

Dr Helen Osborn (also known as Courtyard 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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 the Dr Helen Osborn practice, more usually known as Courtyard Surgery on 14 September 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a 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 been trained to provide them with 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.

- Patients said they found it easy to make an appointment with a named 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.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a clear leadership structure and staff felt supported by management.

There was three areas where the provider must make improvement:

- The practice must ensure they use quality improvement methods, including clinical audit, to monitor quality and to make improvements within the practice and ensure that learning from these is appropriately discussed and shared with practice staff.
- The practice must keep records of all essential training received by staff.
- Ensure actions plans are completed for issues identified an infection control audits.

Summary of findings

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.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, there was no evidence of an action plan following the last infection control audit undertaken in January 2016, which meant the practice could not be sure any actions identified by the audit had been completed.
- Risks to patients were assessed and well managed.
- The practice had arrangements in place to respond to emergencies and major incidents.

Are services effective?

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

Requires improvement



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the Quality and Outcomes Framework (QOF) showed that the practice was performing highly when compared to practices nationally.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- On the day of our inspection there was insufficient evidence of quality improvement including clinical audit.

Summary of findings

- There was no evidence that any staff other than the lead GP had received training in the Mental Capacity Act 2005. We were told that this training had been given to clinical staff as part of Safeguarding training, but the practice was unable to provide evidence to confirm this.

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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Wiltshire Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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. For example, 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



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

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.
- There was a governance framework which supported the delivery of good quality care. However, there was no regular meeting when all GPs were present. The practice told us that some issues such as audits were therefore discussed informally outside of meetings and as a result they were unable to evidence these discussions.
- The provider was aware of and complied with the requirements of the duty of candour. They encouraged a culture of openness and honesty.
- Not all complaints had been discussed at the practice meetings.

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 the care of older people. The provider is rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice delivered the service to patients in three local care and nursing homes where they provided weekly visits.
- The practice had lower non-elective admission rates than the clinical commissioning group average.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The provider is rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 88% of patients with diabetes on the register had a blood pressure reading that was within the recommended limits, compared to the clinical commissioning group average of 79% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All patients with long-term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were above the clinical commissioning group average 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.
- 90% of women on the register aged 25 to 64 had a cervical screening test in the previous five years compared to the clinical commissioning group average of 85% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- In response to data showing a higher than average number of teenage pregnancies in the locality, the practices offered a “No Worries” sexual health service aimed at young people who did not need to be registered with the practice.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider is rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- 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 offered appointments from 8am on Monday morning and from 6.30pm to 8pm on Friday evening to suit working people.

Requires improvement



Summary of findings

- 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.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- 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 in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- 100% of patients on the register diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (4/2014 to 3/2015), compared to the clinical commissioning group average of 88% and national average of 84%.

Requires improvement



Summary of findings

- 100% of patients on the register with a psychosis had a comprehensive care plan agreed with them in the last 12 months (4/2014 to 3/2015), compared to the clinical commissioning group average of 93% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice 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 patients with mental health needs and dementia.
- The local NHS counselling service and Alzheimer's Support service saw patients at the surgery.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing better than local and national averages. Two hundred and thirty survey forms were distributed and 137 were returned. This was a response rate of 60%, and represented just over 5% of the practice's patient list. Results from the survey showed;

- 98% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and national average of 73%.
- 90% 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 84% and national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.

- 86% 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 84% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. Patients said the staff were helpful and they were treated with dignity and respect. They were given enough time when speaking with the doctors or nurses and quite a few patients described the service overall as perfect or excellent.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They said it was easy to get an appointment.

Dr Helen Osborn (also known as Courtyard 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, a practice nurse specialist adviser and an Expert by Experience.

Background to Dr Helen Osborn (also known as Courtyard Surgery)

Dr Helen Osborn is the registered name of the practice more usually known as Courtyard Surgery. It is a small rural practice based in the village of West Lavington, on the edge of Salisbury Plains in Wiltshire. It is one of the practices within the Wiltshire Clinical Commissioning Group and has approximately 2,650 patients. The building offers good facilities, including three consulting rooms, three treatments rooms, automatic door, self-check in appointment system, low level reception desk for wheelchair users and a toilet with access for people with disabilities.

The area the practice serves has low numbers of people from different cultural backgrounds although the practice had recognised an increased number of Polish people registering at the practice. It is in the low range for deprivation nationally. The practice has a higher than average patient population over 45 years old.

The practice provides a number of services and clinics for its patients including: childhood immunisations, family

planning, minor surgery and a range of health lifestyle management and advice services, including; smoking cessation, careers clinic, asthma management, diabetes, heart disease and high blood pressure management.

The practice is owned and run by one full time female GP, supported by two half time salaried GPs, one male and one female. There is a nurse prescriber, a practice nurse, two health care assistants and an administrative and reception team of nine staff led by the practice administrator.

The practice is a teaching and training practice. (A teaching practice accepts provisionally registered doctors undertaking foundation training, while a training practice accepts qualified doctors training to become GPs who are known as registrars.) At the time of our inspection they had one registrar working with them.

The practice is open between 8am and 12.30pm in the morning and 1.30pm to 6.30pm on weekdays, except on Fridays when they open until 8.00pm.

GP appointments are available 8.30am to 12.00pm every morning and 2.30pm to 6pm every weekday, except on Monday when appointments start at 8am. Extended hours appointments are offered from 6.30pm to 8pm on Friday. Appointments can be booked over the telephone, on line or in person at the surgery.

An alternative emergency number for the surgery is available for use during the lunch period. This number is advertised on the practices website and in the patient leaflet. When the practice is closed patients are advised, via the practice's website that all calls will be directed to the out of hours service. Out of hours services are provided by Wiltshire Medical Services.

Detailed findings

The practice has a General Medical services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

The practice provides services from:

39 High Street, West Lavington, Devizes, Wiltshire. SN10 4JB

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.

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 14 September 2016. During our visit we:

- Spoke with a range of staff including two GPs, one nurse, one health care assistant, the practice administrator and three members of the administration team.
- Spoke with 10 patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 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. 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 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 to improve safety in the practice. For example, when a patient's urine sample was labelled with the wrong name, the practice reviewed their procedures to ensure staff receiving the sample recorded the patients name, date of birth and the reason for the sample, to help ensure it did not happen again.

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 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 on

safeguarding children and vulnerable adults relevant to their role. The senior GP was trained to child safeguarding level four. The other GPs and senior nurse were trained to level three.

- A notice in the waiting room advised patients that chaperones were available if required. 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. The lead GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. However, when asked, the practice was unable to provide evidence that infection control audit action plans had been completed, which meant the practice could not be sure any actions identified by the audit had been completed. After the inspection the practice wrote an action plan covering the issues identified by the last audit which they sent to us.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 could therefore prescribe medicines for specific clinical conditions. She 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

Are services safe?

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.

- 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 five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried 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 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 (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.

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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date 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 computerised 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 were 100% of the total number of points available. The exception rating across all clinical domains was 7% compared to the clinical commissioning group (CCG) average of 11% 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.)

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 better than the national average. 100% of patients with diabetes on the register had an influenza immunisation in the period 8/2014 to 3/2015, compared to the CCG average of 96% and national average of 94%.
- Performance for mental health related indicators was better than the national average. 100% of patients on the list with a psychosis had agreed a comprehensive care plan in the preceding 12 months (4/2014 to 3/2015), compared to the CCG average of 93% and national average of 88%.

The practice had a white board in the administration area listing patients, such as those in hospital, at risk and with memory loss. This was not visible to unauthorised people. The practice used this board as a reminder of key patients and as a check that appropriate services had been delivered. For example, new babies were listed on the board and were not removed until they had had their six week baby check with the GP.

Data from the first quarter of 2016/17 showed the practice had a lower number of patients attending for secondary care compared to the CCG average. For example, 14 patients per thousand on the practice list had a non-elective admission compared to the CCG average of 21, and 30 per thousand attended an A&E department compared to the CCG average of 41.

Quality Improvement

On the day of our inspection there was insufficient evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice carried out a range of regular computerised searches of patient's records to check they were in keeping with national guidance. For example, one search checked that all patients prescribed penicillin had their penicillin allergy status documented in their notes. These searches confirmed other evidence we saw, such as the quality outcomes data, which showed the practice was performing well when compared to other practices. We were told the practice would review the results of these searches and change their procedures where appropriate, although these changes were not documented. The day after the inspection we were sent reports of two non-clinical audits. One looked at the improvement in take up of pneumococcal vaccination following the introduction of a flag on appropriate patients notes reminding staff to offer this to them. The second audit looked at the regularity of blood monitoring for patients prescribed with methotrexate (an immune system suppressant) following the introduction of automated messages being sent to reception staff to action. There was no evidence that these two audits had been discussed or shared with appropriate practice staff.

Are services effective?

(for example, treatment is effective)

- The practice was unable to show any examples of full cycle clinical audit completed in the last two years. (Full cycle audit are those where improvements made are recorded, implemented and monitored.) We heard the practice had completed a full cycle audit of their coil and implant service but they were not able to evidence this. The practice told us audits were not discussed at formal meetings and they were unable to provide evidence that this audit had been discussed or shared with appropriate practice staff.

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 such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nurse prescriber who reviewed patients with long-term conditions had a degree in Specialist Practitioner in Community Health.
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance except for training in the Mental Capacity Act. Staff had access to and made use of e-learning training modules and in-house training.
- However, there was no evidence that any staff other than the lead GP had received training in the Mental Capacity Act 2005. We were told that this training had been given to clinical staff as part of Safeguarding training, but on the day of our inspection the practice was unable to provide evidence to confirm this.

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 when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 90%, which was better than the CCG average of 85%

Are services effective?

(for example, treatment is effective)

and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 66% of patients on the register aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to the CCG average of 63% and national average of 58%. 71% of women on the register aged 50 to 70 had been screened for breast cancer in the last 36 months compared to the CCG average of 77% and national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds were all 96% compared to the CCG average which ranged from 83% to 97%, and five year olds which were all 100%, compared to the CCG averages which ranged from 92% to 97%.

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.
- 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 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group and one member of the Friends of Courtyard Surgery group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% 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%.
- 87% 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% and national average of 85%.

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% 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.
- The practice had an advice leaflet about obtaining NHS services that was in English and Polish.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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. Information about support groups 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 31 patients as carers (slightly more than 1% of the practice list). Written information was available to direct carers to the various

avenues of support available to them. This year (2016) practice had been awarded a gold award for caring for carers by a local charity working in partnership with the local authority.

Staff told us that if families had suffered bereavement, the GP would ask to speak to them when they came to the practice to collect the paperwork. The GP would offer a patient consultation at a flexible time and location to meet the family's needs and/or by give 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 practice offered an extended hours clinic from 6.30pm to 8pm on Friday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and 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.
- In response to data showing a higher than average number of teenage pregnancies in the locality, the practice offered a "No Worries" sexual health service aimed at young people who did not need to be registered with the practice. With this service the practice was able to offer sexual health advice, free pregnancy testing, free condoms and chlamydia testing kits.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice delivered the service to patients in three local care and nursing homes where they provided weekly visits.
- The practice operated from a building which offered good facilities including, three consulting rooms, three treatments rooms, disabled parking space, an automatic entrance door, self-check in appointment system, low level reception desk for wheelchair users and a toilet accessible to people with disabilities.
- There was a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 12.30pm in the morning and 1.30pm to 6.30pm each weekday, except on Fridays when they were open until 8.00pm.

GP appointments were available 8.30am to 12.00pm every morning and 2.30pm to 6pm every weekday, except on Monday when appointments started at 8am. Extended hours appointments were offered from 6.30pm to 8pm on Fridays. Appointments could be booked two weeks in advance over the telephone, on line or in person at the surgery. The practice told us appointments could also be made outside these time when appropriate. For example, the lead GP preferred to schedule six week baby check outside normal surgery times which was usually easier for the mother and baby.

An alternative emergency number for the surgery was available for use during the lunch period. This number was advertised on the practice's website and in their patient leaflet. When the practice was closed patients were advised, via the practice's website, that all calls will be directed to the out of hours service. Out of hours services were provided by Medvivo.

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.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. On the day of our inspection the next routine appointment was available in two days time.

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.

In urgent cases when it was inappropriate for a 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 a system in place for handling complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- Their 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.

However, on the day of our inspection there was no information, such as posters or leaflets, in the waiting areas or reception to help patients understand the complaints system, although there was information on the practice website and in their patient leaflet. When we discussed this

with the practice they immediately drafted a poster giving information about their complaints procedure and the next day sent us photographic evidence of the poster on the notice board in the waiting area.

The practice had only received one complaint in the last 12 months. We looked at the two most recent complaints received and found they were dealt with in a timely way, with openness and transparency. We were told all complaints were discussed at the practice meeting and that lessons were learnt from individual concerns and complaints. However, the practice could not provide evidence that the complaint we looked at had been discussed at a practice meeting (such as meeting minutes).

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a business plans which reflected the vision and values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However,

- The two salaried GPs worked on different days and so there was no regular meeting when all GPs were present. The practice told us that some issues such as audits were therefore discussed informally outside of meetings and as a result they were unable to evidence these discussions.
- There was no evidence of an action plan following the last infection control audit undertaken in January 2016, which meant the practice could not be sure any actions identified by the audit had been completed.
- The practice was not keeping adequate records of staff training. We were told training on the mental Capacity Act 2005 had been given to clinical staff but the practice was unable to provide evidence to confirm this.
- On the day of our inspection there was insufficient evidence of quality improvement including clinical audit.

Leadership and culture

On the day of inspection the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us the practice prioritised safe, high quality and compassionate care

The practice 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 training for all staff on communicating with patients about notifiable safety incidents. The practice 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 people support, truthful information and a verbal and 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 although only one of the two salaried GPs usually attended.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The management team 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 told us they encouraged feedback from patients, the public and staff. However, there was insufficient evidence of engagement with patients to obtain their views.

- The practice had two patient groups. The first was a longstanding group of about ten patients whose aim

Are services well-led?

Requires improvement 

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

was to fundraise for equipment and other items for the practice. The practice told us this group met quarterly at the practice and their views were heard. More recently the practice had advertised for patients to join a PPG, and 64 patients had joined. This was a virtual group which corresponded with the practice by email. We were told only two patients from this group had responded to the last patient survey sent out by the practice in 2014 and the practice was currently considering how to improve how they engaged with patients about the practice.

- The practice had produced a newsletter for patients which was available in the waiting area and on the practice website.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was some evidence on continuous learning and improvement at all levels within the practice. For example, the senior GP ensured that the safeguarding lead for the clinical commissioning group and worked with them to compile updated, standardised safeguarding protocols which could be shared with other practices and these improvements and developments in relation to safeguarding were adopted by the practice.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was insufficient evidence that continuous quality improvement was used to monitor services and to make improvements within the practice. For example:</p> <ul style="list-style-type: none">• There was no evidence of an action plan following the last infection control audit undertaken in January 2016.• The practice did not adequately use quality improvement methods, including clinical audit and complaints, to monitor quality and to make improvements within the practice and ensure that learning from these is appropriately discussed and shared with practice staff.• There was no evidence that other audits had been discussed at practice meetings.• The practice was not keeping adequate records of staff training. We were told training on the mental Capacity Act 2005 had been given to clinical staff but the practice was unable to provide evidence to confirm this. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>