

# Great Western Surgery

## Quality Report

The Great Western Surgery, Swindon, Swindon

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

### Ratings

#### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Requires improvement



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 Great Western Surgery on 19 January 2016. Overall the practice is rated as good. We found improvements were required in providing effective services.

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

- There were systems in place to ensure safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Medicines were managed safely, including controlled drugs.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Monitoring of patient care data was not always adequate. Although the practice achieved overall high scores on a national care monitoring tool, there were anomalies and some poor performance which was not investigated or accounted for.

- 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.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Action the provider must take to improve:

# Summary of findings

- Improve monitoring of patient care, specifically in regards to the monitoring of patient outcomes and long term condition reviews, the completion of clinical audits and monitoring of prescriptions to ensure patients have up to date medicine reviews.

- Review how cervical screening rates could be improved.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When safety incidents occurred, investigations took place and any action to improve processes was undertaken 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.
- Medicines were managed well within the practice.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed some patient outcomes were significantly below national and local averages and some exception reporting was high. The practice had not identified and fully responded to these areas of concern.
- Clinical audits demonstrated monitoring of some patient care but did not demonstrate quality improvement through repetition and completion of audits.
- Up to date medicine review rates were at 71% meaning the repeat prescribing system was not always up to date in terms of patients' medicine reviews.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice similarly to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and planned its services accordingly.
- Patients were able to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- Learning from complaints was shared with staff and where appropriate with patients.

## Are services well-led?

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

Good



- The practice had a charter which reflected the values and vision of the practice.
- 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.
- Some monitoring of clinical care was undertaken but there was a lack of reviewing poor performance against the quality of patient outcomes with long term conditions or illness and audits were not always completed.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- Risks to patients were identified and managed.

# 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.
- Care plans were available for patients deemed at high risk of unplanned admissions.
- Access for patients with limited mobility was good including for those with mobility scooters.
- There were named GPs for this group of patients.
- Screening for conditions which patients in this population group may be at risk of was provided, such as dementia.

Good



### People with long term conditions

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

- The practice achieved 95% on its quality outcomes framework scores in 2015 (QOF – A national monitoring tool for the performance of GP practices), but outcomes for dementia care were poor. Some exception reporting was very high for certain long term conditions.
- Audits were undertaken but there was a lack of completed audits to demonstrate improvement.
- The practice followed guidance in the management of chronic diseases.
- Patients at risk of hospital admission were identified and had care plans written where appropriate.
- Longer appointments and home visits were available when needed.
- There was a process to offer a structured review to check patients' 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, such as a local diabetes consultant, to deliver a multidisciplinary package of care.

Requires improvement



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Staff were aware of the circumstances and rights when gaining consent from patients under 16.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- GPs worked with midwives and health visitors in the provision of care.

## Working age people (including those recently retired and students)

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available before normal working hours Monday to Friday.
- Phone consultations were offered to patients and online appointment booking was available.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for vulnerable patients.
- GPs regularly worked with multi-disciplinary teams 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).

- Dementia screening was offered to patients and 54 patients were offered memory screening, of whom four were diagnosed with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- QOF performance for mental health related indicators was 100% compared to the CCG average of 93% and national average of 93%. Out of 25 patients with mental health problems, 18 had physical health checks in 2014/2015 and 23 out of 25 had care plans.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. 317 survey forms were distributed and 119 were returned. This represented 2.1% of the practice's patient list.

- 89% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 95% said the GP gave them enough time compared to the local average of 85% and the national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 98% said the nurse gave them enough time compared to the local average of 91% and national average of 92%.
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and national average of 87%.
- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.
- 95% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 89% and national average of 90%.

- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.
- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 76% found it easy to contact the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 73% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 60% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 61% and national average of 65%.
- 59% usually got to see or speak to their preferred GP compared to the CCG average of 58% and national average of 60%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards of which 24 were positive about the standard of care received. The other cards had some negative points but there were no consistent trends. A few patients found the repeat prescription process did not always enable them to get their medicines in good time.

We spoke with eight patients during the inspection. Overall they all said they were happy with the care they received.

The friends and family test was used at the practice and 83% of patients stated they were extremely likely to recommend the practice in December 2015.

# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

- Improve monitoring of patient care, specifically in regards to the monitoring of patient outcomes and long term condition reviews, the completion of clinical audits and monitoring of prescriptions to ensure patients have up to date medicine reviews.
- Review how cervical screening rates could be improved.

# Great Western Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, an advanced nurse practitioner specialist adviser and an Expert by Experience.

### Background to Great Western Surgery

Great Western Surgery has a patient list of 5600. It is located in the town centre of Swindon. The age profile of the practice matches the national average. The population has some moderate deprivation, listed as being in the sixth least deprived ranking out of a possible 10.

The practice is accessible for patients and all services are provided on the ground floor. There is ample parking. The building dates to the early 1990s and is well maintained.

The practice is registered to provide services from: The Great Western Surgery, Swindon, Swindon, SN1 2QU

There are four GPs working at the practice three of whom are partners, including two female and two male GPs. There are two practice nurses and a healthcare assistant. A number of administrative staff and a practice manager support the clinical team.

The practice is open between 8am and 6.30pm Monday to Friday, except Wednesdays when there is a cover arrangement with another surgery from 1pm. Extended surgery hours were offered from 7.15am Monday to Friday.

There was an inspection at this service using our old methodology in November 2013 and we found no breaches of regulations.

### 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 19 January 2016.

During our visit we:

- Spoke with a range of staff, including GPs, nursing staff, receptionists and the practice manager.
- We spoke with patients who used the service and the patient participation group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at records related to the management of the service.
- We spoke with the patient participation group.

# 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 an effective system in place for reporting and recording incidents referred to as 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.
- Significant events would be discussed at meetings and any action required disseminated to the relevant staff.
- The practice carried out a thorough analysis of the significant events.
- Events were revisited at a subsequent meeting to ensure any changes to policy or procedure were embedded.
- We saw examples of significant events and staff were able to inform us of where they had led to changes in practice. For example, the process for scanning patient communications sent by post was reviewed and amended due to delays in information being shared with GPs and nurses.

National patient safety alerts were shared with relevant staff and action taken to ensure any risks identified were acted on.

When there were incidents which affected patient care patients received acknowledgement and an apology where necessary. They were also informed 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, processes and practices in place to keep patients safe from harm 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. 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 relevant to their role in safeguarding adults and children. GPs were trained to child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. Not all clinical rooms had posters displayed. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). Only clinical staff performed the role. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who followed appropriate guidance. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw an audit action plan was in place. Improvements to the flooring in treatment rooms had been made as a result of audits.
- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicine checks to ensure medicines were safely stored and within their expiry dates. Fridges used to store medicines were monitored appropriately. Prescription 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 employed nurses to administer medicines in line with legislation. However, the practice regularly used agency nurses and they had not been provided with PGDs. There were patient specific directives in place for the healthcare assistant to administer certain vaccines.
- There was a stock of controlled drugs stored in the practice. They were stored securely and recorded appropriately to indicate when they were received and

## Are services safe?

dispensed. Two members of staff including a GP signed for the receipt and dispensing of controlled drugs. We checked the log which matched the controlled drugs stored.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Equipment was calibrated in line with manufacturers' instructions. There was a programme of portable appliance testing in place.

### Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There were health and safety policies available for staff. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that regular checks on the water system were undertaken in line with the risk assessment.

- The practice had up to date fire risk assessments and carried out regular fire drills. There were appropriate procedures for evacuation including signage and assembly points.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There were medicines for the treatment of several medical emergencies including cardiac arrests and hyperglycaemia. All the medicines we checked were in date and fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as loss of the premises. The plan included emergency contact numbers for staff and external agencies. These contact details were available offsite also.

# 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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Patients with long term conditions had access to reviews of their health based on national guidelines. The reviews were undertaken by healthcare assistants and nurses with input from GPs where needed.

### 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 95% of the total number of points available compared to the CCG average of 95% and the national average of 94%. Overall exception reporting was 10% compared to the local average of 10% and the national average of 10%. (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 70% compared to the CCG average of 90% and national average of 89%. A CCG led initiative to improve diabetes care in the Swindon area had identified that not all patients who had their diabetes reviews were recorded properly on the patient record system at the Great Western Surgery in October 2015 (half of diabetics had their reviews by October 2015 but only 27% were recorded properly). However, the practice had not audited patient records to identify the reasons why the QOF scores were poor in diabetic care. There was a risk that if patient notes were not properly coded and recorded, then the practice could not be certain that

patients were receiving the care they required. Part of the local initiative was providing diabetic consultant support from a local specialist which the practice utilised to manage complex diabetic patients.

- Exception reporting for cancer patients was 67%. This equated to a small number of patients but was well above the national and local average. Only a third of patients diagnosed with cancer had a review of their condition within six months of diagnosis recorded. The practice had not identified these figures as a concern from the previous year QOF data and was not able to account for them.
- Performance for hypertension (high blood pressure) related indicators were 96% compared to the CCG average of 98% and national average of 98%.
- Performance for mental health related indicators was 100% compared to the CCG average of 93% and national average of 93%. Out of 25 patients with mental health problems, 18 had physical health checks in 2014/2015 and 23 out of 25 had care plans.

Clinical audits demonstrated quality improvement.

- There was a programme of clinical audits undertaken and this indicated clinical care was monitored. However, no practice led audits or other monitoring was prompted by some of the low performing QOF outcomes and monitoring for patients.
- We saw that audits were undertaken by GPs to identify whether patients were receiving appropriate care. Many of the audits were localised schemes to review the use of medicines. There was minimal evidence that the practice's own audits were repeated to identify whether improvements to care were being made and ensuring cycles of the audits were completed. For example, an audit on atrial fibrillation identified some actions and these were noted as completed by the GP who led the audit. There was no evidence of a planned re-audit or another taking place since January 2015 to ensure any improvements were embedded in clinical care. However, there were elements of good practice identified and the audit was discussed at a clinical meeting.

The practice monitored repeat prescribing to review whether patients received reviews of their medicines when they required these, in line with national guidance. Seventy one percent of patients had received up to date reviews.



# Are services effective?

## (for example, treatment is effective)

There had not been any auditing or reviewing of the 29% of patients overdue medicine reviews. We checked a small sample of patients who had requested repeat prescriptions on the day of inspection. None of these patients were overdue and had appropriate documentation in their records regarding their care and medicines.

### 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.
- There was training provided to all staff including topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. 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.

### 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 through a shared drive on the computer system.

- This included care plans, medical records and test results. Information such as NHS patient information leaflets was also available. The practice used IT systems to share information effectively.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together 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, such as when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the practice had a process for assessing patients' capacity to consent and making best interest decisions.

### Supporting patients to live healthier lives

The practice identified a wide range of patients who may be in need of extra support. For example:

- Patients at risk of hospital admissions were offered care plans and the practice had identified and undertaken 104 care plans for patients.
- The practice provided support to smokers. Of the 806 patients who were eligible for support 90% had been offered advice. 21% had been referred to an external service to help them stop smoking.
- At the end of 2014-15, seven patients were on an end of life care register.

The practice undertook a programme of screening for health conditions:

The practice's uptake for the cervical screening programme was 72%, which was significantly lower than the national average of 82%. This had improved since 2014 when the achievement was only 64%. There had been talks given at health awareness evenings with the PPG and other patients to improve the figures prior to achieving 72%. However, this figure was still low and there was a risk that patients eligible for this screening were not receiving the checks they needed.

52% of eligible patients were screened for bowel cancer compared to the CCG average of 56%.

- 72% of eligible patients had been screened for breast cancer compared to the CCG average of 72%.

During 2014/2015 54 patients were offered memory screening, of whom four were diagnosed with dementia. There were 22 patients on the dementia register with 21



# Are services effective?

(for example, treatment is effective)

having their care reviewed in 2014/15. Childhood immunisation rates for the vaccinations given were comparable to CCG averages. Childhood immunisation rates were 87% for under two year olds and 91% for up to five year olds in 2014/15. This was compared to the overall CCG average of 87%.

Flu vaccination rates for at risk groups in 2015/16 were as follows:

- For over 65s was 73% compared to national average of 73%.
- For patients at risk due to health concerns there had been 408 flu vaccinations provided, but there was no data provided for what proportion of those patients eligible registered at the practice this figure represented.

# 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.
- Telephone calls were handled in a manner that protected patients' privacy.

Twenty four of the 31 Care Quality Commission comment cards we received from patients were positive about the service experienced. All of the patients we spoke with told us the practice offered a caring service and staff were helpful and treated them with dignity and respect. Some patients noted difficulty with the repeat prescription process in terms of some delays in receiving their medicines.

We spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 89% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 95% said the GP gave them enough time compared to the local average of 85% and the national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.

- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 98% said the nurse gave them enough time compared to the local average of 91% and national average of 92%.
- 99 patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and 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 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 local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.
- 95% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 89% and national average of 90%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

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

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.6% of its patients as carers which 88 of the practice list. Written information was available to direct carers to the various avenues of support available to them. There was a local carers' meeting that patients were referred to by the practice.

Staff told us that if families had suffered bereavement, there was a process for recording the death and sympathy cards were often sent. There was a counselling service available for patients to access.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The patient list matched the national average in terms of the proportions of patients in different age groups. The practice reviewed the needs of its local population and planned delivery of its services based on the needs of this population.

- There were longer appointments available for patients with a learning disability or complex health problems.
- The practice considered the needs of patients with hearing difficulties. A hearing aid loop was available.
- Home visits were available for any patients who would benefit from these.
- The premises were accessible for patients with limited mobility.
- There were same day appointment slots protected to enable any emergency appointments to take place. To encourage continuity of care there were named GPs for patients with complex conditions and older patients.
- Language line was available and any patients who had difficulty in using English were flagged on the patient record system to enable staff to book interpreters if needed.
- The practice worked with a local domestic abuse charity to provide support and information to patients at risk of domestic abuse.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, except Wednesday afternoons when the practice closed at 1pm and there is a cover arrangement with another practice. Extended surgery hours were offered every morning from 7.15am Monday to Friday for GP appointments, providing greater flexibility to patients who worked and children attending school who needed routine appointments. However, this was not displayed on the practice's website appointments or opening hours pages, but was listed on the patient charter. Appointments could be booked up to six weeks in advance and same day appointments were also available. Phone consultations were available if this suited patients' needs.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 76% found it easy to contact the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 73% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 60% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 61% and national average of 65%.
- 59% usually got to see or speak to their preferred GP compared to the CCG average of 58% and national average of 60%.

Online appointment booking was available and 586 patients (10% of total population) had registered for the service.

Most patients 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.
- We saw that information was available to help patients understand the complaints system

We looked at complaints received in the last 12 months and complaints were acknowledged and responses were sent once investigations were completed. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a charter which was displayed on the website. This listed the values and objectives of the practice and also patient responsibilities.
- Staff were aware of local changes in regards to primary care provision. The partners and practice manager told us there was a low turnover of patients and their patient list was not increasing significantly.
- One of the three partners was leaving and a salaried GP was due to go on maternity leave the coming months. The practice was advertising to recruit new GPs.
- 

### 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 and these were kept up to date.
- A comprehensive understanding of the performance of the practice was not always maintained and action was not always taken when data suggested improvements may be necessary.
- Clinical audits were undertaken but not always completed to identify improvement.
- There were arrangements for identifying, recording and managing risks.

### Leadership and culture

The partners in the practice supported staff. They included the practice manager in the running of the service. This enabled the practice manager to be proactive in implementing changes to non-clinical processes where required. 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 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 acting on notifiable safety incidents

When safety incidents occurred:

- The practice gave information, investigation outcomes and an apology when required.
- Where investigations found concerns this led to changes in practice or learning outcomes for staff.

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

- Staff told us the practice held regular team meetings for all staff groups including nurses and reception staff.
- Partners meetings were held fortnightly.
- 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, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. This was reflected in the changes implemented by the lead nurse in infection control and in assisting in the redesign of diabetic care.

### 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). The PPG met regularly and we spoke with two members of the group. They told us they felt involved in the running of the practice. The PPG were involved in organising and running health talks for patients.
- The friends and family test was used at the practice and 83% of patients stated they were likely to recommend the practice in December 2015.

## Are services well-led?

Good 

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

- The practice had gathered feedback from staff through from appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Good Governance
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	
	<b>How the regulation was not being met:</b>
	The provider was not adequately assessing, monitoring and improving the quality and safety of services provided. The use of the monitoring tools for assessing patient care, specifically those with long term conditions, were not used appropriately including. Clinical audit was not always used to identify where improvements were required or achieved.
	This was in breach of regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014