

Lambourn Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lambourn Surgery on 7 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice had policies and systems in place for infection control purposes.
- Systems were not firmly embedded to regularly monitor the quality of the dispensing process. Some evidence of auditing was demonstrated, although there was poor staff awareness, near misses were not captured and controlled drug audits were not comprehensive.
- The storage conditions and security of vaccines were not always in line with relevant guidance. Steps were taken to improve security of vaccines on the day of the inspection.
- 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. However, not all staff had received training updates in a timely fashion.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made promptly to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.
- Staff had access to appropriate policies and protocols.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had systems in place to promote the benefits of cancer screening programmes.

We saw one area of outstanding practice:

- The practice had taken steps to assess patients' needs and increase accessibility to the practice. They had completed a dementia audit tool and taken steps to make the environment more suitable for people with dementia, including ensuring that toilet doors were a contrasting colour to the rest of the environment. The practice had signed up to the Dementia Friends scheme and staff had received training on how to support patients with dementia. The practice also offered patients with visual difficulties the facility to request repeat prescriptions over the telephone.

The areas where the provider must make improvement are:

- Ensure systems are embedded to regularly monitor the quality of the dispensing process.
- Review the storage conditions and security of vaccines to ensure it is in line with relevant guidance.

The areas where the provider should make improvement are:

- Ensure that all clinical staff are aware of how to determine when sharps bins are full and need to be replaced.
- Training should be undertaken within the timescales outlined by the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a verbal or written apology. Where appropriate they were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- The practice had policies and systems in place for infection control purposes.
- Systems were not firmly embedded to regularly monitor the quality of the dispensing process. Some evidence of auditing was demonstrated, although there was poor staff awareness, near misses were not captured and controlled drug audits were not comprehensive.
- The storage conditions and security of vaccines were not always in line with relevant guidance. Steps were taken to improve security of vaccines on the day of the inspection.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were variable compared to CCG and national averages. The most recent published results from 2014 to 2015 were 89% of the total number of points available compared to the CCG average of 95% and national average of 95%. The practice showed us QOF data for 2016 and this showed that the practice had achieved higher results with 91% of the total number of points available.
- Performance for diabetes related indicators was lower than the CCG and national averages for some indicators and similar for others. The practice had employed a number of measures to improve the care received by patients with diabetes. The practice nurse told us that these measures had since resulted in a 25% reduction in patients with poorly controlled diabetes.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. For example, the practice had implemented measures to audit and improve bowel screening rates and also the rates of thyroid function tests for patients taking a particular medicine.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, not all staff had received training updates in a timely fashion.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice's computer system alerted GPs if a patient was a carer and staff directed carers' to support services.
- GPs were proactive in providing emotional support for patients nearing their end of life and their family members. We saw evidence that this was positively received by patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. One member of staff was undertaking further training to increase their knowledge of clinical issues in order to undertake an extended role. The practice had also liaised with the CCG to arrange transport for patients in the practice catchment area.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients of varied ages and meet their needs.
- The practice had taken steps to ensure that appointments were accessible to patients with difficulties with mobility, hearing, eyesight, memory, and communication.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held 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 partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a 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 good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided visits to patients living in residential homes.
- The practice website and waiting area contained information about health conditions and support services relevant to older patients.
- The practice had liaised with the CCG to ensure that patient transport services were available for patients in the practice catchment area.
- The practice encouraged patients to register as carers. They provided information for carers in the waiting area and on the website and had invited a representative from a local carers' group to spend the morning at the surgery to provide information to patients.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management.
- Performance for diabetes related indicators was lower than the CCG and national averages for some indicators and similar for others. They had employed a number of measures to improve the care received by patients with diabetes. The practice nurse told us that these measures had since resulted in a 25% reduction in patients with poorly controlled diabetes.
- Longer appointments and home visits were available for patients with long term conditions when needed.
- Patients with long term conditions had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- 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.
- Childhood immunisation rates were in line with CCG and national averages.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was lower than the CCG average of 88% and similar to the national average of 82%.
- Appointments were available outside of school hours and the practice had taken steps to ensure that a greater number of same day appointments were available outside of school hours to meet patient need.
- Premises were suitable for children and babies. There were toys in the waiting area, baby changing facilities, and nappies available.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Early morning and some evening and weekend appointments were available.
- The practice had reviewed appointment need and as a consequence offered additional same day appointments during the early afternoons to meet the needs of the local racing community.
- The GPs provided visits to patients at a local rehabilitation centre for people with complex physical needs.

Summary of findings

- The practice provided meningitis immunisations for university students.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Good



People experiencing poor mental health (including people with dementia)

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

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 94% which was high compared to the CCG average of 85% and national average of 84%.
- The practice had completed a dementia audit tool and taken steps to make the environment more suitable for people with dementia.
- The practice had signed up the Dementia Friends scheme and staff had received training on how to support patients with dementia.
- The percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 96% compared to the CCG average of 90% and national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above or in line with local and national averages. 235 survey forms were distributed and 117 were returned. This represented 1.8% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the CCG average of 79% and national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.

- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Comments were that staff were kind, supportive, and helpful.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and comments were that staff were approachable, caring, and professional. Feedback from the practice's Friends and Families Test in 2016 was also positive, with all patients who responded stating that they would be likely or extremely likely to recommend the practice to friends and family.

Lambourn 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 CQC pharmacist specialist.

Background to Lambourn Surgery

Lambourn Surgery is located in Lambourn, Berkshire. The practice resides in purpose built premises and there is parking available.

The practice has approximately 6500 registered patients. The practice has patients from varying age groups with a slightly higher proportion of patients aged 40 to 79. The area in which the practice is located is placed in the third least deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. According to the Office for National Statistics and information provided by the practice, the practice catchment area has a high proportion of people from a White British background.

There are four GP partners and one salaried GP, consisting of three male GPs and two female GPs. GPs provide approximately 35 sessions per week in total. The practice employs three female practice nurses, one health care assistant, and one phlebotomist. The practice manager is supported by a team of administrative and reception staff. The practice provides training to medical students and qualified doctors who are seeking to become GPs. The

practice provided a dispensing practice to approximately half of its patients, who lived more than a mile from a community pharmacy. The practice employed four members of dispensary staff.

The practice is open between 8am and 6.30pm Monday to Friday. When the practice is closed patients can access the Out of Hours Service via NHS 111 service

Services are provided via a General Medical Services (GMS) contract (GMS contracts are a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

Services are provided from the following location:

Lambourn Surgery

Bockhampton Road

Lambourn

Berkshire

RG17 8PS

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 October 2016. During our visit we:

- Spoke with five GPs, one nurse, one phlebotomist / administrator, two members of dispensary staff, the practice manager, one member of administrative staff, and one member of reception staff.
- Spoke with six patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 20 comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken promptly to improve safety in the practice. For example, when a member of staff received a needlestick injury they immediately called another member of staff to take over care of the patient, telephoned occupational health for advice, referred to practice policy and completed the relevant forms. The practice reviewed the incident and took steps to further improve their procedures by putting a pack in each room containing the needlestick injury protocol and relevant contacts and forms to ensure that these were quickly accessible to all staff members. Following a further significant event, the practice had reviewed the process for sending text messages to patients and introduced a system for double checking before texts were sent to patients.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies and flowcharts were accessible to all staff and these clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two and above. Staff had completed safeguarding vulnerable adults training. There were no safeguarding adult training dates recorded for one nurse who had recently joined the practice. The practice told us that the nurse would complete this within one month of starting employment in accordance with practice guidelines.

- Staff informed patients that chaperones were available if required and there were notices available informing patients of this. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. We observed that one treatment and a number of consulting rooms were carpeted. These were visibly clean and the practice manager told us that they were deep cleaned every six months. The practice had appropriate kits to clean up body fluid spillages. Staff told us that if there was a spillage they would immediately use the spillage kit to clean this up and arrange for the carpet to be deep cleaned. The practice manager told us that there were plans to change the flooring of the treatment room within the next six months.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The infection control lead had received infection control training and further infection control training had been arranged for this extended role. There was an infection control protocol in place. Most staff had received up to date infection control training, but two GPs and one member of

Are services safe?

dispensary staff were overdue an update to their infection control training according to practice timescales. There was no date recorded for infection control training for one recently employed nurse. The practice told us that the nurse would complete this within one month of starting employment in accordance with practice guidelines. The practice manager told us that all staff were sent regular reminders to complete training updates and would undertake this training as soon as possible. One member of clinical staff was not aware of the line on sharps bins which indicated that they were full and should no longer be used. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Two fridges were in use for the storage of vaccines at the practice. The location of the fridges meant that access to these fridges was not always restricted to authorised staff; however, this was addressed by the practice on the day of inspection. The Lead Practice Nurse was responsible for managing vaccine stock, and records showed that fridge temperature checks were carried out daily to ensure medication was stored at the appropriate temperature. However, vaccines were not always being stored in their original packaging, and the volume of vaccines stored within one of the fridges meant that there was not sufficient space around the vaccine packages to allow air to circulate.
- Processes were in place for safe and effective repeat prescribing, which included regular recall and follow up for patients requiring monitoring whilst taking high risk medicines. The practice had reviewed medicines with over 95% of patients receiving repeat prescriptions within the last year, and the practice had taken part in a local pilot to employ a pharmacist to support with this, and other, work. The practice also 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and prescribed medicines for a number of

clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary. All members of staff involved in dispensing medicines had received, or were receiving, appropriate training and had opportunities for continuing learning and development. Assessments of competency were completed for dispensary staff, although not regularly or consistently. Medicines incidents were reported, recorded and annually audited; however, there was no system for recording 'near misses'. There was a limited system in place for monitoring the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical and gas equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

Are services safe?

such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 enough staff were on duty and this was reviewed frequently to ensure patient need for appointments was met.

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.

- Staff received annual basic life support training and there were emergency medicines available. One newly employed member of dispensary staff had not completed basic life support training. The practice manager told us that this would be completed as soon as possible as part of the induction period.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were 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 stored securely.
- 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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2014 to 2015 were 89% of the total number of points available compared to the CCG average of 95% and national average of 95%. The practice showed us QOF data for 2016 and this showed that the practice had achieved higher results with 91% of the total number of points available.

The practice rate of exception reporting for 2014 to 2015 was 9% compared to the CCG average of 8% and national average of 9% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice rate of exception reporting for indicators related to asthma was 17% which was higher than the CCG average of 4% and national average of 7%. The practice rate of exception reporting for cancer was 23% compared to the CCG average of 13% and national average of 15%. The practice rate of exception reporting for rheumatoid arthritis was 20% which was higher than the CCG average of 7% and national average of 7%. The practice rate of exception reporting for primary prevention of cardiovascular disease was 80% compared to the CCG average of 26% and national average of 30%. We found that exceptions were recorded in line with appropriate guidance.

QOF data from 2014 to 2015 showed:

- Performance for diabetes related indicators was lower than the CCG and national averages for some indicators and similar for others. For example, the percentage of patients with diabetes, on the register, who reached target cholesterol levels was 65% compared to a CCG average of 82% and national average of 81%. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 97% compared to the CCG average of 94% and national average of 94%.
- The practice nurse had a lead role in supporting patients with diabetes. Patients were offered an initial extended appointment for a healthcare assessment. Following this the patient was sent a letter outlining test results and inviting them to attend for a further appointment to discuss these. The nurse told us that patients were encouraged to take a lead role in the management of their diabetes and development of a diabetes care plan. The practice had held an insulin optimisation course for patients. If patients did not attend appointments there was a system for sending three reminders to attend the practice for review. The practice had worked jointly with the diabetes specialist team to assist patients with poorly controlled diabetes. The practice nurse told us that these measures had resulted in a 25% reduction in patients with poorly controlled diabetes.
- Performance for mental health related indicators was higher than the CCG and national averages for some indicators and similar for other indicators. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 94% compared to the CCG average of 85% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- We reviewed eight clinical audits completed in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, the practice had conducted an audit of whether all patients taking a certain medicine had appropriate

Are services effective?

(for example, treatment is effective)

thyroid function tests. Recent action taken as a result was the development of a system whereby a designated staff member sent reminders to patients taking this medicine to attend for a thyroid function tests within the recommended times scales. Repeat audit showed that since introducing this system all eligible patients had thyroid tests and that changes to treatment had been made if required.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics such as fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, minor illnesses, dementia, and sexual health needs.
- Staff administering vaccines and taking samples for the cervical screening programme had received training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, training, and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- Most staff had received recent training that included: safeguarding, fire safety awareness, basic life support and information governance. Two GPs and one member of dispensary staff were overdue updates to their infection control training according to practice timescales. Two GPs, the practice manager, and a member of dispensary staff were slightly overdue updates to manual handling training according to practice timescales. There were no training dates recorded for three recently employed members of staff for training courses including basic life support, adult

safeguarding, health and safety, equality and diversity, infection control, and manual handling. The practice manager was aware of this and told us that this training would be completed as soon as possible.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving palliative and end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, and substance misuse. Patients were signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- Smoking cessation advice was available at the practice. However, percentages for smoking cessation support being offered were 66% compared to the CCG average of 81% and national average of 86%.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 88% and the national average of 82%. There was a policy to offer multiple telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by providing patient information and they ensured a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and to receive chlamydia screening if appropriate. The percentage of eligible patients screened for bowel cancer in last 30 months was 61% compared to the CCG average of 61% and national average of 58%. The practice sent letters to patients explaining the importance of bowel screening in advance of screening appointment letters being sent out to encourage uptake. The percentage of eligible patients screened for breast cancer in the last three years was 77% compared to the CCG average of 77% and national average of 72%. The practice had a system whereby a designated member of staff checked to ensure that patients were offered appointments within recommended time scales.

The practice had set up a register for patients with pre-diabetes and invited all patients on the register for blood tests to monitor their health.

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 ranged from 87% to 98% and five year olds from 78% to 94%. Childhood immunisation rates for the vaccinations given to under two year olds for the CCG ranged from 91% to 95% and for England ranged from 73% to 95%. Childhood immunisation rates for the vaccinations given to five year olds for the CCG ranged from 89% to 97% and for England ranged from 81% to 95%. The practice had system whereby monthly checks were made to identify children where immunisations were not up to date. Multiple attempts were made by administrative staff, the practice nurse, and health visitor to contact patients who had not received immunisations. The practice also provided meningitis immunisations for university students.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The size and layout of the reception area meant that it could be difficult for patients to have confidential conversations in this area. There was a sign asking patients to stand back from reception when waiting, to preserve confidentiality.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients comments indicated that the practice offered an excellent service and staff were helpful, knowledgeable, empathic, and treated them with dignity and respect. We spoke with six patients who gave positive feedback about interactions with staff members and the care and support received.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied and pleased with the care provided by the practice and said their dignity and privacy was respected.

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

- 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or similar to local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available to help patients make an informed decision about treatment.

Are services caring?

- The practice website contained information about a range of health conditions and local services to enable patients to make a decision about access to support and treatment.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations for patients experiencing emotional difficulties. Information about emotional support groups and services was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 95 patients as carers (1.4% of the practice list). Staff described how they

encouraged patients to register as carers when joining the practice and also if this became evident during consultations. The practice had invited a local carers' group to spend the morning at the surgery to provide information and had notified carers of this. Written information was available in the waiting area and on the website 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. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. GPs provided additional support in the form of out of hours consultation to patients nearing their end of life and also to their family members and the nursing staff supporting them. We saw evidence that this was appreciated by patients.

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. One member of staff was undertaking further training with the CCG to increase their knowledge of clinical issues in order to undertake an extended role at the end of training.

- The practice offered early morning appointments during weekdays and was open between 8am and 6.30pm Monday to Friday.
- They had reviewed appointment need and as a consequence offered additional same day appointments during the early and late afternoons to meet the needs of the local racing community and children finishing school.
- There were longer appointments available for patients where needed, for example for patients with a learning disability, dementia, or with communication difficulties.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There were facilities for children and families, including baby changing facilities, nappies, and toys in the waiting area.
- The practice offered patients with visual difficulties the facility to request repeat prescriptions over the telephone.
- The practice had completed a dementia audit tool and taken steps to make the environment more suitable for people with dementia, including ensuring that toilet doors were a contrasting colour to the rest of the environment. The practice manager told us that they were planning to ensure that signs at the surgery were clearer. The practice had signed up the Dementia Friends scheme and staff had received training on how to support patients with dementia.

- GPs and nurses came to collect patients from the waiting area for their appointments and could support them to access consulting and treatment rooms if required.
- GPs visited patients at local residential homes and rehabilitation centres.
- The practice had liaised with the CCG to ensure that patient transport services included patients in the practice catchment area.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available for patients that needed them.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was done by telephoning the patient or carer in advance if necessary to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs? (for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website and in the waiting area.

We looked at nine complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, and there was openness and

transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint relating to medicine errors, the practice introduced changes in the prescribing process and in the communication systems between the dispensary and the clinical staff. They communicated findings to the patient with an apology and an explanation of actions they were taking to reduce errors in the future.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, they had developed plans to renovate parts of the premises and to develop services in response to changes in staffing in a way that continued to meet patient need. Staff were aware of and involved in these plans where appropriate.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. The practice manager had a system for ensuring that these were regularly reviewed and updated by relevant staff.
- A comprehensive understanding of the performance of the practice was maintained. Meetings were held to ensure practice priorities and developments were clearly discussed with all relevant staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints and comments received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had identified that it would be useful for the practice to provide some information to clarify upcoming staff

Are services well-led?

Good 

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

changes. We saw that information regarding this had been provided in the reception area, in the practice newsletter, and on the practice website, and feedback to the local community by PPG members.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff told us they had made suggestions regarding changes to the appointment system and these had been adopted by the practice. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had participated in a CCG pilot whereby a pharmacist had worked at the practice. The practice reported that this had been useful and was considering whether to permanently employ a pharmacist at the practice. The practice manager had also contributed to a CCG project to develop some guidelines to clarify coding and record keeping in relation to safeguarding children which were distributed to practices within the CCG. One member of administrative staff was completing a diploma Level 3 in healthcare in order to provide an enhanced role at the practice.

This section is primarily information for the provider

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>How the regulation was not being met:</p> <p>Care and treatment was not provided in a safe way for service users. The practice had not ensured systems were embedded to regularly monitor the quality of the dispensing process. The storage conditions and security of vaccines were not in line with relevant guidance.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>