Feldon Lane Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Feldon Lane Practice on 4 May 2016. Overall the practice is rated as good.

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

- The practice had defined and embedded systems in place to keep people safeguarded from abuse. There was a system in place for reporting and recording significant events and staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment and results were circulated and discussed in the practice. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Governance and risk management arrangements were not always robust. We did not see evidence to demonstrate that risk was assessed and managed in the absence of disclosure and barring checks for members of the reception team who occasionally chaperoned.
- During our inspection we noticed that the consulting room doors had been left opened in-between consultations which posed the risk of prescription stationary being easily accessible by members of the public.
- We observed the premises to be clean and tidy. However, we did not see evidence of records in place to reflect the cleaning of specific medical equipment, such as the equipment used for ear irrigation.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. We saw evidence that monthly

Summary of findings

multidisciplinary team meetings took place and a range of chronic disease and vulnerable patient registers were continually reviewed and discussed as part of these meetings.

- We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone.
- During our inspection staff spoke positively about the team and about working at the practice, however discussions with staff also highlighted that not all staff members were familiar with what the practices vision was.

The areas where the provider must make improvements are:

- Ensure records are kept to demonstrate that risk is assessed in the absence of disclosure and barring checks for members of the reception team who chaperone.
- Ensure records are kept to reflect the cleaning of medical equipment.

The areas where the provider should make improvement are:

- Address areas for improvement highlighted through patient feedback such as national survey results.

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?

Good

- There was a system in place for reporting and recording significant events. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. The practice had defined and embedded systems in place to keep people safeguarded from abuse. Staff demonstrated they understood their responsibilities and how to respond to a safeguarding concern.
- Formal risk assessments were not in place to cover risks associated with the premises and infection control including health and safety, fire and legionella risk. We found that the practice had not assessed the risk in the absence of specific emergency medicine associated with minor surgery and the procedure of fitting specific birth control devices.
- There was an infection control protocol in place however the practice did not keep records to support that staff were up to date with the immunisations recommended for those who work in general practice.
- We observed the premises to be clean and tidy and we saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice. However, records were not kept to reflect the cleaning of specific medical equipment, such as the equipment used for ear irrigation.
- There was a system in place for reporting and recording significant events. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. The practice had defined and embedded systems in place to keep people safeguarded from abuse. Staff demonstrated they understood their responsibilities and how to respond to a safeguarding concern.
- Formal risk assessments were in place to cover risks associated with the premises and infection control including health and safety, fire and legionella risk.
- We observed the premises to be clean and tidy and we saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice.

Summary of findings

- There was an infection control protocol in place. Although staff confirmed that appropriate cleaning took place, we did not see completed records to reflect the cleaning of specific medical equipment, such as the equipment used for ear irrigation.
- We did not see evidence to reflect that the practice had formally assessed the risk in the absence of DBS checks for members of the reception team who would occasionally act as chaperones.

Are services effective?

Good

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment and results were circulated and discussed in the practice.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment and results were circulated and discussed in the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Most staff members had received an annual appraisal and appraisals had been scheduled for staff members where overdue.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. We saw evidence that monthly multi-disciplinary team meetings took place and a range of chronic disease and vulnerable patient registers were continually reviewed and discussed as part of these meetings.

Are services caring?

Good

- We observed a friendly atmosphere throughout the practice during our inspection. We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.
- The practice also provided information and supported patients by referring them to counselling services and further support organisations. There was a practice register of all people who were carers. The practice offered flu vaccinations and annual reviews for anyone who was a carer.

Summary of findings

- The results from the national GP patient survey published in January 2016 showed positive responses overall with regards to treating patients with compassion, dignity and respect.
- Due to the construction work taking place at the time of our inspection, there were no notices in the patient waiting room to direct patients on how to access a number of support groups and organisations. Alternatively, guidance was offered verbally through conversations with staff and consultations with clinicians.

Are services responsive to people's needs?

Good

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions. The practice also offered an open access service, where patients were guaranteed an appointment during the morning through the walk in and wait service.
- There were disabled facilities and translation services available. The practice had a hearing loop in place and the practice manager was trained to do basic sign language.
- The practice offered a range of clinical services which included care for long term conditions such as diabetes, a range of health promotion and the GPs also offered clinics for minor surgery, cryotherapy and acupuncture.
- At the point of our inspection we found that the practice had not reviewed their results from the national GP patient survey and the practice did not have an action plan in place to demonstrate how improvements to the service could be made for areas such as appointment waiting times and opening hours.

Are services well-led?

Requires improvement

- Although we saw examples of some practice specific policies in place, during our inspection we found that staff were not always familiar with key policies and how to access them.
- During our inspection we identified some gaps in the governance arrangements for identifying, recording and managing risks. We found that although assurance and further evidence was provided shortly after the inspection, there were some ongoing areas where evidence was required to demonstrate that risk was assessed in the absence of DBS checks for members of the reception team who chaperoned and to reflect the cleaning of specific medical equipment.

Summary of findings

- Although staff spoke positively about the team and about working at the practice, discussions with staff on the day of our inspection highlighted that not all staff members were familiar with what the practices vision was.
- During our inspection we noticed that the consulting room doors had been left opened in-between consultations which posed the risk of prescription stationary being easily accessible by members of the public.

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

- Clinical staff conducted ward rounds to the local residential homes and carried out home visits for older patients and patients who would benefit from these.
- The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. This included a daily check and review of discharge summaries following hospital admission to establish the reason for admission. These patients were regularly reviewed to ensure care plans were documented in their records and assisted in reducing the need for them to go into hospital.
- The practice offered an open access service, where patients were guaranteed an appointment during the morning through the walk in and wait service.

People with long term conditions

Good

- Performance for overall diabetes related indicators was 98%, compared to the CCG average of 88% and national average of 89%.
- We saw minutes of meetings to support that joint working took place and that patients with long term conditions and complex needs were discussed as part of the practices multi-disciplinary team meetings (MDT) meetings.
- The practice offered a range of clinical services which included care for long term conditions such as diabetes, a range of health promotion and chronic disease support.

Families, children and young people

Good

- Childhood immunisation rates for under two year olds ranged from 86% to 100% compared to the CCG averages which ranged from 40% to 100%.
- Immunisation rates for five year olds ranged from 97% to 100% compared to the CCG average of 93% to 98%.
- The practice offered urgent access appointments were available for children, as well as those with serious medical conditions.

Summary of findings

- The practices patient participation group (PPG) held a range of art competitions to engage with families and children who were registered at the practice

Working age people (including those recently retired and students)

Good

- The practice's uptake for the cervical screening programme was 81%, compared to the national average of 81%.
- Practice data highlighted that 1339 patients had been identified as needing smoking cessation advice and support, 1233 patients (92%) had been given advice and 257 patients (21%) had successfully stopped smoking.
- Appointments could be made in the practice, over the phone and online. There was a text messaging appointment reminder service available and the practice also used an electronic prescription service. The practice offered an open access service, where patients were guaranteed an appointment during the morning through the walk in and wait service.

People whose circumstances may make them vulnerable

Good

- The practice had 121 patients on their palliative care register. The data provided by the practice highlighted that 120 of these patients (99%) had a care plan in place and 110 of the 118 eligible patients had received a medication review in a 12 month period.
- There were 27 patients on the practices learning disability register, most of these patients had care plans in place and 94% had received a medication review in a 12 month period. These patients were frequently reviewed in the practice also, 23 (85%) had received a review in a 12 month period.
- We saw that vulnerable patients and patients on the practices learning disability and palliative care registers were reviewed and discussed as part of the practices multi-disciplinary team meetings (MDT) meetings.

People experiencing poor mental health (including people with dementia)

Good

- Performance for mental health related indicators was 100%, with an exception rate of 0%. There were 57 patients on the practices mental health register and 52 (92%) of these patients had care plans in place and 51 eligible patients (94%) had received a medication review in a 12 month period.

Summary of findings

- The practice also provided information and supported patients by referring them to counselling services and further support organisations.
- Data showed that appropriate diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%. There were 73 patients registered at the practice with a diagnosis of dementia, 94% had a care plan in place and all 68 eligible patients had received a medication review in a 12 month period.

Summary of findings

What people who use the service say

The practice received 112 responses from the national GP patient survey published in January 2016, 254 surveys were sent out; this was a response rate of 48%. The results showed the practice was performing in line or above local and national averages in most areas. For example:

- 92% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 88% described the overall experience of the practice as good compared to the CCG and national average of 85%.
- 80% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with seven patients during our inspection including two members of the patient participation group (PPG). Service users completed 48 CQC comment card. Patients and the comment card gave positive feedback with regards to the service provided.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Ensure records are kept to demonstrate that risk is assessed in the absence of disclosure and barring checks for members of the reception team who chaperone.
- Ensure records are kept to reflect the cleaning of medical equipment.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Address areas for improvement highlighted through patient feedback such as national survey results.

Feldon Lane Practice

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 and a practice nurse Specialist Advisor.

Background to Feldon Lane Practice

Feldon Lane is a long established practice based in the Halesowen area of the West Midlands. There are two surgery locations that form the practice; these consist of the main practice at Feldon Lane Surgery and a branch practice at Hawne Lane Surgery. There are approximately 9,020 patients of various ages registered and cared for across the practice and as the practice has one patient list, patients can be seen by staff at both surgery sites. Systems and processes are shared across both sites. During the inspection we visited both locations. As the locations have separate CQC registrations we have produced two reports. However where systems and data reflect both practices the reports will contain the same information.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team consists of three GP partners including a senior partner and three salaried GPs. The practice nurse team included four practice nurses. The GP partners and the practice manager form the practice management team and they are supported by a team of 16 staff members who cover reception, administration and secretarial duties.

The practice is open between 8am and 6:30pm on weekdays except for Wednesdays when the practice closes at 2:30pm. On Mondays and Tuesdays appointments are available between 8am 2:30pm and then from 4pm to 6:30pm and there is a GP on call during the afternoons when appointments are closed. Appointments are available from 8am through to 6:30pm on Wednesdays and Fridays. During the mornings the practice offers an open access service, where patients are guaranteed an appointment through the walk in and wait service; this service is operational from 8am with last attendance time at 10:30am. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

The practice had successfully achieved a building fund to secure an improvement fund from NHS England. Therefore the practice underwent building work which commenced at Feldon Lane surgery during January 2016. Some of the improvements to the premises included more consultation rooms, improved facilities for administration and improving overall accessibility to the premises. Staff explained that the building work was due to be completed by approximately the end of May 2016, therefore some building and construction work continued during our inspection visit.

Why we carried out this inspection

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

Detailed findings

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

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 4 May 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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.

Good

Are services safe?

Our findings

Safe track record and learning

The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events. We viewed a summary of 25 significant events that had occurred since January 2015. The practice kept a record of trends in relation to significant events, incidents and complaints. The practice used these records to monitor themes and actions on a regular basis. Significant events, safety alerts, comments and complaints were a regular standing item on the practice meeting agendas. These were discussed with staff during practice meetings and we saw minutes of meetings which demonstrated this. We saw in the meeting minutes that learning was shared to ensure action was taken to improve safety in the practice.

Overview of safety systems and processes

- Safeguarding policies were accessible to all staff which outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received the appropriate level of training relevant to their role.
- One of the GPs was the lead member of staff for child and adult safeguarding. The GP had completed level three safeguarding children training, which is the appropriate level for their role. They attended monthly safeguarding meetings and provided reports where necessary for other agencies.
- Notices were displayed to advise patients that a chaperone service was available if required. Members of the nursing team would usually provide a chaperoning service. Occasionally some members of the reception team would act as chaperones. Disclosure and barring (DBS) checks were in place for members of the nursing team. On the day of our inspection we did not see evidence that formal risk assessments were in place in the absence of DBS checks; for members of the reception team who would occasionally act as chaperones. Shortly after the inspection robust risk assessment templates were submitted to a lead inspector to suggest that risk was assessed, however templates were not completed to reflect which staff members had been risk assessed and what the outcome of the assessments were.
- During our inspection we also received mixed responses from staff when discussing chaperone duties, some staff explained that they positioned themselves outside of the curtain which did not reflect nationally recognised guidance, such as the General Medical Council (GMC) chaperoning guidelines. GMC chaperoning guidance outlines that chaperones should be in a position to be able to observe the examination. Shortly after the inspection members of the management team provided assurance that staff had been refreshed on chaperoning guidelines and additional training was being sought for members of the team who were planning on chaperoning in the future.
- We viewed three staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.
- One of the practice nurses was the infection control clinical lead who regularly liaised with the local infection prevention team to keep up to date with best practice. Staff had received up to date infection control training and we saw records of completed audits where action was taken to address any improvements identified as a result.
- There was an infection control protocol in place however the practice did not keep records to support that staff were up to date with the immunisations recommended for staff who are working in general practice, such as Hepatitis B and mumps and rubella (MMR) vaccines. Shortly after our inspection a comprehensive policy on Hepatitis B was submitted to a lead inspector and a member of the management team confirmed that staff immunisation status had been collated and verified with relevant immunisation programmes underway for staff that required this.
- We observed the premises to be clean and tidy and we saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice. However, during our inspection we did not see records to reflect the cleaning of specific

medical equipment, such as the equipment used for ear irrigation. Shortly after our inspection members of the management team confirmed that these records were in place, however we did not see evidence to demonstrate this.

- We saw that clinical equipment was calibrated to ensure that the equipment was checked and working properly. Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines. The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient and there were systems in place to monitor their use.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice ensured that patients were kept safe. The vaccination fridges were well ventilated and secure and vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England. The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines. The practice also had a system for production of Patient Specific Directions to enable the healthcare assistants to administer vaccinations.

Monitoring risks to patients

- On the day of our inspection we did not see evidence to demonstrate that health and safety risks were assessed and managed. Shortly after our inspection we received comprehensive records which reflected robust risk assessments relating to premises including health, safety and fire risk.
- Records and conversations with staff demonstrated that the fire alarm was regularly tested and that fire drills had taken place. There were policies in place for the management of health, safety and fire.
- At the point of our inspection a formal risk assessment was not in place to cover specific risks associated with infection control, such as the risk of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Shortly after our inspection we received records to demonstrate that remedial action was taken by the practice and a legionella risk assessment was completed in June 2016.
- 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.

Arrangements to deal with emergencies and major incidents

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

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Records showed that all staff had received training in basic life support.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The emergency medicines were in date and records were kept to demonstrate that they were regularly checked and monitored. During our inspection we found that the practice had not assessed the risk in the absence of specific emergency medicine associated with minor surgery and the procedure of fitting specific birth control devices. As a result of our inspection the practice took remedial action by assessing the risk in the absence of the specific emergency medicines. Records of the risk assessment were sent to a lead inspector shortly after the inspection whereby risk was assessed

Good

Are services safe?

as low as such medicines had never been required in a period of 25 years. The practice also reviewed the wider contents of their emergency medicines stock as part of their risk assessment.

- The practice had a business continuity plan in place to guide staff on how to deal with major incidents, such as a power failure or building damage. The content of the plan directed staff to a disaster recovery box available in the practice, however we were unable to establish the location of the box and staff were unable to identify where this was. Shortly after the inspection members of the management team had identified that the current business continuity plan was not shared with the inspection team on the day of the inspection, records of the current plan were submitted shortly after the inspection and as a learning point staff were refreshed on the location and content of the current plan.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs. The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. This included a daily check and review of discharge summaries following hospital admission to establish the reason for admission. These patients were reviewed to ensure care plans were documented in their records and assisted in reducing the need for them to go into hospital. The practice also conducted a daily check of their patient's attendances at the local Accident and Emergency departments.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results from 2014/15 were 99% of the total number of points available, with 6% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.
- Performance for mental health related indicators was 100%, with an exception rate of 0%. Data provided by the practice highlighted that they had 57 patients on the mental health register. The report also highlighted that 52 (92%) of these patients had care plans in place and 51 eligible patients (94%) had received a medication review in a 12 month period.
- Data showed that appropriate diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%. There were 73 patients registered at the practice with a diagnosis of dementia. The data provided by the practice highlighted that 64 of the 68 eligible patients (94%) had a care plan in place and all 68 patients had received a medication review in a 12 month period.
- Performance for overall diabetes related indicators was 98%, compared to the CCG average of 88% and national average of 89%.

The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice once a week. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics. We saw records of a completed clinical audit on the prescribing of antibiotics for patients in relation to urinary tract infections (UTIs). The first audit was carried out in February 2015 whereby 20 patient cases were viewed, 19 of these were audited as part of an eligible criteria. The audit highlighted that prescribing was appropriate and reflected local prescribing guidelines in 13 (65%) of the cases reviewed. As a result of the audit, practice prescribers were educated on local antibiotic guidelines to try to improve prescribing rates further. The audit was repeated in April 2016 and highlighted that some improvements had been made; 15 (75%) of the 19 reviewed cases were appropriately prescribed antibiotics in line with local prescribing guidelines. In order to make further improvements the practice developed a system alert to remind prescribers of the importance of adhering to local prescribing guidelines.

Effective staffing

- The practice had an induction programme for newly appointed members of staff that covered role specific training and topics such as safeguarding, infection control, fire safety, health and safety and confidentiality. Staff also made use of e-learning training modules.
- We saw records which demonstrated that some staff received ongoing training and support. For example, we saw that the practice nurse had been supported to attend a number of training updates such as clinical updates on diabetes. However, some appraisals were significantly overdue. For example, we saw that for two practice nurses appraisals were last completed in June 2014 and January 2015, additionally there was no

record of an appraisal for a third member of the nursing team. Shortly after the inspection communication from members of the management team advised that all overdue appraisals were scheduled for completion by the end of June 2016.

- There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated.

Coordinating patient care and information sharing

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 people moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary team meetings and palliative care meetings took place on a regular basis with representation from other health and social care services. We saw minutes of meetings to support that joint working took place and that vulnerable patients and patients with complex needs were regularly discussed and their care plans were routinely reviewed and updated. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

- The practice had 121 patients on their palliative care register. The data provided by the practice highlighted that 120 of these patients (99%) had a care plan in place and 110 of the 118 eligible patients had received a medication review in a 12 month period. We saw that the practices palliative care was regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.
- There were 27 patients on the practices learning disability register, most of these patients had care plans in place and 94% had received a medication review in a 12 month period. These patients were frequently reviewed in the practice also, 23 (85%) had received a review in a 12 month period. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.
- The practice had a register of patients from vulnerable groups, this included patients with a drug or alcohol dependency. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families. Practice data highlighted that 69 patients were on the register, these patients were frequently reviewed in the practice also, 64 (92%) had received a review in a 12 month period.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, 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, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified and supported by the practice. This 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.

- Practice data highlighted that 1339 patients had been identified as needing smoking cessation advice and support, 1233 patients (92%) had been given advice and 257 patients (21%) had successfully stopped smoking.
- The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. The practice's uptake for

Good

Are services effective?

(for example, treatment is effective)

the cervical screening programme was 81%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer intelligence network data from March 2015 highlighted that breast cancer screening rates for 50 to 70 year olds was 76% compared to the CCG and national averages of 72%. Bowel cancer screening rates for 60 to 69 year olds was 66% compared to the CCG and national averages of 58%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 86% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 97% to 100% compared to the CCG average of 93% to 98%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed a friendly atmosphere throughout the practice during our inspection, members of staff were courteous, respectful and helpful to patients both attending at the reception desk and on the telephone.

Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. During consultations and treatments, doors were closed and conversations taking place in these rooms could not be overheard. A private area was available for patients who wanted to discuss sensitive issues or appeared distressed.

We spoke with seven patients on the day of our inspection including two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staffs were described as friendly, efficient and caring. We received 48 completed CQC comment cards, positive comments were made to describe the service and staff were described as helpful and efficient.

The results from the national GP patient survey published in January 2016 showed positive responses overall with regards to treating patients with compassion, dignity and respect. For example:

- 96% said the GP was good at listening to them compared to the CCG average and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average and national average of 89%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. The results from the national GP patient survey also highlighted mostly positive responsive with regards to questions about patient involvement in planning and making decisions about their care and treatment:

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

Patient and carer support to cope emotionally with care and treatment

Due to the construction work taking place at the time of our inspection, there were no notices in the patient waiting room to direct patients on how to access a number of support groups and organisations. Alternatively, guidance was offered verbally through conversations with staff and consultations with clinicians who were also able to offer further information resources to patients such as health promotion and support services leaflets.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 221 patients (3% of the practice list) had been identified as carers. The practice offered flu vaccinations and annual reviews for anyone who was a carer. The practice also kept information resources containing supportive advice for carers and signpost information to other services.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. The practice also supported patients by referring them to counselling services and further support organisations.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- Clinical staff conducted ward rounds to the local residential homes and carried out home visits for older patients and patients who would benefit from these.
- Appointments could be made in the practice, over the phone and online. There was a text messaging appointment reminder service available and the practice also used an electronic prescription service.
- The practice offered an open access service, where patients were guaranteed an appointment during the morning through the walk in and wait service.
- The practice offered a range of clinical services which included care for long term conditions such as diabetes, a range of health promotion and the GPs also offered clinics for minor surgery, cryotherapy and acupuncture.
- There were disabled facilities and translation services available. The practice had a hearing loop in place and the practice manager was trained to do basic sign language.

Access to the service

The practice was open between 8am and 6:30pm on weekdays except for Wednesdays when the practice closed at 2:30pm. On Mondays and Tuesdays appointments ran between 8am 2:30pm and then from 4pm to 6:30pm and there was a GP on call during these afternoons when appointments were closed. Appointments ran from 8am through to 6:30pm on Wednesdays and Fridays. During the mornings the practice offered an open access service, where patients were guaranteed an appointment through the walk in and wait service; this service was operational from 8am with last attendance time at 10:30am. Pre-bookable appointments could be booked up to six weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 showed mixed results with regards to accessing the service:

- 92% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 78% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.

Patients we spoke with on the day of our inspection and comment cards commented that appointments usually ran to time. However, results from the national GP patient survey highlighted that the practice was below the local and national averages for these areas:

- 73% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 39% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 64% and a national average of 65%.
- 60% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

The practice had not reviewed their results from the national GP patient survey and the practice did not have an action plan in place to demonstrate how improvements to the service could be made for areas such as appointment waiting times and opening hours. Shortly after our inspection members of the management team shared records of a planned practice meeting which demonstrated that the survey was planned to be reviewed on 20 June 2016 in order to formally discuss improvements that can be made.

The practice had also carried out several patient surveys over the last few years. Some of the improvements introduced as a result of the surveys included the implementation of EPS (an electronic prescribing system), GP telephone consultations and due to patient feedback the practice had successfully secured an improvement fund

Good

Are services responsive to people's needs?

(for example, to feedback?)

from NHS England. Staff explained that the building work was due to be completed by approximately the end of May 2016, therefore some building and construction work continued during our inspection visit. Some of the ongoing improvements to the premises included more consultation rooms, improved facilities for administration and improving overall accessibility to the premises.

Listening and learning from concerns and complaints

The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice website and leaflet guided patients to contact the practice manager to discuss complaints. The practice shared records of the eight complaints they had received in the last 12 months. Records demonstrated that complaints were satisfactorily handled and dealt with openness and transparency. Patients we spoke with on the day of our inspection were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

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

Members of the management team explained that the overall vision of the practice was to **provide a high quality, patient focussed service.** During our inspection we did not received evidence of a documented business plan however shortly after the inspection a copy of the business plan was shared with a lead inspector which reflected the overall vision of the practice as outlined by members of management on the day of the inspection. We spoke with seven members of staff during our inspection. Although staff spoke positively about the team and about working at the practice, we found that some staff we spoke with during our inspection were not familiar with what the practices vision was.

Governance arrangements

Although we saw examples of some practice specific policies in place, during our inspection we noticed that staff were not always familiar with key policies and how to access them and overall we found that governance arrangements were not always robust. For example, we found that staff were not familiar with a whistleblowing policy, staff were unable to access this and we were therefore unable to establish if there was a whistleblowing policy in place. Shortly after our inspection we received communication from members of the management team who had reflected on the inspection findings. Communication highlighted that reminders had been sent to staff on how to access policies such as the whistleblowing policy, as well as key policy updates as a result of the inspection.

During our inspection we identified a some gaps in the arrangements for identifying, recording and managing risks. For example:

- On the day of our inspection we did not receive evidence to demonstrate that the practice had assessed risk associated with premises, infection control and in the absence of emergency medicines. However, shortly after our inspection we received comprehensive records which reflected robust risk assessments relating to premises including health, safety and fire risk. Members of the management team highlighted that these were not presented on the day of the inspection due to problems accessing records and staff were having to work around extensive building work.
- Additionally, on the day of our inspection we found that the risk of lone working was not assessed to cover periods when staff worked alone. Shortly after our inspection we received assurance from members of the management team that risk was assessed however, we did not see completed records to support that risk had been assessed.
- At the point of our inspection the practice was undergoing construction work in order to make improvements to the premises and as a result there were construction workers at the premises to carry out the building work. We saw that confidentiality agreements had been signed by the construction workers. During our inspection we noticed that the consulting room doors had been left opened in-between consultations which posed the risk of prescription stationary being easily accessible by members of the public. We discussed this with members of the management team who took remedial action by updating and recirculating the practice policy on premises security.
- We did not see evidence of completed risk assessments in the absence of disclosure and barring checks (DBS checks) for members of the practice team who provided a chaperone service.

Leadership, openness and transparency

The GP partners and the practice manager formed the management team at the practice. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

There was a regular programme of staff meetings which included monthly management meetings and twice yearly full practice meetings. Staff highlighted that they hadn't had a formal practice meeting for approximately two months although they communicated as a close team on a day to day basis. We saw examples of minutes which reflected management meetings and the minutes of the full practice meeting in November 2015. The practice effectively used staff newsletters as a communication tool

Are services well-led?

Requires improvement

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

in-between meeting and to document any key points verbally communicated within the team. We saw many examples of newsletters circulated to staff which included updates to clinical templates, changes to processes and IT updates. Staff were able to contribute to the newsletters and were also asked to sign off the newsletters to confirm that they had read and understood the content.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had an active patient participation group (PPG) which influenced practice development. The PPG was consisted of approximately 20 members including a PPG treasurer and deputy chair. The PPG met as a group every quarter with regular attendance by practice staff. The practice shared a range of minutes and PPG event information to demonstrate how the group interacted with other organisations by inviting them as guest speakers at the PPG meetings. We spoke with two members of the PPG as part of our inspection. The PPG members outlined some of the improvements implemented in the practice which were supported by the PPG. These included practice health promotion and fund raising events for charity, a range of art competitions for children who were registered at the practice and the development of a wellness service directory for patients. We looked at the latest directory and saw that it included information and contact details on a range of support services such as AGE UK, local guided park walks, carer's forums and local social groups. The PPG members also explained how they communicated with patients through quarterly newsletters which were also submitted to patients who had signed up to receive them electronically.

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 17 HSCA (RA) Regulations 2014 Good governance We did not see evidence to demonstrate that the practice had formally assessed the risk in the absence of DBS checks for members of the reception team who would occasionally act as chaperones. We did not see completed records in place to reflect the cleaning of specific medical equipment, such as the equipment used for ear irrigation.