

High Road Family Doctors

Quality Report

119 High Road
Benfleet
Essex
SS7 5LN

Tel: 01268 753591

Website: www.highroadfamilydoctors.co.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	11
Background to High Road Family Doctors	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

On 2 December 2015, we carried out a comprehensive announced inspection. We rated the practice as requires improvement overall. The practice was rated as requires improvement for providing safe, effective, caring and responsive services and inadequate for providing well-led services. Where a practice is rated as inadequate for one of the five key questions or one of the six population groups it is re-inspected within six months after the report is published.

At this time we identified several areas of concern including:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not always thorough enough. People did not always receive a verbal and written apology in a timely manner.

- The practice regularly engaged with other agencies to discuss patient needs, for example multidisciplinary meetings; however patient records were not always updated with care plans.
- The national GP patient survey, published in July 2015, showed that patient satisfaction was below local and national averages.
- The practice did not have a completed Legionella risk assessment in place.
- Not all clinical staff had a thorough understanding of the Mental Capacity Act (2005), or Gillick competency.
- The practice did not have arrangements in place to deal with bereavement and patients would not be routinely contacted following bereavement.
- The practice did not have a PPG in place.
- The practice held emergency medical equipment and drugs, however this was not all kept together and not all staff knew the location.
- There was insufficient leadership capacity within the practice. There was not an effective system to share information between all staff in the practice.

Summary of findings

We re-inspected and carried out an announced comprehensive inspection at High Road Family Doctors on 25 August 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 a system in place for reporting and recording significant events. Record keeping had improved and patients were responded to in a timely manner.
- Risks to patients were assessed and well managed, since our last inspection a Legionella risk assessment had been completed.
- Emergency equipment had been improved since our last inspection and all staff knew of its location. Emergency medicines kept in the treatment room were stored securely and were in date; however some medicines found in a GP bag were out of date.
- 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.
- Multidisciplinary care was taking place and care plans were updated accordingly.
- Since our last inspection, in-house training had improved staff understanding of the Mental Capacity Act and Gillick competency.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment; data from the GP patient survey published in July 2016 demonstrated a significant improvement in patient satisfaction with the care received and access to services since our last inspection. However, data did show patients were waiting a significant amount of time after their appointment time.
- The practice were routinely implementing their own bereavement policy

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear staff structure; however there were no adequate systems in place to cover staff absences.
- Whilst the practice had a vision and ideas for the future, there was no strategy or business plan in place to demonstrate how this would be achieved. The practice had identified several staff due to retire but did not have succession planning in place.
- The practice had a number of policies in place to govern activity; however some were overdue a review.
- We were told staff morale had improved since our last inspection and staff felt supported by management.
- The practice had not been able to form a patient participation group but was still trying to engage patients and planned to form one as soon as possible.

The areas where the provider should make improvement are:

- Ensure emergency medicines held in GP home visit bags are in date and suitable for use.
- Develop a strategy or business plan for the future of the practice including succession planning.
- Develop a patient participation group.
- Review practice policies to ensure they are up to date.
- Improve the system in place when there is a need for staff cover during absences.
- Improve patient satisfaction regarding the time waited after their appointment time.

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 a system in place for reporting and recording significant events and staff understood this system.
- Since our last inspection, lessons had been 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 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.
- There were systems in place to ensure safe prescribing, including medicine reviews. There was no system in place to follow up patients who did not collect their prescriptions.
- Risks to patients were assessed and well managed, since our last inspection a Legionella risk assessment had been carried out.
- Emergency equipment was readily available to treat patients in a medical emergency and all staff were aware of its location. Whilst the emergency medicines kept in the treatment room were stored securely and in date, we found medicines in one GP's bag which were out of date.

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 at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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, care plans were updated to reflect these discussions.

Summary of findings

- Since our last inspection the practice had held in-house training to improve staff awareness and understanding of the Mental Capacity Act 2005.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care; this data had improved considerably since our last inspection.
- 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 had identified additional patients who were carers since our last inspection.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group since our last inspection to secure improvements to services where these were identified.
- The practice was a member of the local GP Alliance who offered patients weekend appointments in the locality.
- Data from the national GP patient survey showed patient satisfaction regarding access to appointments had improved; however one area for improvement remained relating to the time patients waited after their appointment time.
- Patients said they found it easy to make an appointment and there were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Since our last inspection, the complaints had been routinely summarised and shared with staff to improve learning.

Good



Are services well-led?

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

Requires improvement



Summary of findings

- The practice had a vision but did not have a strategy or business plan in place to demonstrate how plans for the future would be delivered. The practice had acknowledged the need for succession planning; there was an imminent change in leadership structure and the legal entity of the practice; one GP partner was retiring, the remaining GP was becoming an individual provider and was due to be joined by a salaried GP. There was also a number of staff planning to retire in the next three to five years but there was no succession planning in place at the time of our inspection.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities; however the arrangements in place to cover staff duties in the event of annual leave or long term sickness required strengthening.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- Since our last inspection the practice had increased their awareness of their performance and had improved some areas including patient satisfaction.
- The practice had still been unable to form a patient participation group but had continued to attempt to engage patients with a view to forming one as soon as possible.
- Staff told us morale had improved since our last visit.

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 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.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, such as hypertension and atrial fibrillation, were above local averages.

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 and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that outcomes for patients with diabetes were above local and national averages; for example 82% of patients with diabetes, on the register, had their last IFCC-HbA1c as 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), this was above the CCG average of 75% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients 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.

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 people who had a high number of A&E attendances. Immunisation rates were comparable to local averages for all standard childhood immunisations.

Summary of findings

- Staff understood how to treat children and young people in an age-appropriate way and demonstrated to us how these patients were recognised as individuals. Staff understood Gillick competency and had undertaken in-house training since our last inspection.
- Cervical screening rates for the practice were above local and national averages; 89% of women aged 25-64 had a record in their notes to show that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015), this was above the CCG average of 87% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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).

- 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.
- The practice utilised SMS messaging and telephone appointments to improve access to services.
- The practice was a member of the local GP Alliance which offered patients, who could not attend appointments during normal working hours, appointments at the weekend.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer, flexible appointments for patients with a learning disability; the practice was proactive in offering these patients health checks.
- The practice regularly worked with other health care to ensure the multidisciplinary care of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Since our last inspection, additional training had been undertaken on subjects such as vulnerable adults and the Mental Capacity Act 2005.

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).

- Nationally reported data showed that outcomes for patients experiencing poor mental health were generally above local and national averages. Exception reporting for these indicators was higher than expected, however we were satisfied that patients were being appropriately exception reported.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 248 survey forms were distributed and 109 were returned. This represented a 44% completion rate.

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 87% 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 86% and the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 77% 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 76% and the 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 42 comment cards which were mostly positive about the standard of care received; in particular we received very positive comments regarding the practice nurses. Two patients commented on how long they have to wait after their appointment time and three patients commented about poor experiences with GPs.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought all staff were approachable, committed and caring. Again, we received very positive feedback regarding the nursing staff.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure emergency medicines held in GP home visit bags are in date and suitable for use.
- Develop a strategy or business plan for the future of the practice including succession planning.
- Develop a patient participation group.

- Review practice policies to ensure they are up to date.
- Improve the system in place when there is a need for staff cover during absences.
- Improve patient satisfaction regarding the time waited after their appointment time.

High Road Family Doctors

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to High Road Family Doctors

High Road Family Surgery is a practice located in a residential area in Benfleet, Essex. At the time of our inspection the practice had a list size of approximately 3860. The town has good commuter links and the immediate vicinity has some restricted on-road parking for patients.

The practice has two male GP partners, two female nurses, a practice manager, a team of administrative staff and a cleaner. At the time of our inspection, one GP partner was retiring within a few days, the remaining GP was becoming an individual provider and a new salaried GP was due to commence employment.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am every morning and 3.30pm to 6.30pm daily, with the exception of Thursday afternoons when appointments are not available, there is a duty GP who would see patients at this time if it was an emergency. The practice is able to offer patients appointments at weekends through the GP Alliance, these appointments were at an alternative location in the locality.

When the practice is closed patients are directed to out of hour's services by calling 111. These services are provided by Integrated Care 24.

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 25 August 2016. During our visit we:

- Spoke with a range of staff including GPs, a nurse, the practice manager and administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with 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?

Detailed findings

- 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 a system in place for reporting and recording significant events.

- The significant event policy outlined the definition of a significant event, how to report an event and who to report it to.
- 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. 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).
- Six significant events had been recorded in the previous 12 months.
- We saw evidence to demonstrate that the practice had started to discuss significant events at practice meetings to inform staff and encourage learning.
- We were satisfied 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 manager received and distributed safety and medicines alerts, we saw evidence to demonstrate that these alerts were acknowledged by all relevant staff and actioned appropriately to protect patient safety.

Overview of safety systems and processes

The practice had 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 GP for safeguarding, and one of the nurses acted as their deputy. The GPs attended safeguarding meetings when possible and we saw evidence to show the practice

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. GPs and nurses were trained to child protection or child safeguarding level 3. Non-clinical staff had also completed appropriate safeguarding training.

- A notice in the waiting room advised patients that chaperones were available if required; there was also information available regarding chaperones in the practice leaflet and on the practice website. 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 visibly clean and tidy. The senior practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice and had undertaken infection control training. An infection control audit had been undertaken in the previous 12 months 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 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 CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems in place to monitor their use. The system for checking uncollected prescriptions did not ensure patients who had not collected medicines were followed up.
- Both of the practice nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. These skills had not been utilised previously but the practice had

Are services safe?

plans to use these additional skills imminently due to the change in clinical staff at the practice. We were told of mentorship and support available from the GPs and the CCG for this extended role.

- When patient discharge notes were received by the practice, a non-clinician was responsible for determining whether it needed to be seen by a GP or if it was simply scanned into the patient records, we discussed this with the GPs who intended to change this system to ensure a clinician saw all discharge notes.
- We reviewed four 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 with a poster in the reception office which identified local health and safety representatives. The practice had an up to date fire risk assessment and had carried a fire drill in the previous 12 months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Since our last inspection, the practice had carried out a legionella risk assessment and actions had been taken to address any risks identified. (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; however there the systems in place to cover staff in the event of long term absence needed strengthening.

Arrangements to deal with emergencies and major incidents

The practice had 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. There was a panic button in reception for staff to raise an alarm.
- All staff received annual basic life support training.
- The practice had a defibrillator, oxygen with adult and children's masks and emergency equipment available in a grab bag easily accessible by all staff. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location, this had been improved since our last inspection. All the medicines in the emergency grab bag were in date and stored securely; however when we checked the GP's home visit bags we found some medicines that were out of date in one of those bags and not suitable for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and arrangements to use alternative premises if needed.

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.

- Clinical staff were responsible for keeping up to date with best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 2014/2015 showed the practice achieved 99% of the total number of points available; this was above the CCG average of 90% and the national average of 95%. The practice recorded 9% exception reporting, this was comparable to the CCG average of 7% and the 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 2014/2015 showed:

- Performance for diabetes related indicators was above local and national averages. For example, 85% of patients with diabetes, on the register, had their last blood pressure reading (measured in the preceding 12 months) as 140/80 mmHg or less (01/04/2014 to 31/03/2015), this was above the CCG average of 72% and the national average of 78%.
- Performance for mental health related indicators was above local and national averages, however exception reporting for these indicators was higher than average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/

03/2015); this was above the CCG average of 77% and the national average of 88%. Exception reporting for mental health indicators was 22%; this was higher than the CCG average of 7% and the national average of 11%. We were satisfied that patients were being appropriately exception reported.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits.
- The senior nurse was taking a proactive role in driving improvement through clinical audit.

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 information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff undertook a continuous programme of professional development to update their skills.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending update training, peer review and discussion with colleagues.
- The learning needs of staff were identified through a system of appraisals, practice 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, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and dedicated 'time to learn' sessions provided by the CCG.

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, this had been improved since our last inspection and there had been no complaints since relating to referrals.

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, since our last inspection the practice had implemented a new template to ensure information discussed at these meetings was used to review and update care plans for patients with complex or end of life care 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. Since our last inspection, the practice nurse had delivered in-house training to update staff on the Mental Capacity Act and Gillick competency.
- 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.
- This understanding of consent and the related legislation and guidance had improved since our last inspection and we were assured that consent was being sought and recorded appropriately.

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 offered in-house support or signposted to the relevant service.

The practice's uptake for the cervical screening programme was 89%, which was comparable to the CCG average of 87% and the national average of 82%. There was a policy to offer telephone and written reminders, as well as opportunistic reminders, for patients who did not attend for their cervical screening test. 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 screening rates for bowel and breast cancer screening were comparable to local and national averages. For example:

- 70% of females, aged 50-70, were screened for breast cancer in last 36 months (3 year coverage, %); this was comparable to the CCG and national average of average of 72%
- 65% of patients, aged 60-69, were screened for bowel cancer in last 30 months (2.5 year coverage, %), this was above the CCG average of 61% and the national average of 58%.

Childhood immunisation rates for some vaccinations given were comparable to CCG averages. For example:

- The percentage of childhood PCV vaccinations given to under one year olds was 98% which was comparable to the CCG percentage of 97%.

Are services effective?

(for example, treatment is effective)

- The percentage of childhood Men C Booster vaccinations given to under two year olds was 94% which was comparable to the CCG percentage of 97%.

The practice nurses were proactive at offering appropriate health assessments and checks and using them to improve

patient health. 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 helpful to patients and treated them with dignity and respect.

- Curtains or separate examination rooms 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.
- There were screens around the reception area to protect patient confidentiality whilst staff took telephone calls.

Most of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced and the care received.

Patients we spoke to said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We received very positive feedback regarding the nursing team as well as positive feedback regarding the reception staff.

Results from the national GP patient survey, published in July 2016, 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:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the 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 93% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

This data had improved considerably since our last inspection when patient satisfaction was reported as below local and national averages.

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 mostly positive and aligned with these views.

Results from the national GP patient survey, published in July 2016, 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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

This data had also improved since our last inspection when patient satisfaction was reported as below local and national averages.

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

- Staff told us that telephone translation services were available for patients who did not have English as a first language. Staff were aware of how to utilise this service.
- Information leaflets were available in easy read format.

Are services caring?

- Information was also available on the practice website.

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 local and national 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 64 patients as

carers which represented 1.7% of the practice list; this had increased from 1.1% at our last inspection. A notice board in the waiting area provided information to direct carers to the various avenues of support available to them.

Since our last inspection, the practice had ensured that all staff were aware of the practice bereavement policy. Staff told us that if families had suffered bereavement, the practice would send a bereavement letter which offered their sympathy and an opportunity to make an appointment to discuss any other support required.

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), particularly since our last inspection to secure improvements to services where these were identified. The practice also engaged with other local practices to share information and to help drive improvement.

In response to people's needs:

- The practice was a member of the local GP Alliance which offered patients weekend appointments at an alternative, nearby location.
- There were longer, flexible 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.
- The practice cared for a number of patients in several care homes and offered visits to these patients when needed.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Online services including appointment booking and prescription requests were available.
- A text messaging service was used to remind patients of appointments.
- Telephone appointments were also available.
- Patients were able to receive travel vaccinations available on the NHS.
- There were facilities for the disabled including a lift, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 3.30pm to 6.30pm daily, with the exception of Thursdays when the practice did not offer afternoon appointments; during this time an on-call GP would offer emergency appointments. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

This data had improved since our last inspection.

One area for improvement remained:

- 40% of patients usually waited 15 minutes or less after their appointment time to be seen, this was below the CCG average of 74% and the national average of 65%. This had improved from 24% at our last inspection.

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

The practice had a duty GP daily who was responsible for home visits. The practice assessed whether a home visit was clinically necessary and the urgency of the need for medical attention. 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 a system in place for handling complaints and concerns.

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

We looked at six complaints received since our last inspection and found that verbal and written complaints had been recorded. They were satisfactorily handled, dealt with in a timely way and demonstrated openness and

Are services responsive to people's needs?

(for example, to feedback?)

transparency with dealing with the complaint. Every three months a summary was made available and complaints were discussed with staff to encourage learning. Staff had signed the summary to confirm the discussion.

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 vision to deliver good quality care and promote good outcomes for patients.

- The practice had a statement of purpose which outlined their aims and objectives.
- The practice did not have a business plan or strategy to support these aims. The practice had identified several concerns relating to future staff retirement and planned to discuss this further but did not have any succession planning in place at the time of our inspection.

Governance arrangements

The practice had improved their governance framework since our last inspection but acknowledged there was still more work to be done:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities; however there were no robust arrangements in place to cover staff duties in the event of annual leave or long term sickness.
- Practice specific policies were implemented and were available to all staff. However some of these policies were overdue a review and one we saw contained information relating to a different practice.
- Since our last inspection, the practice had reviewed its performance and gained a more comprehensive understanding of this.
- Since our last inspection staff had engaged in additional audits specific to the needs of the practice and used this 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 our inspection, we were aware that one of the GP partners was retiring imminently; the remaining GP was becoming an individual provider and had recruited a salaried GP due to commence employment the week after our inspection.

At our previous inspection it had been apparent that the GP partners had not been communicating well and had shown a lack of leadership. The practice manager and the senior

practice nurse had worked to drive improvement and to encourage the GPs in their management of the practice. Some staff appraisals stated that staff were unhappy with the tension between the two GP partners, staff we spoke with felt staff morale had improved and felt confident the new salaried GP would have a positive impact on the practice.

Whilst there was some uncertainty about the transition and the future due to the imminent change in GPs and legal entity, staff felt confident that the improvement demonstrated since our last inspection would continue.

The provider was aware of, and complied 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).

Leadership in the practice was driven by the senior nurse and the practice manager rather than the GPs; however staff felt more supported since our last inspection and felt this was due to improved communication.

- Since our last inspection the practice had held two full staff practice meetings to encourage the sharing of information and plans for the practice. There were also regular clinical meetings for the GPs and nurses to discuss topics such as new guidance. There was no follow up to ensure actions from meetings had been undertaken.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings or on an ad-hoc basis and felt confident and supported in doing so.
- Staff told us that morale had improved since our last inspection and they felt valued by the remaining GP and felt positive about the new salaried GP starting at the practice. Staff felt more involved about how to run and develop 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 conducted a patient survey since our last inspection which demonstrated patients on that

Are services well-led?

Requires improvement 

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

day had a high level of satisfaction with the service they experienced. However there was concern regarding the time patients were having to wait after their appointment times.

- The practice had tried several times to form a patient participation group (PPG) but had been unable to. The practice had an engagement event planned to provide an opportunity for patients to meet the new salaried GP and hoped to use this event to encourage patients to join the PPG.

- The practice had gathered feedback from staff through staff meetings, appraisals and on-going 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.