

High Oak Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at High Oak Surgery on 1 September 2015. Overall the practice is rated as good.

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

- 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 that there was continuity of care, with urgent appointments available the same day.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near

misses. Information about safety was recorded, monitored, reviewed and addressed. However, we found that lessons learned were not always communicated widely enough to support improvement.

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, we found some gaps in the management of infection control procedures, equipment checks and patient group directions (PGDs) were not in place for travel vaccinations administered by nurses.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Summary of findings

The areas where the provider must make improvements are:

- Ensure that the management of infection control is robust and reflects national guidance, including adequate record keeping to support the management of infection control.
- Ensure fridge temperatures are recorded correctly, in line with national guidance, to ensure robust maintenance of the cold chain.
- Ensure patient group directions (PGDs) are in place for nurses who administer travel vaccines.

The areas where the provider should make improvement are :

- Improve the management of staff files and ensure all content reflects employee history such as reference checks for staff.
- Raise aware among staff of lead roles to enable them to seek appropriate support, for example in safeguarding and infection control.
- Consider the effectiveness of current failsafe systems for cervical screening tests, ensure that test results are received by the laboratory for every sample sent by the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, we found some gaps in the management of infection control procedures such as incomplete cleaning schedules. We saw records which showed that clinical equipment was cleaned, checked and working properly however the practice was unable to demonstrate cleaning and calibration of the Spirometer. We saw evidence of staff immunisation for Hepatitis B The practice did not correctly monitor the temperature of the fridge and therefore cold chain procedures were not robust. We found that the practice did not have patient group directions (PGDs) in place for travel vaccinations which were administered by the practice nurses.

The practice did not maintain complete records relating to staff recruitment such as reference checks. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. The practice supported staff through training and personal development. Clinical and non-clinical staff were up to date with their yearly appraisals and personal development plans were in place. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients described the staff as caring, helpful, kind and polite. Patients commented that they were happy with the service overall and described the practice as clean and welcoming.

The practice worked with a number of support organisations to support their carer population. The practice had achieved a carer

Good



Summary of findings

aware award which was awarded by The Carers Trust. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff said they felt respected, valued and supported by all members of the practice team. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice had initiated a number of innovative projects and made use of the resources available to them and was awarded with an innovation award from their CCG.

Good



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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. Practice nurses who specialised in the management of long term conditions visited patients at home to explain care plans, give medication advice and facilitate rescue packs for patients with respiratory conditions such as COPD. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. 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 relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

The PPG was also involved in a practice project where a drop in centre was implemented at a local school where the practice offered counselling support, smoking cessation and sexual health advice to young people and teenagers. The practice also involved victim support services and drug support services at the drop in centre by liaising with other organisations. The practice was a provider of the C-Card scheme which was an initiative run throughout the area where patients aged between 13 and 19 could access free sexual health advice, condoms, chlamydia testing and pregnancy testing.

Good



Summary of findings

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. Urgent access appointments were available for children and those with serious medical conditions.

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 also offered early and evening appointments as well as Saturday morning clinics to help their working age population to access appointments outside of core hours.

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 homeless people, travellers and those with a learning disability. The practice offered longer appointments at quieter times for patients with learning disabilities. The practice also carried out annual health checks for patients with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. 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.

The practice had achieved a carer aware award which was awarded by The Carers Trust. The practice worked with a number of support organisations to support their carer population. For example, the practice regularly liaised with a local support group to provide respite to those with caring responsibilities. The practice was awarded with an innovation award from their CCG. The practice had initiated a number of innovative projects and made use of the resources available to them. Examples included how the practice identified patients who required literacy and reading support and

Good



Summary of findings

regularly referred patients to the adult literacy service. The practice also encouraged their patients to attend weekly sessions with the librarian who attended the practice as part of the local in-house library service.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia. The practice offered longer appointments at quieter times for people experiencing poor mental health and also for patients who benefitted from them.

The practice's patient participation group (PPG) was given the opportunity to be involved in specific areas to help improve patient care. For example, external speakers were invited to a number of PPG meetings to educate the practice on how to offer appropriate advice to patients, relatives and carers of those who were newly diagnosed with dementia. The practice also worked with the Alzheimers Society and the PPG in developing an information pack for patients who were diagnosed with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local and national averages. There were 99 responses and a completion rate of 33%.

- 86% found it easy to get through to this surgery by phone compared with the CCG average of 68% and national average of 73%.
- 96% found the receptionists at this surgery helpful compared with the CCG and national averages of 87%.
- 42% with a preferred GP usually got to see or speak to that GP compared with the CCG average of 58% and national average of 60%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 83% and national average of 85%.
- 97% said the last appointment they got was convenient compared with the CCG and national averages of 92%.

- 87% described their experience of making an appointment as good compared with the CCG average of 71% and national average of 73%.
- 91% usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.
- 76% feel they did not normally have to wait too long to be seen compared with the CCG and a national averages of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which all contained positive comments about the standard of care received. Comment cards highlighted that staff responded compassionately to patients when they needed help and provided support when required. The comments cards also highlighted how patients 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.

Areas for improvement

Action the service **MUST** take to improve

Ensure that the management of infection control is robust and reflects national guidance, including adequate record keeping to support the management of infection control.

Ensure fridge temperatures are recorded correctly, in line with national guidance, to ensure robust maintenance of the cold chain.

Ensure patient group directions (PGDs) are in place for nurses who administer travel vaccines.

Action the service **SHOULD** take to improve

Improve the management of staff files and ensure all content reflects employee history such as reference checks for staff.

Raise aware among staff of lead roles to enable them to seek appropriate support, for example in safeguarding and infection control.

Consider the effectiveness of current failsafe systems for cervical screening tests, ensure that test results are received by the laboratory for every sample sent by the practice.

High Oak 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 CQC nurse advisor, a GP specialist advisor and a practice manager specialist advisor.

Background to High Oak Surgery

High Oak Surgery practice is located in the Brierley Hill area of Dudley. There are approximately 3100 patients of various ages registered and cared for at the practice. The practice is run by a partnership called QOF Doc, the partnership is made up of five GPs and a practice manager partner. The practice provides services under an alternative primary medical services (APMS) contract and has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. The practice is a training practice and is involved in the training of GPs. The practice also teaches second year student nurses.

The clinical team includes five GP partners and three practice nurses, including an independent nurse prescriber. The GPs and the practice manager form the practice management team and they are supported by an assistant practice manager and a team of four receptionists who cover reception, secretarial and administration duties.

The practice opening times are between 7am and 6:30pm on weekdays and later appointments are available until 7pm on Mondays and Thursdays. The practice also offers Saturday appointments between 8am and 10am.

Appointments run from 8am to 11am and 4pm to 6pm on weekdays, appointments run later Mondays and Thursdays, until 7pm. The practice remains open between 11am and 4pm during which an on-call GP is available to see patients when required. Patients requiring a GP outside of the practices opening hours are advised to contact the GP out of hours service.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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.

How we carried out this inspection

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

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

Detailed findings

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

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

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

The inspector :-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 1 September 2015.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

The practice used incident forms to record significant events and incidents. Staff told us they would inform the practice manager of any incidents and there was also a recording template available on the practice's computer system. The practice kept a record of trends in relation to significant events, incidents and complaints. The practice used these records to monitor themes and actions on a regular basis. We saw quarterly meeting minutes where these were reviewed and discussed. We found that attendance was usually by the GP partners and the practice manager. Staff told us how the practice team worked closely and communicated well on a daily basis.. We were advised that learning was shared separately amongst the non-clinical staff during weekly 'mini-meetings', we saw some evidence to support this within the minutes although we found that significant events were not a standing item on the meeting agendas.

Overview of safety systems and processes

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had a GP lead for safeguarding children and adults, with a deputy lead also in place. Most, but not all staff we spoke with knew who the leads were.. The GPs attended multidisciplinary and safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities for reporting safeguarding concerns and all had received training relevant to their role.
- Reception staff would act as a chaperone when required. Records and discussions with staff confirmed that all staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, legionella and health and safety.

- The practice nurse was the infection control clinical lead. Most staff we spoke with knew who the leads were however one staff member was unable to correctly identify who the lead was. We observed the premises to be visibly clean and tidy however we found some gaps in the management of infection control procedures which had not been identified by the practice. These included incomplete cleaning schedules and out of date disposable curtains; with expiry dates of December 2013. We also saw that the contents of the spill kit had expired and in some areas cleaning equipment was not stored in line with national guidance. Annual infection control audits were undertaken and we saw how some areas for improvement had been highlighted within the audit. These areas related to interior changes to the premises, such as carpets in the waiting room.
- We saw calibration and cleaning records to ensure that clinical equipment was cleaned, checked and working properly however we could not see records for the Spirometer to confirm that it had been included in the annual calibration of equipment or that it was checked prior to use. A spirometer measures lung function including the volume and speed of air that can be exhaled and inhaled and is a method of assessing lung function.
- The practice had an infection control policy. The policy contained information on the immunisation of practice staff which reflected national guidelines. We saw evidence of Hepatitis B immunisation for practice staff.
- Prescription pads were securely stored however the practice did not have a system in place to monitor the use of their prescriptions and for tracking their whereabouts. Staff told us that this had been identified as a requirement shortly before the inspection and advised that a tracking system would be implemented as a priority.

Are services safe?

- The vaccination fridge was well ventilated and secure. The practice did not correctly monitor the temperature of the fridge and therefore adherence to cold chain procedures was not robust. We found that current temperature was not consistently recorded, there were no records of minimum and maximum recordings and thermometers were not reset after each recording in line with guidance. We raised this during our inspection and were advised that there was some confusion around the correct process and that the process would be followed in full moving forward.
- We saw evidence of patient group directions (PGDs) in line with guidance however, the practice did not have PGDs in place for travel vaccinations which were administered by the practice nurses.
- The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice twice a month. The pharmacist assisted the practice with medication audits and monitored their use of antibiotics to ensure they were not overprescribing.
- The practice did not maintain a filing system to record and evidence where appropriate recruitment checks had been completed for each staff member. The practice did not keep staff records to support areas of the application process such as reference checks in order to provide evidence of the conduct of staff in previous employment. We were advised that due to limited storage, references were destroyed once obtained. We discussed the importance of keeping a record of this information during our inspection and we were assured that copies would be requested and stored on site as part of a more robust employee filing system.
- The practice was able to provide evidence to demonstrate that staff had proof of identity, registration

with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Staff members were also able to provide us with evidence of qualifications and training certificates.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice used regular locum GPs to cover if ever the GP was on leave and the practice shared records to support that the appropriate recruitment checks were completed for their locum GPs.

Arrangements to deal with emergencies and major incidents

The arrangements for managing emergency medicines in the practice kept patients safe. Emergency medicines were securely stored with robust checking systems in place and there were systems in place to monitor their use. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All staff received annual basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. 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 and staff were aware of how to access the plan. They were also aware of the processes to follow in the event of an emergency, such as a power failure, a fire, or a flood. There was a system on the computers in all the treatment rooms which alerted staff to any emergency and the practice also had additional panic buttons in place as a back-up in the event of an IT failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatments 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 robust systems in place to ensure all clinical staff were kept up to date with national patient safety alerts and guidelines from NICE. We saw how this information was used to develop how care and treatment was delivered to meet patient's needs. The practice monitored that these guidelines were followed through medication risk assessments, clinical audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF); this is a voluntary system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2013 to 2014 showed that practice had achieved 92% of the total number of points available, with 8% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

- Performance for diabetes related indicators overall was 90%. This was above the CCG average of 86% and in line with the national average of 90%.
- The percentage of patients with hypertension having regular blood pressure tests was 86%. This was above the CCG average of 80% and below the national average of 89%.
- Performance for mental health related indicators was 88%. This was above the CCG average of 70% and below the national average of 94%.
- Performance for dementia related indicators was 100%, with an exception rate of 0%.

There had been a number of clinical audits completed in the last two years. We looked at a repeated clinical audit to demonstrate where the improvements were implemented and monitored. For example, we saw an audit was

completed in relation to anticoagulation medication. The second audit demonstrated a negative outcome to standards and the practice analysed this and the audit demonstrated that corrective action was taken. The audit also identified an increase in the number of patients receiving this medication. The practice demonstrated how follow ups and reviews were scheduled for these patients in line with national guidance. The aim of the audit was also to ensure medicines were prescribed for patients with an appropriate indication and to ensure appropriate baseline monitoring was taking place prior to initiation of anticoagulant medication. The practice also carried out regular reviews for the prescribing of medicines used to treat asthma as well as non-clinical audits on patient access.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training. In addition to in-house training, the practice regularly took part in training provided by external organisations such as annual clinical update training provided by the CCG and medical terminology updates for non clinical staff.
- The practice supported staff through training and personal development. We discussed how members of the nursing team had been supported with clinical development, as well as non-clinical staff members who were supported by the practice in attending team management and leadership courses at the local college. Staff told us how this helped them to progress to senior roles within the practice. Clinical and non-clinical staff were up to date with their yearly appraisals and personal development plans were in place.

Coordinating patient care and information sharing

All 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

Are services effective?

(for example, treatment is effective)

and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every six weeks and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified and supported by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring health and wellbeing advice. For example, patients seeking advice on diet and support with weight

management were assessed and referred to the relevant service. Smoking cessation advice was available from a local support group and the practice had offered this service to 92% of their eligible patients. The practice was also a provider of the C-Card scheme which was an initiative run throughout the area where patients aged between 13 and 19 could access free sexual health advice, condoms, chlamydia testing and pregnancy testing.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. During our inspection we found that the practice did not operate an effective failsafe system for ensuring that test results had been received by the laboratory for every sample sent by the practice. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 90% to 100% compared to the CCG average of 93% to 98%.

Flu vaccination rates for the over 65s was 75%, compared to the national average of 73%. Flu vaccinations for at risk groups were in line with the national average of 52%. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout our inspection we saw that members of staff were courteous, respectful and helpful to patients both in the practice and over the telephone. Reception staff told us that a private room was offered to patients who wished to discuss sensitive issues. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations and treatment. Treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

Patients completed 38 CQC comment cards, all cards contained positive comments about the service experienced. Patients described the staff as caring, helpful, kind and polite. Patients commented that they were happy with the service overall and described the practice as clean and welcoming. We spoke with four patients on the day of our inspection. 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 (published in July 2015) showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 100% said the GP gave them enough time compared to the CCG and national averages of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 97%
- 93% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

The percentage of patients who found reception staff helpful was 96% compared to the CCG and national averages of 97%. We also found that the patients we spoke with on the day and the comment cards we reviewed gave positive feedback with regards to the helpfulness of the reception team.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%

The practice served a diverse population which included a number of patients from Eastern Europe and East Africa. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Staff told us that they would also use the NHS Choices website (translated in to 80 languages) to help to explain how health care is accessed. The practice offered further support for patients who did not have access to the internet by allowing patients to use the internet at the local library link which was based in the practice waiting room.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 1.91% of the practice list had been

Are services caring?

identified as carers. The practice had achieved a carer aware award which was awarded by The Carers Trust. The practice achieved this through working with a number of support organisations to support their carer population. For example, the practice regularly liaised with a local support group called Crossroads Care to provide support for those with caring responsibilities. This allowed their carers to have a support worker in place to provide cover for their caring responsibilities, allowing carers to take time away from caring duties. The practice also worked with the local college and recruited in-house counsellors who attended the practice twice a week to provide counselling

services to children and adults. The practice offered flu vaccinations and annual reviews for anyone who was a carer. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. Notices and leaflets in the patient waiting room told patients how to access a number of support groups and organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff told us how the practice had identified that some of their population required educational support with literacy. The practice identified this through frequent interaction with their patients who had long term conditions and also with their caring population. The practice realised that because of this, some patients were not getting the best from their medication or understanding their medical condition properly. The practice offered support for this area by signposting patients to their literacy support centre and in-house library where further specialist support was available. Several patients gained further support through the literacy centre. To ensure that all patients were supported where required, the practice nurses who specialised in the management of long term conditions visited patients at home to explain care plans, give medication advice and facilitate rescue packs for patients with respiratory conditions such as COPD.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice opened at 7am and held two late surgeries each week until 7pm to help their working age population to access appointments outside of core hours. The practice also held Saturday morning clinics.
- The practice offered longer appointments at quieter times for patients with learning disabilities, people experiencing poor mental health and also for patients who benefitted from them.
- Urgent access appointments were available for children and those with serious medical conditions.
- Home visits were available for older patients and patients who would benefit from these.
- There were disabled facilities and translation services available. The practice did not have a hearing loop installed, however we were advised that one was being ordered when we highlighted this during our inspection.

Access to the service

The practice was open between 7am and 6:30pm on weekdays and offered later appointments until 7pm on Mondays and Thursdays. The practice also offered Saturday appointments between 8am and 10am.

Appointments were available from 8am to 11am and 4pm to 6pm on weekdays, appointments ran until 7pm on Mondays and Thursdays. The practice remained open between 11am and 4pm during which an on-call GP was available to see patients when required. Routine appointments could be booked up to four weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national average. For example:

- 83% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 86% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 87% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 91% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

Patients we spoke to on the day of our inspection all said positive things about access, patients commented that they were notified when clinics were running late and that they were often able to see the GP of their choice. Patients and comment cards highlighted that patients were always able to get an appointment when needed.

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 who handled all complaints in the practice.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and that the practice demonstrated openness and transparency when dealing with the complaints. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice kept a record of trends in relation to complaints and monitored themes. Learning was shared on a regular basis through the quarterly

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

meetings attended by the GP partners and the practice manager. We were advised that learning was shared separately amongst the non-clinical staff during weekly 'mini-meetings', we saw some evidence to support this within the minutes.

We saw that information was available in the practice and included in the practice information pack to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver a first class service for patients and ensure that the skills and competencies of their staff were at the highest level. Staff gave feedback with regards to working at the practice and their views aligned with the practice's vision. We spoke with eight members of staff who all had positive things to say about working at the practice. Staff told us how they felt valued and supported and that they felt very much part of a close, hardworking and friendly team.

Governance arrangements

The practice had governance systems and policies in place which incorporated key areas including clinical effectiveness, risk management, patient experience and human resources. Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- Clear methods of communication that involved other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- Clinical staff were supported to address their professional development needs for revalidation, appraisal schemes and continuing professional development.

Leadership, openness and transparency

The GP partners and the practice manager formed the management team at the practice. The team were visible in the practice and staff told us that they were always approachable and always took the time to listen to all members of staff. Staff described the culture as open and honest. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting

improvements openly with the management team. Staff said they felt respected, valued and supported by all members of the practice team. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. The practice had an active patient participation group (PPG) who met every six weeks. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The PPG consisted of eight members, four of which were virtual members. The practice manager took the lead on ensuring regular contact was made with the PPG. We saw minutes of previous PPG meetings, the minutes demonstrated how the PPG was given the opportunity to be involved in specific areas to help improve patient care. For example, external speakers were invited to a number of PPG meetings to educate the practice on how to offer appropriate advice to patients, relatives and carers of those who were newly diagnosed with dementia. Attendance included solicitors who gave advice of power of attorney and financial care planning, as well as nurse representation from the local trust who specialised in caring for people with dementia when admitted to hospital. The practice also invited speakers from the Alzheimers Society who worked with the practice and the PPG in developing an information pack for patients who were diagnosed with dementia. The pack included magazines, exercise plans, simple methods of communication, word and number puzzles and a variety of contact details and information on support organisations including a medical advice question and answer sheet.

The PPG was also involved in a practice project where a drop in centre was implemented at a local school. The practice offered counselling support, smoking cessation and sexual health advice to young people and teenagers. The practice also involved victim support services and drug support services at the drop in centre by liaising with other organisations. The practice shared a PPG report with us during our inspection which highlighted how the project

Are services well-led?

Good 

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

had been a success and included attendance from parents as well as young people. The practice explained that the event encouraged the young people to attend the surgery for more in-depth discussions.

Innovation

The practice was awarded with an innovation award from their CCG. The practice had initiated a number of innovative projects and made use of the resources available to them. Examples included how the practice identified patients who required literacy and reading support and regularly referred patients to the adult literacy service. The practice also encouraged their patients to attend weekly sessions with the local librarian who attended the practice on a weekly basis as part of the local in-house library service.

The practice was also involved in the Productive Practice Programme. The practice explained how with support from their CCG and Clinical Support Unit (CSU) they were exploring ways of meeting increased levels of demands whilst continuing to deliver high level care. Staff told us

how they had started to develop a number of non-clinical audits to identify themes and trends around appointment access, attendance rates and frequent attenders. We also saw how the practice had promoted the project through a display board in the waiting room. This contained audit access figures and highlighted rates of non-attendance (DNA rates).

The practice shared plans on how they were working with Integrated Plus to identify patients highlighted in their audits, to see if they would benefit from further support. The Integrated Plus scheme was initiated by the local Healthwatch organisation to help to provide social support to patients who were living in vulnerable or isolated circumstances. Since the practice joined the pilot scheme (in April 2015), they had started to identify frequent attenders and patients who may be living in isolation. These patients were seen by one of the GPs and referred to the Integrated Plus service. The practice explained how this service would be used to encourage patients on the scheme to connect with voluntary and community sector services.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The management of infection control did not reflect national guidance. Processes were not robust including record keeping, storage of cleaning equipment. Regulation 12 (2) (h).</p> <p>Effective cold chain procedures were not followed, fridge temperatures were not recorded correctly. Regulation 12 (2) (g).</p> <p>The practice did not have patient group directions (PGDs) in place for nurses who administered travel vaccinations. Regulation 12 (2) (a) (b).</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	