Dr James & Partners

Quality Report

The Surgery
Rye
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs James and partners on 5 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and generally well managed. However there had not been a rehearsal of fire safety and evacuation for two years.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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 well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- An infection control audit had recently been carried out, however we saw no evidence that a comprehensive action plan to address the outstanding issues had been formulated. The practice was unable to find evidence of any previous infection control audits.
- Training needs of staff were identified and fulfilled with the exception that we did not see evidence that all

Summary of findings

staff had completed formal training in the safeguarding of vulnerable adults or that all clinical staff had received training in the Mental Capacity Act 2005.

- Clinical staff had had criminal records checks by the Disclosure and Barring Service (DBS) as had non clinical staff trained to chaperone patients. However not all clinical staff had been checked to an enhanced level. Additionally a risk assessment had not been carried out with regard as to whether all non clinical staff required a DBS check.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe, however one fridge, not used to store vaccines, did not have daily maximum and minimum temperatures recorded. Also there was no record kept of which printer prescription sheets were transferred between the two surgeries.
- There were systems in place for the management of test results, but no failsafe system for ensuring that patients were made aware of their result should they forget to check..

The areas where the provider must make improvement are:

- Ensure that infection control audits are carried out on a regular basis. Additionally ensure that a comprehensive action plan is developed to identify any infection prevention and control issues and take action to address any identified concerns.
- Ensure that all staff are trained in the safeguarding of vulnerable adults and also that all clinical staff are trained in the Mental Capacity Act of 2005
- To carry out a rehearsal of fire safety and evacuation procedures on a regular basis.
- Risk assess all staff as to whether a DBS check is required to carry out their roles and ensure that clinical staff have been subject to enhanced DBS checks. Ensure that the results of such checks are recorded and retained.
- Introduce a system for recording prescription sheets that are transferred between the main surgery and the branch surgery.
- Ensure maximum and minimum temperatures are recorded on all fridges containing medicines.
- Introduce failsafe procedures for ensuring patients are aware of histology and other test results.

The areas where the provider should make improvement are:

- That all standard operating procedures should be reviewed and signed annually.

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?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. All staff had received training in the safeguarding of children to the appropriate level. However we did not see evidence that all staff had completed formal training in the safeguarding of vulnerable adults or that all clinical staff had received training in the Mental Capacity Act. 2005.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not all implemented well enough to ensure patients were kept safe. For example, an infection control audit had recently been carried out, and areas needing improvement had been identified. However on the day of the inspection, we saw no evidence that a comprehensive action plan to address the outstanding issues had been formulated. The practice was unable to find evidence of any previous infection control audits on the day of the inspection.
- Although there was a comprehensive fire safety protocol and risk assessment in place, there had not been a rehearsal of fire safety and evacuation procedures within the last year and the most recent fire risk assessment noted that there was no fire alarm system in place. However staff told us that they had an interlinked smoke alarm system so that if one was activated, they were all activated.
- Clinical staff had had criminal records checks by the Disclosure and Barring Service (DBS) as had non clinical staff trained to chaperone patients. However not all clinical staff had been

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checked to an enhanced level. Also a risk assessment had not been carried out with regard as to whether all non-clinical staff required a DBS check to carry out their roles and also as to what level the checks should be carried out.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe.
- However one fridge, not used to store vaccines, did not have daily maximum and minimum temperatures recorded. Also there was no record kept of which printer prescription sheets were transferred between the two surgeries.
- There were systems in place for the management of test results, but no failsafe system for ensuring that patients were made aware of their result should they forget to check.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

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 almost all aspects of care. For example the proportion of respondents who described their overall experience of the surgery as good was 92.4% (clinical commissioning group (CCG) 86.7%, national average 84.8%) and the proportion of respondents who said that the last GP they saw or spoke to was good at treating them with care and concern was 95.8% (CCG 83.3%, national average 85.1%)
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

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 to secure improvements to services where these were identified. For instance as they were a rural practice they actively encouraged patients to visit the surgery for the care of minor injuries rather than the hospital accident and emergency (A&E) department.
- 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 well equipped to treat patients and meet their needs.

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk although in some instances the identification of a risk did not always lead to action being taken to resolve the risk. This was specifically in relation to risks identified in the infection control audit.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

There was a high level of constructive engagement with staff and a high level of staff satisfaction.

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

Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Care plans were in place for patients on the at-risk register.
- Patients in care homes were regularly visited to monitor their health.
- Contact was made with patients after any hospital admission.
- There were monthly multi-disciplinary meetings to review specific patients and work towards reducing unplanned admissions.
- Regular six-monthly medication reviews were carried out.
- An automatic repeat prescription system was available so there was no need to request repeat prescriptions.
- Medication was prescribed in blister packs if required.
- Wound care was offered and leg ulcers were treated in the surgery.
- Telephone consultations were available if required.

People with long term conditions

Good

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 medicines needs were being met. 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.
- Each GP managed their own diabetic and cardiac patients
- All diabetic patients were reviewed annually and if required would be seen every six months.
- There were cardiac care clinics for patients with heart conditions.

Summary of findings

- Patients with COPD were recalled annually and offered spirometry checks.
- In-house INR testing (a blood test for monitoring patients on an anti-coagulant medication) was available.

The practice achieved high QOF (Quality Outcomes Framework, a system for assessing quality of care) points for management of patients with long-term conditions.

Families, children and young people

Good

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 the computer system was also flagged up other members of the household who may be at risk or were considered to be a potential risk to the child.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control (01/04/2014 to 31/03/2015) was 75.3% (national average 75.3%).
- 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. For example if their GP assessed it as appropriate, at the age of 15 patients were written to and notified that their on-line access codes would be changed so as to preserve confidentiality in the event that the contact details that were held belonged to their parents.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were personal family lists for each GP.
- The health visitor held clinics at the surgery twice a month.
- Contraceptive services were provided by a GP & practice nurse including the fitting of IUCDs (coils) and contraceptive implants.
- Child immunisation and vaccination services were offered.
- Chlamydia screening was offered.
- Counselling services were also offered in-house by a local charity.
- Schools were encouraged to send children to the GP rather than to A&E for minor injuries.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 94% (national average 81.83%)

Summary of findings

Working age people (including those recently retired and students)

Good

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 offered new patient health checks with their GP and practice nurse.
- Saturday morning appointments were available.
- An automatic repeat prescription system was in place so that there was no need to request repeat prescriptions.
- Patients 40 – 74 were invited for NHS health checks.
- Telephone appointments were available.
- There was an on-line booking facility for appointments and repeat medication.
- The GPs discussed the choice of hospital with patients if a referral was required.
- The practice offered travel clinics and was a yellow fever vaccination centre.
- The practice was proactive in offering to treat minor injuries at the surgery to avoid patients having to attend to A&E.
- Minor Surgery procedures were carried out in the surgery.
- In-house D-dimer testing was available (D-dimer testing is a blood test to help diagnose thrombosis).

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours

and out of hours. However we did not see evidence that all staff had completed formal training in the safeguarding of vulnerable adults or that all clinical staff had received training in the Mental Capacity Act. 2005.
- Cases were reviewed with the safeguarding lead and staff were able to discuss concerns about patients with them.
- The practice would signpost carers to a local group involved with caring for carers and also to access breaks for carers.
- Vulnerable patients were discussed at multidisciplinary team (MDT) meetings.
- GPs would discuss vulnerable children and any safeguarding issues with the health visitor.

People experiencing poor mental health (including people with dementia)

Good

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 89.7% (national average 88.5%)
- There were annual reviews of patients with learning disabilities.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice hosted memory clinics two to three times a month for patients with suspected 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.
- Urgent appointments were available with their own GP for patients experiencing poor mental health.
- Patients' needs were discussed at MDT meetings and at partners' meetings.
- Regular reviews of medication were carried out for patients experiencing poor mental health.
- Daily or weekly prescriptions were available from dispensary to monitor the use of medications which could be dispensed as weekly blister packs.

Summary of findings

- In-house counselling was available which was provided by a local mental health counselling service.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 02 July 2015. The results showed the practice was performing consistently above local and national averages. 253 survey forms were distributed and 136 were returned.

- 97.9 % of patients found it easy to get through to this surgery by phone compared to a clinical commissioning group average of 77.1% and a national average of 73.3%.
- 97.3% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89.6% and national average 85.2%).
- 92.4% of patients described the overall experience of their GP surgery as good (CCG average 86.7% and national average 84.8%).
- 95.7% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 78.1% and national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Many respondents used adjectives such as excellent, fabulous and superb when describing the practice and the provision of services. Several people said that appointments are always available on the day and staff were described as helpful, caring, obliging, friendly and polite.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. The only negative responses that we heard were that some patients considered that some dispensary staff could be unhelpful on occasions. We looked at the Friends and Family test results and found that 95.7% of patients that responded would recommend the practice to their family and friends.

Areas for improvement

Action the service MUST take to improve

- Ensure that infection control audits are carried out on a regular basis. Additionally ensure that a comprehensive action plan is developed to identify any infection prevention and control issues and take action to address any identified concerns.
- Ensure that all staff are trained in the safeguarding of vulnerable adults and also that all clinical staff are trained in the Mental Capacity Act of 2005
- To carry out a rehearsal of fire safety and evacuation procedures on a regular basis.
- Risk assess all staff as to whether a DBS check is required to carry out their roles and ensure that clinical staff have been subject to enhanced DBS checks. Ensure that the results of such checks are recorded and retained.
- Introduce a system for recording prescription sheets that are transferred between the main surgery and the branch surgery.
- Ensure maximum and minimum temperatures are recorded on all fridges containing medicines.
- Introduce failsafe procedures for ensuring patients are aware of histology and other test results.

Action the service SHOULD take to improve

- That all standard operating procedures should be reviewed and signed annually.

Dr James & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, a pharmacist and a practice manager specialist advisor.

Background to Dr James & Partners

- Drs James and Partners main surgery is:

  The Surgery, Main Street, Northiam,Rye,TN31 6ND.

  They also have a branch at:

  Broad Oak 6 Reedswood Road**,** Broad Oak**,** Brede**,** East Sussex TN31 6DH.

  Both surgeries have a dispensary for dispensing medicines to patients. The care quality commission (CQC) pharmacist inspected the dispensary at the Broad Oak site as well as the Northiam site. The remainder of the inspection took place just at the Northiam site.

- There are three GP partners (two male and one female) and one salaried GP (female) who are supported in their clinical work by two practice nurses and two health care assistants (HCAs). There is a practice manager, three part time receptionists and nine part time dispensers. There are four part time members of the administrative staff. There is some cross over of skills between some of the receptionists and dispensers and some staff are therefore trained to cover more than one role if required.
- The practice is a training practice and trains qualified doctors who wish to be GPs.
- The practice is open between 8.30am and 6.30pm Monday to Thursday and from 8.30am to 5pm on Friday. Appointments are from 8.30am to 11.30am every morning and 3.30pm to 6.00pm Monday to Thursday afternoon and 2.00pm to 4.00pm on a Friday afternoon. Extended hours are offered every Saturday and in the evening from 6.30pm to 7.30pm on alternate Wednesdays and Thursdays. On Saturday mornings booked appointments are available from 8.30am to 9.00am and urgent appointments are available from 9.00am to 10.00am.
- The Broad Oak branch has appointments available from 08.30am to 11.30am on Monday to Thursday mornings and from 3.30pm to 6.00pm on a Wednesday afternoon.
- When the practice is closed they are covered by an out of hours service that is accessed by dialling 111.
- The practice has about 6100 patients. The percentage of patients under 18 is lower than the national average and the percentage older than 65 is almost twice the national average. Deprivation scores for the area are low compared with the national average.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 January 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, nurses, health care assistants (HCAs), dispensing staff, reception and administrative staff. We also spoke with patients who used the service and two members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw evidence that an adult safeguarding concern had been discussed at a multi-disciplinary team meeting and that adult safeguarding was discussed at staff meetings.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was one lead member of staff for both the safeguarding of children and vulnerable adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. All staff were trained in child safeguarding to a level appropriate to their role. We did not see evidence that all staff had completed formal training in the safeguarding of vulnerable adults or that all clinical staff had received training in the Mental Capacity Act. 2005. However the practice could demonstrate examples where staff had identified safeguarding concerns and reported them to the safeguarding lead.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS
- The practice generally maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy with the exception of one treatment room where we did find some dust on a shelf which the practice immediately cleaned. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had recently been carried out, and areas needing improvement had been identified. However on the day of the inspection, we saw no evidence that a comprehensive action plan to address the outstanding issues had been formulated. The practice was unable to find evidence of any previous infection control audits on the day of the inspection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We did find that some of the standard operating procedures although in place and appropriately signed were about one month overdue for review. There was good evidence that the practice managed cold chain appropriately. The only exception that we found was that one fridge at the branch dispensary, which did not store vaccines, had daily temperatures recorded but not maximum or minimum temperatures. This was immediately rectified at the time of the inspection when the staff set up the fridge to record maximum and minimum temperatures. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. We could not however find a record of printer prescription numbers

that were transferred between the main surgery and the branch surgery. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises.

- 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 had a recent fire risk assessment and all fire equipment had recently been checked. The risk assessment had identified that the practice did not have a fire alarm system, however staff told us that they did have an interlinked smoke alarm system in place. The last rehearsal of fire evacuation procedures that we saw a record of was in 2013. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment had been checked to ensure it was working properly. The practice had other risk assessments in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Some staff were matched with colleagues with similar skills and arranged to take holidays at different times so as to ensure that all roles were covered. Staff were trained in more than one role to allow each area to be adequately covered.
- There were systems in place for the management of test results, but no failsafe system for ensuring that patients were made aware of their result should they forget to check.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available and easily accessible to all staff.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through searches of records, emailing appropriate staff members when alerts came in to the practice and discussion at clinical meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.6% of the total number of points available, with 5.4% exception reporting. (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 better than the clinical commissioning group (CCG) and national average. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was five mmol/l or less was 90.9% (national average 80.5%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was similar to the national average 83.5% (national average 83.7%).
- Performance for mental health related indicators was mostly better than the CCG and national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93.7% (national average 88.5%). The exception was the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 77.6% (national average 84%).

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years. We saw two of these that were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reminding dispensary staff of the importance of giving cards to patients on steroid medication that identified them as being on steroids. An initial audit found that 77% of patients on steroids carried a card. The re-audit showed that the percentage had risen to 89%.
- There were good systems in place for the management of test results, but no failsafe system should a patient not remember to check their result.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions.
- 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 access to on line resources and discussion at practice meetings.

Good

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- All staff had received training in child safeguarding, but we did not see evidence that all staff had completed formal training in the safeguarding of vulnerable adults or that all clinical staff had received training in the Mental Capacity Act 2005. With the exception of regular building evacuation rehearsals, all staff had received training in fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Copies of care plans were kept at the homes of patients that required them and where appropriate would be shared with out of hours and ambulance services.

Consent to care and treatment

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

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, however not all had received training in the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. For example if their GP assessed it as appropriate, at the age of 15 patients were written to and notified that their on-line access codes would be changed so as to preserve confidentiality in the event that the contact details that were held belonged to their parents.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity or consulted with an appropriately trained colleague.
- Written consent was sought and stored in the notes when considering procedures such as joint injections, minor surgery and the placing of contraceptive devices.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a health care assistant and the practice hosted counselling services provided by a local charitable organisation.

The practice's uptake for the cervical screening programme was 94%, which was well above the CCG average of 83.9% and the national average of 81.8%. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were slightly lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 88.1% to 92.9% (CCG average 91.2% to 96.7%), 42 children were eligible for immunisation in that

Good

Are services effective?

(for example, treatment is effective)

age group. Childhood immunisation rates for the vaccinations given to five year olds ranged from 87.2% to 95.7% (national average 89.8% to 95.8%), 42 children were eligible. It should be noted that at this location, due to the low number of children eligible for immunisation, a single child is equivalent to just over 2%. For example the percentage of children aged two years who received the infant meningitis C vaccine was 92.9% (CCG 96.7%). Although the statistical difference is 3.8%, the difference in the number of children receiving the vaccine is just over one and a half.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94.8% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87.3% and national average of 88.6%.
- 96.8% of patients said the GP gave them enough time (CCG average 84.5% and national average 86.8%).
- 96.8% of patients said they had confidence and trust in the last GP they saw (CCG average 93.7% and national average 95.2%).
- 95.8% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 83.3% and national average 85.1%).
- 89.3% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7% and national average 90.4%).
- 88.5% of patients said they found the receptionists at the practice helpful (CCG average 89.4% and national average 86.8%).

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 on the comment cards we received was also positive and aligned with these views.

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 85.4% and national average of 86.6%.
- 93.1% said the last GP they saw was good at involving them in decisions about their care (CCG average 81.8% and national average 81.4%)
- 88.5% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.6% and national average 84.8%)

Some of these results are significantly above the CCG and national averages.

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. We also saw that three wheelchairs were available for patients' use.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice encouraged patients who were also carers to register with them as a carer. Written information was available to direct carers to the various avenues of support available to them. This included a local care for carers organisation and included help in organising breaks for carers.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice hosted a weekly clinic for the local memory assessment service.

- The practice offered a Saturday morning surgery from 8.30am to 10am for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive some travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop, wheelchairs and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example in response to patient feedback, more chairs with arms were installed at the branch surgery and the main surgery.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Thursday and from 8.30 am to 5.00 pm on Friday. Appointments are from 8.30am to 11.30am every morning and 3.30pm to 6.00pm Monday to Thursday afternoon and 2.00pm to 4.00pm on a Friday afternoon. Extended hours are offered every Saturday and in the evening from 6.30 pm to 7.30 pm on alternate Wednesdays and Thursdays. On Saturday mornings booked appointments are available from 8.30am to 9.00am and urgent appointments were available from 09.00am to 10.00am.

In addition to pre-bookable appointments that could be booked up to ten weeks in advance, urgent appointments were also available for patients that needed them.

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

- 83.5% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77% and national average of 74.9%.
- 97.9% of patients said they could get through easily to the surgery by phone (CCG average 77.1%and national average 73.3%).
- 70.8% of patients said they usually get to see or speak to the GP they prefer (national average 36.9%).

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

Listening and learning from concerns and complaints

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

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a poster by the reception window explaining the complaints procedure and complaints forms were available from the practice manager or reception staff.
- We looked at seven complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example a comment was posted on the NHS Choices website by a patient who was disappointed about the lack of facilities for giving an injection at the practice. This was discussed by the partners and the medicine was obtained from the local hospital and arrangements were made for the patient to be given the injection at the practice. Complaints were a regular agenda item at staff meetings and staff were encouraged to voice an opinion regarding the management of the complaints.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had clear ethos, values, aims and objectives based around a patient first culture which staff identified with and understood.
- The practice had a strategy for the future and was planning for an expected increase in list size due to a new housing development locally.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However although an infection control audit had been recently carried out, there was no action plan in place to resolve identified issues. Additionally the practice could produce no evidence of previous infection control audits having taken place. The practice had also not carried out a recent fire evacuation rehearsal.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us, and we saw evidence that, the practice held team meetings every two months.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints or compliments received. There was an active PPG which met regularly, carried out a patient survey and submitted proposals for improvements to the practice management team. For example, the PPG financed a screen in the waiting room that provided constant information to patients. The PPG also arranged an annual community presentation at which a local specialist would deliver a talk on a medical subject to members of the local community at a local hall. The practice had gathered feedback from

Are services well-led?

Good

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

staff through discussion during staff meetings. Staff told us that they were encouraged to put forward ideas and that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, one member of staff suggested general information on diabetic tests were sent out with clinic appointments and this was adopted as a practice policy. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was a training practice for doctors who wished to specialise in general practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not done all that was practical to mitigate risk, specifically the provider had not carried out regular audits of infection control or produced an action plan in relation to any issues identified by the recent audit. Additionally there was no failsafe system for ensuring that patients were made aware of test results. The provider had not carried out regular rehearsals of fire evacuation procedures. Not all staff had received training in the safeguarding of vulnerable adults and not all clinical staff and received training with regard to the Mental Capacity Act 2005 The provider had not ensured that all fridges containing medicines had maximum or minimum temperatures recorded daily. The provider had not kept a record of printer prescription sheet numbers transferred between the main and branch surgeries. This was in breach of regulation 12(1)(2)(a)(b)(c)(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** We found that the registered provider had not ensured that information specified in Schedule 3 was available in relation to each person employed.

This section is primarily information for the provider

Requirement notices

Specifically the provider had not carried out DBS (Disclosure and Barring Service) checks to the appropriate level for all clinical staff or carried out a risk assessment of all staff members as to whether their role required them to be subject to a DBS check. The results of such checks had not been recorded in all cases.

This was in breach of Regulation 19 (1) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014