

Lingfield Surgery

Quality Report

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Date of inspection visit: 18 October 2016
Date of publication: 23/03/2017

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

Ratings

Overall rating for this service

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Lingfield Surgery on 18 October 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. There was a structure of significant event meetings where incidents would be discussed and information was shared with staff.
- Risks to patients were not always assessed and well managed. There was no control of substances hazardous to health (COSHH) risk assessment and records of mitigating action following a legionella risk assessment were not always maintained.
- A fire risk assessment was dated 2011 and not all staff had received fire training.
- Not all staff had attended regular training that the practice had identified as a requirement for their role.
- Data showed patient outcomes were comparable in a number of areas when compared to the national average, however diabetes performance was below average and exception reporting was high in some areas.
- Clinical audits had been carried out and we saw evidence that audits were driving improvements to patient outcomes.
- GP patient survey results showed that the practice performed lower than average in some areas relating to patient access to appointments and by phone and GP and nurse consultations.
- The practice had a system of policies in place and these were generally reviewed and up to date, however a business continuity plan had not been reviewed and did not have up to date information within it.
- Patients said they were treated with compassion, dignity and respect.

Summary of findings

- The practice had identified 2.5% of the patient population as carers and provided good levels of support and advice, including support to access carer's holiday.
- The practice supported the work of a local food-bank and had access to food parcels and vouchers within the practice. Staff had been involved in delivering food parcels in situations where patients were unable to collect them.

The areas where the provider must make improvements are:

- Ensure that risk assessments are carried out regularly as appropriate within the practice.
- Ensure that staff training is monitored and that all staff are trained appropriately for their role.

- Review patient satisfaction and take action in relation to access to appointments and satisfaction with consultations.
- Ensure that prescriptions within the practice are tracked and monitored.

In addition the provider should:

- Continue to work to improve performance in patient outcomes in relation to diabetes and secondary prevention of fragility fractures and continue to review exception reporting where this is above average and take action to address this.
- Review and update the business continuity plan.

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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were carried out and discussions held with those involved. Information was shared with other staff to support improvement, however we viewed one record of an incident where it had not been widely discussed or addressed due to a meeting having been cancelled.
- Although some risks to patients who used services were assessed, there was not a comprehensive approach to this and the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- A fire risk assessment was out of date and mitigating action such as regular fire training for all staff had not been carried out.
- Not all administrative staff had attended safeguarding training.
- A business continuity plan was in place, however this had not been reviewed and did not have up to date contact numbers and was not available off site.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mixed in some areas compared to the national average. Exception reporting was high in areas such as asthma, chronic obstructive pulmonary disease (COPD) and rheumatoid arthritis.
- Staff training records showed a number of gaps, particularly for administrative and reception staff.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 2.5% of the patient list as carers and provided support for them including access to holidays and respite breaks.
- The practice worked with a local food-bank to ensure that food parcels and vouchers were available and accessible to those in need. This included practice staff delivering food parcels for those unable to collect them.
- Data from the national GP patient survey showed some mixed satisfaction for patients in relation to GP and nurse consultations.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had improved access for patients by introducing disabled parking bays and a walkway from the car park to the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Results from the national GP patient survey showed that patients weren't always satisfied with being able to get through to the practice by phone. Patients we spoke with on the day said there had been some improvements in this area.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- Some areas of practice governance such as risk management were not being comprehensively addressed.
- The practice had an active patient participation group (PPG) and worked with the group to make improvements. However,

Requires improvement



Summary of findings

the practice were not aware of the results of the national GP patient survey, in particular in relation to the areas where satisfaction was below average such as access and GP and nurse consultations.

- The practice had a vision and a strategy and had identified challenges and opportunities and were working to address them. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues.
- The practice had a number of policies and procedures to govern activity.
- All staff had received inductions and regular performance reviews.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for providing safe, effective and well-led services, and good for caring and responsive services. The issues identified affects all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. This included the provision of care plans to support the avoidance of unplanned hospital admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided regular visits to nursing homes by a named GP to offer continuity of care.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing safe, effective and well-led services, and good for caring and responsive services. The issues identified affects all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators at 85% was worse when compared to the CCG average of 93% and the national average of 90%.
- The practice had identified areas for improvement in terms of diabetes performance and this included identifying a diabetic GP lead to coordinate and maintain care for patients with diabetes alongside nurse led annual diabetic reviews.
- Longer appointments and home visits were available when needed and these patients had named GP.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for providing safe, effective and well-led services, and good for caring and responsive services. The issues identified affects all patients including this population group.

- 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 practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 75% and the national average of 76%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe, effective and well-led services, and good for caring and responsive services. The issues identified affects all patients including this population group.

- 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.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe, effective and well-led services, and good for caring and responsive services. The issues identified affects all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Requires improvement



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Clinical 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, not all non-clinical staff had attended training in the safeguarding of vulnerable adults.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe, effective and well-led services, and good for caring and responsive services. The issues identified affects all patients including this population group.

- 81% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average (80%) and national average (78%).
- Performance for mental health related indicators at 98% was similar when compared to the CCG average of 94% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty six survey forms were distributed and 108 were returned. This represented 2.5% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 72% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Comments included that GPs listened, nurses were approachable and caring, the standard of care was high and that staff were helpful.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that risk assessments are carried out regularly as appropriate within the practice.
- Ensure that staff training is monitored and that all staff are trained appropriately for their role.
- Review patient satisfaction and take action in relation to access to appointments and satisfaction with consultations.

- Ensure that prescriptions within the practice are tracked and monitored.

Action the service **SHOULD** take to improve

- Continue to work to improve performance in patient outcomes in relation to diabetes and secondary prevention of fragility fractures and continue to review exception reporting where this is above average and take action to address this.
- Review and update the business continuity plan.

Lingfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Lingfield Surgery

Lingfield surgery is a GP practice based in Lingfield, near East Grinstead in Surrey. The practice catchment area covers the West Sussex and Kent borders and they have a population of 10,600 patients.

The practice is similar across the board to the national averages for some population groups. For example, 17% of patients are aged 0 -14 years of age which is the same when compared to the national average. The practice had a slightly higher proportion of patients over the age of 65 but a somewhat lower than average proportion of patients with a long standing health condition. The practice area has significantly less deprivation than the national average and slightly less deprivation than the CCG average.

The practice holds a General Medical Service contract and consists of three partners (male and female) and three salaried GPs (female). The GPs are supported by four nurses and a phlebotomist, practice and operations managers and a range of administrative roles. A wide range of services and clinics are offered by the practice including asthma and diabetes.

The practice is open between 8.30am and 6.30pm Monday to Friday. Between 8.00am and 8.30am and between 12.00pm and 2.00pm the telephones are accessible for

emergencies but not routine calls. Appointments are from 8.30am to 12.00pm and from 3.30pm to 5.40pm. Extended hours appointments are offered from 7.20am on a Tuesday and Thursday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

Services are provided from:

East Grinstead Road, Lingfield, Surrey, RH7 6ER.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 October 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, practice and operations managers, administrative and reception staff and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a significant event relating to a missed home visit had led to a change in system that involved discussions and action by both clinical and reception staff to improve the system and prevent a similar occurrence in the future. Quarterly significant event meetings were held involving GPs, managers and nurses with other staff involved as relevant. We saw that incidents involving other staff groups were discussed at relevant meetings or that relevant staff were invited to the significant event meetings. Information was shared via email or discussion and staff had the opportunity to contribute to learning.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and some had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level two child safeguarding. However, not all administrative staff had received relevant safeguarding training. For example, less than half of reception staff had attended child and adult safeguarding training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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 although not all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored; however there was no system in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

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

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were some 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 office which identified local health and safety representatives. However the practice had not carried out a fire risk assessments since 2011 and not all staff had received fire safety training although they carried out regular fire drills and fire safety equipment was subject to regular safety checks. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However there was no record of regular water flushing in the medical secretaries room as detailed in the action as a result of the legionella risk assessment although staff told us this was carried out regularly. There was no risk assessment for the control of substances hazardous to health (COSHH).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and regular locum staff were used as required.

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.
- The majority of staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However, the plan had not been regularly updated and did not include up to date emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 96.6% of the total number of points available. Exception reporting was higher than average in relation to asthma, chronic obstructive pulmonary disease and rheumatoid arthritis performance. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice was aware of the areas where exception reporting was high and were in the process of reviewing this with a view to reducing it.

Data from showed:

- Performance for diabetes related indicators at 85% was worse when compared to the CCG average of 93% and the national average of 90%.
- Performance for mental health related indicators at 98% was similar when compared to the CCG average of 94% and the national average of 93%.
- Performance for secondary prevention of fragility fractures was below average. For example, 67% of patients aged between 50 and 75 with a record of

fragility fracture and diagnosis of osteoporosis were treated with an appropriate bone sparing agent. This was 15% lower than the CCG average and 12% below the national average.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored and there were second audits planned in some areas where single cycles had been carried out.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of antibiotic prescribing where training was used to raise awareness of appropriate prescribing. As a result a repeat audit demonstrated improvements were prescribing was below target.

Information about patients' outcomes was used to make improvements. For example the leads for diabetes within the practice were in the process of developing an educational resource for patients newly diagnosed with diabetes.

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 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. A nursing training log showed that all nursing staff had regular training in areas such as cervical cytology and immunisations.

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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. However, not all staff had attended regular mandatory training. For example less than half of reception staff had undertaken both child and adult safeguarding training, only the practice management and some clinical staff had undertaken information governance training and a little over half of all staff had a record of having attended fire safety training. The practice were aware of the areas where training needed to improve and cited staffing changes and shortages in the administrative teams as a contributing factor. Work was underway to improve training completion.
- Staff had access to training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and general wellbeing. Patients were signposted to the relevant service.
- Smoking cessation and weight loss advice was available from nursing staff within the practice.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 75% and the national average of 76%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening for those eligible was at 56.6% compared with 58.7% (CCG) and 58.3% (nationally). Breast cancer screening for those eligible was at 71.9% compared with 73.5% (CCG) and 72.2% (nationally). There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 100% compared with the CCG average of 71% to 79%. For five year olds from 89% to 92% compared with the CCG average of 68% to 87%.

Are services effective? (for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (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 that while patients generally felt they were treated with compassion, dignity and respect the practice was somewhat lower than average in some areas. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.

- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice were not aware of the results of the GP patient survey. Feedback from seven patients we spoke with during inspection was positive and did not highlight any concerns with consultations.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results were lower than local and national averages in relation to some aspects of GP and nurse consultations. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice were not aware of the results of the GP patient survey. Feedback from seven patients we spoke with during inspection was positive and did not highlight any concerns with consultations.

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

Are services caring?

- 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.
- Longer appointments were available for those who needed them.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 263 patients as

carers (2.5% of the practice list). The practice used the register to support carers by providing access carer support services and supporting individual carers to access carer holidays. The practice had supported 94 carers to access holidays at the time of our inspection. Written information was available to direct carers to the various avenues of support available to them.

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

The practice had access to emergency food parcels and vouchers for patients in need who were unable to access their local food-bank. The practice would deliver these to patients unable to collect them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered an early morning appointments on a Tuesday and Thursday from 7.20am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and other patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The practice had improved disabled access to the practice car park by adding in disabled bays. The practice had also created a dedicated walkway to improve access for patients.
- The practice supported patients in need to access food parcels and vouchers and would sometimes deliver these where needed.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Between 8.00am and 8.30am and between 12.00pm and 2.00pm the telephones were accessible for emergencies but not routine calls. Appointments were from 8.30am to 12.00pm and from 3.30pm to 5.40pm. Extended hours appointments were offered from 7.20am on a Tuesday and Thursday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, 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 low when compared to local and national averages.

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 78%.
- 61% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

However, the seven patients we spoke with on the day of the inspection that they were able to get appointments when they needed them. Three of the seven told us they believed issues with getting through by phone had improved.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at five complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a complaint from the parent of a

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

patient about a consultation had been addressed through open discussions at a meeting with the parent; as a result the practice then used the learning in the form of a case study to ensure learning was cascaded.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and recorded in a patient information leaflet. Staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. They had identified challenges and opportunities facing the practice and had clear plans in place for moving forward and addressing these.

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
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, not all risks were adequately monitored or mitigated. For example;

- A fire risk assessment had been undertaken in 2011 but no repeat risk assessment had been carried out since then.
- There was no risk assessment in place for the control of substances hazardous to health (COSHH).
- While an up to date legionella risk assessment had been carried out records of mitigating actions such as flushing of infrequently used water outlets were not maintained.

Leadership and culture

The partners and management of the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners and manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and management within 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 valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service through the PPG, however the practice were unaware of satisfaction being below average in relation to some aspects of the national GP patient survey.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through complaints received. The PPG met regularly, sought patient feedback and submitted proposals for improvements to the practice management team. For

Are services well-led?

Requires improvement 

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

example, the PPG had recently worked with the practice team on improving disabled access to the practice. This included the introduction of dedicated disabled parking bays and a walkway from the car park.

- The practice were unaware of the results of the national GP patient survey where patient satisfaction relating to access and consultations was below average.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was engaged with the local CCG and worked closely with the CCG pharmacist to make improvements in a number of areas such as antibiotic prescribing and learning from errors/incidents.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure that risks to health and safety were identified and adequately managed within the practice.</p> <p>The provider was not aware and therefore had not acted on lower than average patient satisfaction in relation to national survey results.</p> <p>The provider did not have a system in place for the tracking and monitoring of blank prescriptions within the practice.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure that staff had received training as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>