

Station Road Surgery

Quality Report

The Surgery
Station Road
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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

Requires improvement



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?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

At our previous comprehensive inspection of 14 December 2015 the practice was rated as good overall, with requires improvement for the domain of safe and good for the domains of effective, caring, responsive and well-led.

This inspection was an announced inspection carried out on 30 November 2017. This was to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 14 December 2015. We inspected this service as part of our comprehensive inspection programme.

At our inspection of 30 November 2017, the key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

The population groups are rated requires improvement overall because there are aspects of the practice that require improvement which therefore has an impact on all population groups. There were, however, examples of good practice.

At this inspection we found:

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Outcomes for patients who use services were good.

Summary of findings

- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion. Information was provided to patients to help them understand the care and treatment available.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a clear leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they 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 as they are in breach of regulations are (See Requirement Notice Section at the end of this report for further detail);

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider **should** make improvements are:

- Ensure persons employed in the provision of the regulated activity receive the appropriate appraisal necessary to enable them to carry out the duties.
- Risk assess the need to have a paediatric pulse oximeter.
- Carry out regular fire drills.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.

Action the service **SHOULD** take to improve

- Ensure persons employed in the provision of the regulated activity receive the appropriate appraisal necessary to enable them to carry out the duties.

- Risk assess the need to have a paediatric pulse oximeter.
- Carry out regular fire drills.

Station Road 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 second CQC inspector.

Background to Station Road Surgery

Station Road Surgery is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 5,165 patients from two locations and we visited these addresses as part of the inspection;

- Haswell Surgery, Front Street East, Haswell, Co Durham
- Peterlee Health Centre, Fleming Place, Peterlee, Co Durham, SR8 1AD.

Haswell Surgery is located in shared premises with another local practice. There is street parking close by and step free access.

Peterlee Health Centre is a purpose built premises, the health centre is shared with other primary medical services. The practice have their own dedicated consulting rooms. There are disabled parking spaces in the patient car park, with wheelchair and step free access.

The practice is currently registered as a GP partnership with CQC. During the inspection, the GP who was the CQC registered manager, told us there was no longer a partnership in place. They told us they now held the contract with NHS England (NHSE) to provide the service as

an individual. We advised that the registration for the practice was now incorrect and that they would now be required to cancel the registration and apply to be registered with CQC as an individual provider.

The practice had consulted on merging with a neighbouring practice and are required to submit a business plan to NHS England to start the process for merger. The practice manager from this neighbouring practice is providing some management support in the interim.

The practice has one GP (male) whole time equivalent (WTE) working nine clinical sessions. There are currently two locums employed at the practice, who work eight sessions per week between them. One of the locums was a female GP, therefore patients have a choice of male and female GPs. There is one (WTE 1) nurse practitioner, three practice nurses (WTE 2.48), one health care assistant (WTE 1) and 10 administration staff (WTE 8.04), this included an assistant practice manager.

Opening times for Station Road Surgery are Monday to Friday 8am to 6pm. Haswell branch surgery is open from 9am to 12 noon on Monday, Tuesday and Thursday and 1pm to 4pm on Wednesday and Friday. Peterlee branch surgery is open 8:30am to 5:30pm Monday and Wednesday and Friday and 8:30am to 1pm on Thursday and 8:30am to 12 noon on Saturday. On a Tuesday from 8:30am until 8pm.

GP appointments were available;

Station Road Surgery;

Monday 9am to 11:30am, 2:30pm to 4:30pm

Tuesday 9am to 11:30am, 2:00pm to 4:30pm

Wednesday 9am to 11:30am, 2:00pm to 5:40pm

Thursday 9am to 12:30pm, 1:10pm to 4pm

Friday 9am to 11:40am, 3pm to 4:30pm

Detailed findings

Haswell Surgery;

Tuesday 9am to 11:40am

Thursday 9am to 11:40am

Peterlee Health Centre

Tuesday 6:30pm to 8pm

Wednesday 9am to 11:40am

Appointments with the nurse were available at various times during the week, including on a Saturday morning at Peterlee Health Centre

The practice is part of NHS Durham Dales and Sedgefield clinical commission group (CCG). The practice provides services based on a General Medical Services (GMS) contract agreement for general practice. Information from Public Health England placed the area in which the practice is located in the second most deprived decile. The

income deprivation score for the practice was 38 compared to the CCG average of 30 and the national average of 22. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 77 years compared to the national average of 79 years. Average female life expectancy at the practice is 79 years compared to the national average of 83 years.

The practice were able to provide late evening, weekend and bank holiday appointments as they were part of the local GP federation of GP practices who work together to provide appointments with GPs, nurses or health care assistants outside of their normal working hours. Patients could contact the practice reception team to arrange appointments.

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service.

Are services safe?

Our findings

At our previous inspection on 14 December 2015, we rated the practice as requires improvement for this domain. The recording of significant events was inconsistent. Policies and health and safety risk assessments were not up to date, there were gaps in the recording of vaccine refrigerator temperatures and we could not verify safeguarding training.

There were appropriate arrangements in place for recording and responding to significant events and appropriate health and safety risk assessments.

However, we rated the practice, and all of the population groups, as requires improvement for providing safe services, for this inspection, as further issues were identified.

The practice was rated as requires improvement for providing safe services at this inspection because:

- There was not an effective system for infection control.
- The practice did not always have reliable systems for appropriate and safe handling of medicines.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. They had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring (DBS) checks were undertaken where required. (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 staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The arrangements to manage infection prevention and control were not comprehensive. One of the practice nurses was the infection control lead, although they had received infection control general training they had not received the lead infection control nurse training. There was an infection control audit for Station Road Practice however, no infection control audits could be found for the two branch surgeries. These were supplied two weeks following the inspection. The practice could not demonstrate they had an effective employee immunisation programme in place. There was a schedule of staff immunisations, however, there were gaps in this schedule, therefore the immunity status for some staff was unknown. The practice had recently reviewed their arrangements for domestic cleaning and had obtained a new contractor to provide the cleaning.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice were actively trying to recruit new GPs.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Are services safe?

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice did not always have reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. However, the practice should carry out a risk assessment for medicines carried on home visits and which emergency medicines are suitable for the practice to stock. For example, no emergency medicines were carried on home visits and there was no diazepam included in the emergency medicines.
- We saw a sample of medication reviews which were not consistent. Some of the annual reviews were not up to date. Staff were not familiar with the practice procedure for the monitoring of high risk medicines and as result the practice's own procedure was not being followed. There was evidence of actions taken to support good antimicrobial stewardship.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The practice had employed an external health and safety contractor to assist with this.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. However, there had been no regular fire drills or records of this for any of the surgeries.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- At our previous inspection in December 2015, we saw that the recording of significant events was inconsistent. At this inspection we saw that a new system for recording and acting on significant events and incidents had been put in place. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, a significant event resulted in the change in procedure for blood samples when a result was not received back from hospital.
- There was evidence of patient and medicine safety alerts being shared with staff. However, the practice could not demonstrate a system for how they ensured they were all actioned and followed up.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. Structured templates to assist with a more efficient consultation were available on the practice IT system. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice had identified they had 93 patients over the age of 85. There was a vulnerable adult's wrap around service provided by the clinical commissioning group (CCG). This was provided by a nurse practitioner who visited the practice daily and would visit patients, mostly frail and elderly and those in care homes for who the practice had concerns.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had a positive variation in their data for the management of blood sugar levels for diabetic patients. 93% of patients levels were close to normal levels compared to a national average of 78%. The lead GP is the locality lead for diabetes care.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%, for example the uptake rate for children aged 5 for MMR was 98%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 99%, which was above the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

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

Are services effective?

(for example, treatment is effective)

People experiencing poor mental health (including people with dementia):

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average of 84%.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 was 94%, this was above the national average of 89%

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results, 2016/17 were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98.6% and national average of 95.5%. The overall exception reporting rate was 13.5% compared with a national average of 9.9%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) We discussed the high exception rate with the lead GP and saw this was audited appropriately.

- From the 19 clinical indicator groups we saw the practice had achieved 100% of the points available for 15 of them. The two areas which were less than local and national averages were Dementia 95.4% (local CCG average 99.4%, national average 96.6%) and mental health 98.9% (local CCG average 98.9%, national average 93.6%)
- At our previous inspection on 14 December 2015, we said the practice should improve the programme of clinical audit to demonstrate a change in patient

outcomes. We saw these arrangements had improved at this inspection. We saw examples of two cycle clinical audits. This included an audit of anti-inflammatory medication to see if the prescribing was appropriate. We saw that as a result of the audit, prescribing had reduced by 20% to bring it in line with NICE guidance.

Effective staffing

Staff did not always have the support to carry out their roles.

- We saw some examples of staff appraisals; the nurses had recently received an appraisal. However, administrative staff and health care assistants did not have a recent appraisal. We saw from these members of staff only two appraisals which dated back to 2015.
- Staff had recently carried out a large amount of mandatory training. The assistant practice manager was currently collating this information. We saw that clinical staff had received appropriate training specific to their role, for example cervical screening updates.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. There were palliative care meeting held every month at the practice

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

Are services effective?

(for example, treatment is effective)

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There were 44 patient Care Quality Commission comment cards completed by patients prior to the inspection. There were six each from the branch surgeries which were wholly positive. There were 32 from Station Road Practice. Of which there were 18 positive cards; comments included excellent and very good care and helpful staff. There were 11 negative cards regarding appointments and three saying they were not happy with the GP availability.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 267 surveys were sent out and 103 were returned. This represented about 1.9% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time; CCG - 88%; national average - 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 88%; national average - 86%.

- 99% of patients who responded said the nurse was good at listening to them; (CCG) - 95%; national average - 91%.
- 100% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 100% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.
- 100% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was a carer. The practice had identified 116 patients as carers (2.25% of the practice list).

- The practice made referrals to the local carers association when they identified a patient as a carer. Carers were offered an annual health check.

Are services caring?

- Staff told us that if families had experienced bereavement, the GP contacted them. This was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages for GPs and above averages for nurses:

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 99% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.
- 96% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. There were extended opening hours, online services such as repeat prescription requests and advanced booking of appointments. Text messages were issued to remind patients of appointments and flu vaccinations.
- Specialist clinics were provided, including minor surgery.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, housebound patients who required a blood test have this taken by the district nurse.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and same day appointments for those with enhanced needs or over age 75.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 5 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

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

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice were taking part in a pilot where the memory clinical nurse who worked for the CCG attended the practice to see patients living with dementia.
- The community psychiatric nurse held clinics at the practice.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Are services responsive to people's needs?

(for example, to feedback?)

- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

From the 44 patient Care Quality Commission comment cards completed by patients prior to the inspection there were 11 negative cards regarding appointments, patients saying it was difficult to obtain an appointment.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable or above to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 267 surveys were sent out and 103 were returned. This represented about 1.9% of the practice population.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 93% of patients who responded said they could get through easily to the practice by phone; CCG - 76%; national average - 71%.
- 80% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 85%; national average - 84%.
- 82% of patients who responded said their last appointment was convenient; CCG - 83%; national average - 81%.

- 84% of patients who responded described their experience of making an appointment as good; CCG - 76%; national average - 73%.
- 75% of patients who responded said they don't normally have to wait too long to be seen; CCG - 63%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Eight complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint the protocol for the recording of complaints by staff was reviewed and changes to the process made.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

The leadership did not always support the delivery of high-quality person centred care.

- The lead GP had managed the practice by themselves in the last year as the other partners had left the practice, which had been a challenge. They had the experience and skills to address the risks in the practice however, there had not been the capacity due to being short staffed. The practice did not have their own practice manager in post.
- The approach to service delivery was based on short-term issues. For example, action had not been taken to register the practice correctly with CQC.
- However, the lead GP was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- There was a vision and set of values.
- The practice were going to devise a business plan. There was the possibility of a merger with a neighbouring practice. There had been consultation with patients regarding this and the practice would be required to submit a business plan to NHSE to start the process for merger.

Culture

The practice had a culture of sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and felt they went the extra mile for patients.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Staff had the opportunity for learning and career development conversations. However, not all staff had received an appropriate appraisal.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

The governance arrangements did not always operate effectively.

- Assurance systems were not always comprehensive, for example, the management of patient safety alerts and infection control. The practice were only made aware of these issues from our inspection.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. These were set out, understood and effective.
- Staff were clear on their roles and accountabilities for example, in respect of safeguarding.

Managing risks, issues and performance

The processes for managing risks, issues and performance were not always effective.

- There were not always effective processes in place to manage risks, such as management of medicines.
- There was evidence of clinical audit which had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.

Are services well-led?

Requires improvement 

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

- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had carried out their own patient survey regarding patient access. They had discussed the findings with the patient participation group (PPG) and put an action plan in place.
- There was an active PPG. The group had recently consulted with the practice to change the patient information which was displayed on the screen monitors in the waiting areas of the surgeries.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on learning and improvement within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice were planning to offer a non-scalpel vasectomy service to the locality in the future.
- The practice aspired to become a training practice in the future.

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>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• There was no risk assessment for emergency medicines which should be carried on a home visit.• There was no risk assessment for which emergency medicines are suitable for the practice to stock. For example, there was no diazepam included in the emergency medicines.• There was no effective system for the management of patient safety alerts.• Medication reviews were not consistent. Some of the annual reviews were not up to date. There was a lack of knowledge of what the practice system was for the monitoring of high risk medication.• The infection control lead nurse had not received infection control lead training.• The practice could not demonstrate they had an effective employee immunisation programme in place. <p>This was in breach of Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment (2) (a) (g) (h)</p>