriate conditions, issued according to written protocols, appropriate records kept with regular audits of working practices and unwanted medicines were disposed of safely.

We looked at all areas where medicines were stored, spent time in the dispensary observing practices, talked to staff and looked at records.

The dispensary at Roysia Surgery was staffed by one dispenser qualified to NVQ2 level with input from some office and reception staff. The dispenser told us that she always had access to a GP for advice and guidance and that the GPs were always helpful and easy to approach. The dispensary was covered by an intruder alarm system which was serviced annually.

The dispenser told us that she was appraised annually by a GP and that the appraisal assessed her competence to work in the dispensary. Records showed that the dispenser had received training appropriate to her role.

We noted that the practice had a robust and clear process for the management of information about changes to patient medication received from other services. All such changes were reviewed and authorised by a GP and communicated to the dispenser as necessary.

We observed systems in place to ensure that repeat prescriptions are monitored effectively and that patients are able to request repeat prescriptions by a number of means including online. We noted that all repeat prescriptions had been signed by a GP before being given to patients. Acute prescriptions were authorised to be dispensed by GPs using the practice's computer system and prescriptions, including Controlled Drugs, were always signed before being given to patients.

We were told by the dispenser that she monitored prescriptions that had not been collected and informed the

GPs of this. The dispenser also informed GPs if she observed any deteriorating health problems which may prevent patients from taking their medicines safely. We also observed that the dispenser counselled patients on possible side effects of medicine they received and on whether medicines should be taken with or after food. Repeat prescriptions were collected by patients or carers from the surgery or the prescriptions were transferred electronically to a pharmacy of the patient's choice.

We observed that the dispensing process was safe and made use of a second person check but not a bar-code check. The dispenser told us that the second person check of prescriptions was carried out by a member of the office or reception staff. We saw no evidence that these staff had received specific training appropriate to this role in the dispensary. The practice must have ensured that appropriate training was given to the members of staff and that a formal assessment of their competence to work in this area was carried out annually.

We noted that the dispensary did not provide medicines in multiple dose systems i.e. dosette boxes.

The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the dispenser. We noted that CDs were correctly stored in a locked cupboard and that receipts and medicine dispensed were recorded in a CD record book. We examined the CD record book and noted that it was comprehensively and accurately completed. We checked a sample of CD medicines against stock levels in the record book and found them to be correct. We observed that CDs were checked at regular intervals by the dispenser. We saw that staff were aware of how to report any concerns with CDs to the practice manager and lead GP. There were arrangements in place for the recording of stock and the destruction of CDs.

We noted that the practice has some clear and comprehensive Standard Operating Procedures (SOPs) for their dispenser to follow and we saw evidence that each member of staff had seen and understood each SOP and that they were reviewed on an annual basis. However, some SOPs were incomplete including those covering the

Are services safe?

repeat dispensing procedure, checking of refrigerator temperatures, waste disposal and recording of near-misses. The practice should finalise these SOPs and implement them.

We observed records showing that regular audits of medicines usage were carried out and that drug recall alerts from the MHRA were actioned promptly and efficiently. We saw no evidence that MHRA Patient Safety Alerts were shared with dispensary staff although the GPs did see them.

We checked medicines stored in the dispensary, medicine and vaccines refrigerators and found they were stored securely. We noted that thermometers used to record refrigerator temperatures were not validated and calibrated annually to ensure their accuracy.

We observed that processes were in place to check on a regular basis that medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.

Expired and unwanted medicines were disposed of in line with waste regulations although the dispensary did not have a supply of the appropriate pharmacy bins for this purpose and were placing medicines in yellow sharps bins for disposal.

We observed that emergency drugs and an automated external defibrillator (AED) were stored in a nurse's clinical room and that oxygen cylinders were available. We noted that the AED had been serviced, that a service contract was in place and that nursing staff regularly check that the battery levels were adequate. The oxygen cylinders were full on the day of our visit. We checked the contents of the emergency boxes and found them all to be in-date. We noted that the dispenser also maintain a number of emergency drugs for use by the GPs on their home visits.

A procedure was in place whereby any serious medication incidents could be raised as a significant event and that near-miss dispensing errors were recorded which meant that trends could be identified and monitored. We noted that there was only one entry in the near-miss log. The practice should ensure that they review the procedure to ensure that all near-miss errors were recorded and that these incidents were discussed at multi-disciplinary meetings so that appropriate and necessary actions were taken.

There was a system in place for the management of high risk medicines, which included an audit to ensure that the practice was in line with national guidance.

We noted that the practice had a range of Patient Group Directions (PGDs) for nursing staff administering vaccines and that these PGDs were prepared according to national standards and had been approved by the GPs and signed by the nurses.

We noted that blank prescription forms were handled by dispenser in accordance with national guidance and were tracked through the practice. We observed that blank prescription forms were kept in unlocked printers in the GP consulting rooms and that the rooms were locked by the GPs at the end of the working day although cleaning staff still had access to the rooms. GPs should ensure that blank prescription forms are safely locked away when their consulting room is left vacant.

The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. We noted that Drug Utilisation Reviews had been carried out on approximately 10% of patients in the last year as per guidelines.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy. The practice had up to date fire risk assessments and carried out regular fire drills. The practice had oxygen signs on the doors of the room where it was held. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control, however the practice did not have a risk assessment and policy for legionella testing (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises with adult pads and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage which included emergency contact numbers for staff and utilities.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed the practice had achieved 506 points out of a possible 559 which was 90.4% of the total number of points available, with 5.5% 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). Data from 2014/2015 showed;

- Performance for asthma related indicators was 100% which was better than the CCG average by 2% and the England average by 3% with a 1% exception reporting which was below the CCG exception reporting average of 7.2%.
- Performance for hypertension related indicators was 100% which was better than the CCG average by 2% and the England average by 2% with a 2.8% exception reporting which was below the CCG exception reporting average of 4.2%.
- Performance for mental health related indicators was 100% which was above the CCG and England average by 7% with a 9.7% exception reporting which was below the CCG exception reporting average of 13%.

- Performance for atrial fibrillation related indicators was 100% which was above the CCG and England average by 1% with a 17.7% exception reporting which was above the CCG exception reporting average of 13.4%.
- Performance for diabetes related indicators was 76% which was below the CCG and England average by 14% with a 5.9% exception reporting which was below the CCG exception reporting average of 12.9%.
- Performance for chronic kidney disease related indicators was 86% which was below the CCG average by 6% and the England average by 9% with a 5.7% exception reporting which was below the CCG exception reporting average of 7.9%.

Clinical audits demonstrated quality improvement

- The practice regularly monitored clinical data using a reflective review process and discussed and disseminated findings with clinical staff and relevant organisations.
- High risk medications were monitored regularly by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. The recalls in place were robust and the practice regularly checked that patients had been in for their blood tests and monitoring. There were eight patients on Lithium (a mental health medication) and one patient had not received the required monitoring by the practice in the last three months. A further request for the patient to attend the practice had been sent.
- We looked at two of the most recent clinical audits where the improvements made were implemented and monitored, including an audit of asthma inhalers issued to patients in a 12 month period. The audit showed that 91% of patients had received the recommended less than 12 inhalers in 12 months. When the audit was repeated six months later, 99% of patients had been issued less than 12 inhalers in the 12 month period.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, 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 vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations 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 their practice development. Staff had access to appropriate training to meet their needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information in a timely way, for example when referring patients to other services. The practice and the out of hours service used the same clinical computer system and could access information when needed.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings (MDT) took place on a monthly basis and that patients' care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of mental 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 records' audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and sexual health advice. Patients were then signposted to the relevant service either internally (with a GP or nurse) or an external provider.
- Smoking cessation advice was available from the nursing team. Advice had been offered to 79% of the patients aged over 15 listed as smokers in the preceding 24 months which was 8% below the CCG and England average with a 0.9% exception reporting which was below the CCG exception reporting average of 1.4%.
- The practice's uptake for the cervical screening programme was 84%, which was above the CCG and England average by 2% with a 1.2% exception reporting which was below the CCG exception reporting average of 7.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and

Are services effective?

(for example, treatment is effective)

breast cancer screening. Females aged 50-70 screened for breast cancer in the last 36 months were 82% with a CCG and England average of 72%. Patients aged 60-69 screened for bowel cancer in the last 30 months were 61% with a CCG average of 59% and an England average of 58%.

- Childhood immunisation rates for the vaccinations given were generally in line with the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds and under ranged from 3.1% to 100% with a CCG range from 52.1% to 95.7% and five year olds from 94.4% to 97.2% with a CCG range from 87.7% to 95.4%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice had administered flu vaccination to 71% of patients who were eligible.
- The practice had identified 16 patients with learning disabilities and 12 had received a health check which was included on an extensive care plan so far. The practice referred patients to various support services.

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.
- A private room was available for breast feeding.

We received 17 comment cards, all 17 were positive about the standard of care received from the practice. Patients described the practice as a community practice, caring and efficient.

Results from the national GP patient survey published in January 2016 showed the practice was above the average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 92% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 100% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and the national average of 97%.
- 93% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 on 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 above the local and national averages. For example:

- 99% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 93% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.

Staff told us that they did not need translation services for patients as all patients could speak English well. The self-check-in screen was available in English only. The practice explained that they monitored the patient list regularly and would change it if they felt the need. The practice website had the option to translate to various languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patients' waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 150 patients on the practice list (2.4%) as carers. Carers' forms were available on the practice website and on the new patient registration form. Carers were referred to various support groups and

Are services caring?

charities. The practice actively encouraged carers to identify both carers and cared for patients however the practice did not have an icon on the clinical system to easily establish that the patient was a carer.

Staff told us that if families had suffered bereavement, then their usual GP was informed.

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.

- There were longer appointments available for reviews of patients with a learning disability, long term conditions and for patients aged over 75.
- The practice offered online appointment booking and online repeat prescription requests.
- A telephone appointment was available to patients if required. Text message reminders for appointments were available.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- GPs regularly visited patients in one care home, one nursing home and three residential homes and liaised with the home managers.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and a hearing loop to assist patients with a hearing aid.

Access to the service

The practice was open between 8.30am and 6.30pm Monday, Wednesday and Friday with extended hours on alternate Tuesdays and Thursdays until 8pm. In addition to appointments that could be booked in advance, urgent appointments were also available for people on the same day that needed them.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment were generally above the local and national averages.

- 89% were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 87% and the national average of 85%.

- 71% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 61% and national average of 59%.
- 74% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 93% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 46% of patients feel they don't normally have to wait too long to be seen compared to the CCG average of 59% and the national average of 58%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example; there were posters displayed in the waiting room, in the practice leaflet and from the reception staff.

We looked at two of the complaints in the last 12 months and found that these were satisfactorily handled, and dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, A patient booked an online appointment with the HCA and was disappointed to find this was not a GP appointment. The appointment had been listed as a session and the patient had taken time off work. A letter of apology was sent to the patient. Another appointment was offered at an appropriate time. The practice changed the online HCA appointment name to phlebotomy.

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 and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements however the practice had not completed infection control audits therefore there was not robust arrangements for identifying, recording and managing risks.

Leadership and culture

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

The practice 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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

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

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

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

The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys using the friends and family test and the GP patient survey. There were 10 members in the group who were regularly consulted by the practice and 135 members on the email list.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff we

spoke with provided us numerous examples of where the practice had supported them to improve their professional practice, for example; nursing staff had attended requested courses identified during their appraisals.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.</p> <p>How the regulation was not being met:</p> <p>Robust processes were not in place to assess the risk of and prevent, detect and control the spread of infection. The practice did not have a robust Legionella risk assessment and did not ensure infection control audits were completed.</p> <p>Dispensary staff did not have training appropriate to their role and had not received annual competency assessments.</p> <p>This was in breach of regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>