

# Circuit Lane Surgery

## Quality Report

The Surgery  
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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?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 4    |
| The six population groups and what we found | 7    |
| What people who use the service say         | 10   |
| Areas for improvement                       | 10   |

### Detailed findings from this inspection

|  |    |
|--|----|
| Our inspection team                      | 11 |
| Background to Circuit Lane Surgery       | 11 |
| Why we carried out this inspection       | 11 |
| How we carried out this inspection       | 11 |
| Detailed findings                        | 13 |
| Action we have told the provider to take | 24 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Circuit Lane Surgery on 9 December 2015. Overall the practice is rated as requires improvement. It was rated good for delivery of safe, effective and well led services. However, the practice requires improvement for delivery of caring and responsive services.

The practice was being managed by Berkshire Healthcare NHS Foundation Trust on an interim contract with NHS England. This was because the previous partnership had disbanded in early 2015. Consequently a period of instability followed the handover whilst significant changes in personnel and management processes were underway.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

# Summary of findings

- Implementing and monitoring the changes in the appointment system in response to patient feedback. For example, 86% of patients said the last appointment they got was convenient compared to the CCG average of 91% and national average of 92%.
- Improving access by telephone to the practice and monitoring the outcome of the installation of the proposed new telephone system. For example, 65% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.

The areas where the provider should make improvement are:

- Recording the checks of emergency medical equipment.
- Reviewing the controlled drugs held at the practice.
- Promote the availability of the chaperone service.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. Although recording of the checks of emergency equipment should be improved.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 100% of the targets for management of diabetes had been achieved in 2014/15.
- 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 people's needs.

### Are services caring?

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

Requires improvement



- Data from the last national patient survey showed that patients did not rate the practice as highly for several aspects of care as

# Summary of findings

other practices in the area. There had been a significant change in GP and nursing personnel since the survey was completed and patients we spoke with and CQC comment cards referred to an improvement.

However,

- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

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

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had commenced offering a range of enhanced services in 2015 and a consultation exercise with the local community was planned for spring 2016.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

However,

- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments with another GP were usually available the same day. The practice had responded to this feedback but it was too early to assess whether the changes made were effective.

**Requires improvement**



## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

**Good**



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The Trust and the GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active, but told us they had only recently engaged in meaningful dialogue with the new provider.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for delivery of caring and responsive services. These ratings affect all population groups.

However,

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice employed a community nurse for the elderly who undertook care reviews at the patient's home.
- Data showed that outcomes for patients with conditions commonly found in older patients was above CCG and national averages.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for delivery of caring and responsive services. These ratings affect all population groups.

However,

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved all the national targets for care of patients diagnosed with diabetes.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check that their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for delivery of caring and responsive services. These ratings affect all population groups.

However,

**Requires improvement**



# 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 patients who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice achieved a 91% take up of the cervical screening programme. This was significantly above the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were examples of joint working with midwives, health visitors and school nurses.

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

The practice is rated as requires improvement for delivery of caring and responsive services. These ratings affect all population groups.

- The needs of the working age population, those recently retired and students had been identified. The practice had an action plan to adjust the appointment system to ensure it was 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 clinics were held until 8pm on two evenings each week a Saturday morning clinic was held on alternate weeks.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for delivery of caring and responsive services. These ratings affect all population groups.

However,

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

**Requires improvement**





# Summary of findings

- 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.

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

The practice is rated as requires improvement for delivery of caring and responsive services. These ratings affect all population groups.

However,

- 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice achieved 100% of the national targets for care of patients with mental health problems.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015. The survey period covered July to September 2014 and January to March 2015. This meant the results related mostly to the performance of the previous partnership that held the contract for delivery of care at Circuit Lane Surgery. The results showed the practice was performing below local and national averages. Three hundred and twenty survey forms were distributed and 132 were returned making a 41% return rate.

- 65% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 82% found the receptionists at this surgery helpful compared to the CCG average of 86% and national average of 87%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average 85%.
- 86% said the last appointment they got was convenient compared to the CCG average of 91% and national average of 92%.

- 81% usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 75% and national average of 65%.
- 84% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 77% said the GP gave them enough time compared to the CCG average 85% and national average 89%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which gave a mixed view on the standard of care received and access to appointments. However, nearly 70% of the comment cards referred to a recent improvement in services and 50% were wholly positive. Many patients commented on receipt of excellent service from the practice nurses.

We spoke with 13 patients during the inspection. Many of these patients described the appointment system as unresponsive to their needs. However, the majority told us that the GPs and nurses were caring and compassionate and that they were noticing improvement in recent months.

## Areas for improvement

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

- Implementing and monitoring the changes in the appointment system in response to patient feedback. For example, 86% said the last appointment they got was convenient compared to the CCG average of 91% and national average of 92%.
- Improving access by telephone to the practice and monitoring the outcome of the installation of the

proposed new telephone system. For example, 65% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.

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

- Recording the checks of emergency medical equipment.
- Reviewing the controlled drugs held at the practice.
- Promote the availability of the chaperone service.

# Circuit Lane 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 advisor, a second CQC inspector and a practice manager specialist advisor.

## Background to Circuit Lane Surgery

Circuit Lane Surgery is located in the Southcote area of Reading. The premises are purpose built as a medical centre and cover two storeys. All consulting and treatment rooms are on the ground floor. There are approximately 10,300 patients registered with the practice. The age profile of the registered population is similar to the national average with slightly more patients aged between 55 and 69 than average. There are a number of patients experiencing income deprivation.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12pm every morning and 2.30pm to 6pm daily. Extended hours surgeries are offered on Monday and Thursday evenings between 6.30pm and 8pm and on alternate Saturday mornings between 8.30am and 11am.

When the practice is closed, out-of-hours (OOH) GP cover is provided by the Westcall OOH service. Notices on the entrance door, in the patient leaflet and on the practice website clearly inform patients of how to contact the OOH service.

Circuit Lane Surgery has experienced a period of significant instability in 2015. The partnership that previously held the

contract folded and NHS England had to offer an interim contract to maintain services for the local population. Berkshire Healthcare NHS Foundation Trust took on the temporary contract from February 2015. There has been a high turnover of staff since the contract changed hands. The team of GPs and practice nurses has increased because the Trust recognised that the practice required additional clinical input.

All services are provided from; The Surgery, 53 Circuit Lane, Southcote, Reading, Berkshire, RG30 3AN.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This was part of a wider Berkshire Healthcare NHS Foundation Trust inspection, undertaken at the same time.

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

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?

## Detailed findings

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

We also looked at how well services are provided for specific groups of people and what good care looks 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.

Before visiting, we reviewed a range of information that we hold about the practice and asked other stakeholders to share what they knew, such as the local clinical commissioning group. We carried out an announced visit on 9 December 2015. During our visit we spoke with a range of staff including four GPs, three nurses, the practice manager and four members of the administration and reception team. We also met with senior managers from the provider Trust. We spoke with 13 patients who used the service. We observed how patients were being cared for and looked at documentation related to the services provided and the management of the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when the wrong dose of medicine had been prescribed all GPs were reminded to double check before issuing a prescription. Also when a patient bypassed the practice because their request for a non-urgent call back had not been fulfilled the call back system was reorganised to prioritise those who had called first.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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. GPs were trained to safeguarding level three for children.
- The availability of chaperones was promoted in each of the consulting and treatment rooms. However, the chaperone service was not advertised in the waiting

area or at the reception desk. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (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 provider had made arrangements to reduce the risk of cross infection. The lead nurse for the Trust had visited the practice on numerous occasions to undertake assessments of risk. They were very well qualified for this role. The incoming senior practice nurse would take on the role of infection control clinical lead in January 2016 once their competence for this duty had been assessed. 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. For example, the carpets in all consulting and treatment rooms had been replaced by hard flooring that was easily cleaned.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. We noted that the practice was undertaking further improvement in the system for blank prescriptions for use in printers. Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We found one of the 23 PGD's was out of date. When we advised the practice of our findings they immediately obtained the updated version and commenced local authorisation for its use. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations. We found an out of date

## Are services safe?

controlled drug (CD) in the controlled drug cupboard that was not recorded in the controlled drug register. Arrangements for the destruction of this medicine were made immediately.

- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. Although some of the information was held at the provider headquarters and we did not receive this until two days after the inspection. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and the new provider had arrangements to carry out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

place for all the different staffing groups to ensure that enough staff were on duty. This included ensuring sufficient staff were on duty to answer the phones at the busiest times of the day.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, the checks of the emergency equipment were not recorded. We found both the oxygen and defibrillator in working order and fit for use. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through clinical team meetings.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 100% of the total number of points available, with an 11% exception reporting which was just under 2% higher than the national average. We reviewed a sample of the exceptions and found them to be clinically appropriate. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the CCG and national average. For example, patients with diabetes meeting the target cholesterol levels were 93% compared to the CCG average of 87% and national average of 81%.
- The percentage of patients with hypertension achieving target blood pressure range was 85% compared to the CCG and national average of 83%.
- Performance for mental health related indicators was 100% which was above the CCG average of 97% and national average of 93%.

However,

- The dementia diagnosis rate was 36 per 1000 compared to 62 per 1000 national average. The practice had recognised the need to be more proactive in screening for dementia and had embarked on a programme of reviews.
- There was a focus on managing medicines effectively and data showed the practice had achieved 95% of the local medicines management targets in the last year.
- Clinical audits demonstrated quality improvement. There had been seven audits undertaken in the last two years. Three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included GPs calling patients to advise the benefits of bowel screening. The take up rate for bowel cancer screening had improved by 7% in six months.

Information about patients' outcomes was used to make improvements. For example, ensuring all patients diagnosed with heart failure received the appropriate medicines in accordance with best practice guidelines. The first audit showed 95% were receiving the medicines. After review by GPs the second audit showed 100% of eligible patients were receiving the medicines.

### Effective staffing

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

- The practice had adopted the provider's induction programme for newly appointed non-clinical members of staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw that all staff had received updates in reducing the risk of cross infection in October 2015.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, probation period reviews,



# Are services effective?

## (for example, treatment is effective)

meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal or a probation period review within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to the provider's e-learning training modules and in-house training. Due to the high staff turnover in the last year a number of staff were yet to complete some of the training identified for them.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a bi-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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice had identified smoking status of 86% of patients aged over 16 and this matched the national average. Smoking cessation advice had been given to 97% of patients identified as smokers compared to the national average of 94%. Smoking cessation advice was available at the practice.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 91%, which was above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel cancer. It had achieved a 62% uptake of this screening programme compared to the national average of 56%. Patients were also encouraged to take part in the national breast cancer screening programme.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 91% and five year olds were 98%. Both were above the national target of 90% and were comparable to the local averages. The flu vaccination rate for patients aged over 65 was 71% which was marginally below the national average of 73%. Flu vaccination of patients in at risk groups was 55% which was above the national average of 53%.



## Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The CQC comment cards we received showed an improving response to the caring nature of the practice staff. Many patients commented that staff were helpful, caring and treated them with dignity and respect. The new team of GPs, nurses and administrative staff demonstrated a commitment to delivering a caring service and patient feedback showed this. However, some of the patients commented that care had not been very good in the past.

We spoke with three members of the patient participation group. They also told us they were noticing an improvement in the care provided by the practice and said their dignity and privacy was respected. Many comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The national GP patient survey had been undertaken when the previous partnership was coming to an end and during the handover to the new provider. Results were below the local and national averages in regard to patients being treated with compassion, dignity and respect. However, we noted that there had been an increase in GP staffing levels to enable more time to be spent with patients. The results from the survey were:

- 84% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.

- 77% said the GP gave them enough time compared to the CCG average 85% and national average 89%.
- 90% said they had confidence and trust in the last GP they saw compared to the CCG average 96% and national average 95%.
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 88% and national average 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern which matched the 90% CCG and national average.
- 92% said the last nurse they saw was good at giving them enough time compared to the CCG average of 90% and national average of 91%.

### Care planning and involvement in decisions about care and treatment

Patients told us that they now 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 were being given information during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received recognised an improvement in this aspect of receiving care.

Results from the national GP patient survey showed patients were not as positive about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

Whilst we found GPs and nurses committed to involving patients in their care and giving time to explore treatment options it was too early to judge whether patient opinion reflected this commitment. The provider could not yet demonstrate that changes in staff had resulted in improvement in patient opinion about delivery of care.

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

## Are services caring?

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The new provider had taken up the opportunity to deliver enhanced services in addition to the basic GP contract requirements. For example, health checks for patients with a learning disability were being offered.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice employs a community nurse for the elderly. This member of staff visits elderly patients to assess physical, mental health and social needs and was able to signpost this group of patients to support services.
- The community nurse for the elderly undertook dementia assessments and 100% of dementia reviews were completed in 2014/15.
- The practice registered homeless patients and used the practice address to do so.
- The automated check in service displayed the check in process in over 20 languages.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 2.30pm to 6pm daily. Extended hours surgeries were offered at the following times 6.30pm to 8pm on a Monday and Thursday and on alternate Saturday mornings between 8.30am and 11am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. Patients told us on the day that they had noticed an improvement in getting appointments when they needed them. We

reviewed the practice appointment system and found that there were urgent appointments still available on the day of inspection and that routine appointments were available five days in advance.

However the survey results showed;

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 65% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 66% of patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 81% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 75% and the national average of 65%.

Our review of the appointments system showed that the practice had made significant changes to increase the number of appointments available. An increase of 350 appointments per month had been achieved. We also noted that the provider had responded to patient feedback on accessing the practice by telephone. A new telephone system had been ordered and was to be installed in January 2016. The system would provide more incoming lines and a messaging service. Staffing had been reorganised to ensure that more staff were available to answer the phone at peak times of demand.

Despite the provider responding to patient feedback by increasing the number of available appointments and ordering a new telephone system it was too early to evaluate the outcome of these changes.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. Information was on the practice website and in the revised patient leaflet. A new stock of patient leaflets had been delivered the day before our inspection.

We looked at 12 complaints received in the 10 months since the provider took management of the practice. We found all had been investigated thoroughly and had been responded to in a timely manner. The responses were open and honest, set out the findings of the investigation into the complaint and offered an apology. Lessons were learnt from concerns and complaints and action was taken to as a

result to improve the quality of care. For example, there had been a number of complaints regarding slow preparation of prescriptions which gave rise to concern for patients who required prompt access to their medicines. The practice had not been meeting their target to process prescription requests within two days of receipt. Consequently, the practice had reorganised their system of processing prescription requests to ensure a GP was available to sign prescriptions every day. We reviewed the prescriptions awaiting authorisation and found all were produced within a day of the patient making the request and were ready for the GPs to check and sign.

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

- The provider and the practice had a mission statement. Staff were introduced to the statement when appointed or when their employment transferred to the new provider. The mission statement was displayed in the patient waiting room.
- The provider was delivering services on an interim basis and would not know whether they could plan for the future until July 2016 when a permanent contract was due to be in place. We noted that the provider was making every possible effort to retain the practice and continue with the improvements already made.
- Contact had been established with the local Member of Parliament and a consultation exercise had been agreed with NHS England. This exercise was due to take place in spring 2016 when the local community would be given the opportunity to say what they wanted from their GP practice and the results would influence the specification for the new contract.
- The provider was forward thinking but was limited by the interim contract as long term planning could not be undertaken. Investment from NHS England had been secured and additional staff had been appointed to relieve pressure on the service. Staff were receiving a more structured package of training which focused on development and customer service.

### Governance arrangements

The provider had a governance framework which the practice worked within. There were clear management structures and lines of accountability and staff told us they were aware of these. The structure supported the delivery of the short term strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were developed within the provider's overall policy framework and these were implemented and were available to all staff.

- The provider had a comprehensive understanding of the performance of the practice and the challenges the practice faced. An action plan was in place to improve the access to appointments.
- There was a programme of clinical and internal audit which was used to monitor quality and to make improvements.
- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The provider had employed GPs and managers with the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Senior management and the GPs were visible in the practice and staff told us that they were approachable and always took the time to listen to members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. A culture of openness and honesty was encouraged. There were systems in place for knowing about notifiable safety incidents

When there were safety incidents:

- The provider gave affected patients reasonable support, truthful information and a verbal and written apology
- The actions required to prevent similar incidents in the future were reviewed and shared with the staff team. The governance structure also included for the incidents to be reported into a provider wide safety committee. This enabled learning from incidents to be shared more widely. It also benefitted the practice by sharing learning from incidents that had occurred elsewhere in the organisation.

There was a clear leadership structure in place and staff were feeling increasingly supported by management. A more stable team of GPs and staff had been in post since September. A new practice manager had been appointed and was due to start in early 2016.

- Staff told us that regular team meetings were underway after a period of instability.
- The seven staff we spoke with told us that there was now an open culture within the practice and they had the opportunity to raise any issues at team meetings

# Are services well-led?

Good 

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

and would be confident in doing so and felt supported if they did. We also noted that senior management from the Trust were in attendance at the practice regularly and were available to staff.

- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and they were encouraged to identify opportunities to improve the service delivered by the practice.

There was an action plan to improve access to appointments and we saw that a number of the actions set out had been achieved. For example, additional staff had been recruited to assist patients booking in for their appointment.

## **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 PPG was active and had 13 members. After a period of change and disengagement the three PPG members we met told us that they had developed a working relationship with the provider and hoped this would improve further.
- The provider gathered feedback from patients through surveys and complaints received.
- The provider responded to feedback about access to appointments. The appointment system had been reviewed and more appointments added. A new telephone system was on order and was due to be installed in January 2016.

The practice gathered feedback from staff through day to day discussions, performance reviews and appraisals. Staff meetings had recommenced after a high turnover had been experienced. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## 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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</b></p> <p><b>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</b></p> <p><b>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</b></p> <p><b>(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</b></p> <p><b>(f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).</b></p> <ul style="list-style-type: none"><li>• Patient feedback relating to quality of care was below local and national averages. The provider had not evaluated the outcome of increasing clinical staff levels and changes in personnel on patient opinion.</li><li>• Patient feedback on access to the service was below local and national average. Patients who contributed their views to the inspection also perceived difficulty in accessing GP appointments. The changes undertaken and planned to improve access had not been evaluated</li></ul> |