

Rushbottom Lane Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rushbottom Lane, also known as Dr Khan and Partners on 23 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording and analysing significant events, however there was no system in place to ensure actions were followed up.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had arrangements in place to deal with emergencies.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Complaints were dealt with in a timely manner, however no analysis took place to identify themes in order to make changes and drive improvement.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There was a program of clinical audits, however very few of these demonstrated improvements in patient outcomes.

Summary of findings

- Risks to patients were not all assessed and well managed. The practice had not undertaken a fire or legionella risk assessment.

The areas where the provider must make improvement are:

- Conduct a fire and legionella risk assessment.

The areas where the provider should make improvements are:

- Conduct periodical reviews of complaints to identify themes and drive improvement.

- Ensure the improvement actions resulting from the analysis of significant events are reviewed to check actions were carried out.
- Ensure clinical audits can demonstrate actions taken to drive improvement.
- Ensure they are identifying carers in order to offer them the care and support required.

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. However, there was no system in place to review these incidents to ensure actions had been carried out to drive improvement.
- Not all risks to patients were assessed or managed. For example, there was no legionella or up to date fire risk assessment in place.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

The practice had adequate arrangements in place to deal with emergencies.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were being carried out, although few of these demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of annual appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams on a regular basis to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients we spoke to said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population via their own disease registers and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- Complaints were dealt with in a timely manner and in an open and transparent way; however they were not analysed to help identify themes in order to drive improvement.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. However, this vision and strategy had not been formalised in a business plan, despite plans to extend the premises in the near future.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality; however it did not ensure risks to patients were always identified. For example risks associated with fire and legionella.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified patients at risk of hospital admission.
- The practice ensured patients were contacted after being discharged from hospital to help prevent re-admission.
- NHS health checks were offered and promoted.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice results for diabetes indicators within the Quality and Outcomes framework were comparable to practices nationally.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to other practices in the locality for all standard childhood immunisations.
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Good



Summary of findings

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 cervical screening rates were higher than the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours were offered to enable working age people to access appointments.
- 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.
- NHS health checks were offered and promoted.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, patients who had suffered domestic violence and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. These patients were also offered health checks which resulted in an action plan to assist the patient in self-managing their own health.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

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The practice was comparable to practices nationally for other mental health indicators.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Patients were contacted to reduce the risk of readmission.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with, or better than local and national averages. 253 survey forms were distributed and 113 were returned. This represented a 45% completion rate.

- 84% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%.
- 89% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 84% and a national average of 85%.

- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 75% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received from all staff at the practice

We spoke with ten patients during the inspection. All ten patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us they could get through to the practice by phone without difficulty and that appointments were available when they needed them. All ten patients told us they would recommend the practice to others.

Areas for improvement

Action the service **MUST** take to improve

- Conduct a fire and legionella risk assessment.

Action the service **SHOULD** take to improve

- Conduct periodical reviews of complaints to identify themes and drive improvement.

- Ensure the improvement actions resulting from the analysis of significant events are reviewed to check actions were carried out.
- Ensure clinical audits can demonstrate actions taken to drive improvement.
- Ensure they are identifying carers in order to offer them the care care support required.

Rushbottom Lane 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 Rushbottom Lane Surgery

Rushbottom Lane surgery is also known as Dr Khan and Partners. The practice is located within purpose built premises which has been extended several times. The building is also shared with another practice. The practice is located in a residential area of Benfleet, Essex which has good public transport links. There is limited parking available for patients at the practice. The practice profile shows there is a larger than average population aged 40 years and over, and a smaller than average population aged 40 years and under.

- At the time of inspection, there were eight GP partners, four male and four female. There were also two GP registrars. The nursing team comprised of two advanced nurse practitioners who were also independent prescribers, two practice nurses and one health care assistant.
- There was a large administrative team including two practice managers, an assistant practice manager, a reception manager and 16 other non-clinical staff. This team was shared with the second practice that used the building.
- The practice was a training practice for both GPs and nurses.

The practice was open at the following times:

- 8am to 7.30pm Monday
- 8am to 7pm Tuesday, Wednesday and Friday
- 7am to 7pm Thursday

Appointments were from 8.30am to 11am every morning and from 3pm to 5.30pm daily.

In addition, extended hours were provided from 6.30pm to 7.30pm on Mondays and 7am to 8am on Thursdays. Weekend appointments were also available through the local GP federation at an alternative location.

When the practice was closed patients were also directed to out of hours care provided by IC24 by calling 111.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 February 2016. During our visit we:

- Spoke with a range of staff including GPs, registrars, nurses, practice managers, reception and administration staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members
- 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 a 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 practice carried out an analysis of the significant events, however there was no evidence of actions being followed up.

We reviewed safety records, incident reports patient safety alerts, these were circulated amongst staff.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, details of which were also displayed in the reception area. There was a lead GP for safeguarding and staff were aware of this. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All staff were trained to an appropriate level. Any vulnerable patients had their notes amended to make staff aware and these patients were always allocated an emergency appointment when they called the practice.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS

check). (DBS 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. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. 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 vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable the Health Care Assistant to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Locum GPs also had checks completed including identification, references and registration checks.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Are services safe?

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 and a health and safety risk assessment had been carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, the practice did not have an up to date fire risk assessment; the last risk assessment was in 2004. The premises had been altered and extended since this date. The practice did not have a legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There were also alarms within each consulting room, when activated this alerted reception staff to an emergency situation.
- All clinical staff received annual basic life support training and non-clinical staff received basic life support training every three years. There were emergency medicines for the treatment of anaphylaxis available in all the treatment rooms and a range of emergency medicines stored with emergency equipment in a central location.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and incident book for recording any accidents were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and alternative locations for use by the practice.

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 these were shared with staff by email. Clinical staff used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through 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 94% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data published in October 2015 for the performance year 2014/15 showed;

- Performance for diabetes related indicators was generally below national averages. For example, 70% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) of 140/80mmHg or less; this was lower than the national average of 78%. Performance was better for patients, with diabetes who had received the influenza immunisation which was 98%; this was above the national average of 94%. The practice were aware of this and had made improvements in the past year and were continuing to do so.

- 82% of patients with hypertension had their last blood pressure reading measured in the preceding 12 months of 150/90mmHg or less; this was similar to the national average of 84%.
- Performance for mental health related indicators was varied. For example 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months; this was higher than the national average of 88%. Within this same patient group, 85% had their alcohol consumption recorded in the preceding 12 months which was lower than the national average of 90%

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, all of these were completed audits with repeated cycles. Most of the audits however were descriptive and did not specify actions taken in response to an issue which then demonstrated improvement.
- When audits did show specific actions and improvements, the findings were used by the practice to improve services. For example, an audit of post-splenectomy patients resulted in an increase of patients being given both emergency and lifelong antibiotics, appropriate immunisations and patient information leaflets to assist in their recovery.
- The practice participated in local audits, national benchmarking, accreditation, research and peer review.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All staff received and signed for a staff handbook which contained this information. Locum staff also had an induction pack available to them.
- 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 vaccinations and taking samples for the cervical screening programme had

Are services effective?

(for example, treatment is effective)

received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, infection control, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. When a patient was discharged from hospital, the practice identified the patient and ensured they were contacted within three days to help prevent a re-admission to hospital.

We saw evidence that practice multi-disciplinary team (MDT) meetings took place on a monthly basis and that care plans were routinely reviewed and updated. There were also MDT meeting held for the locality which GPs attended if their patients were to be discussed.

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.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the nursing team within the practice.

The practice's uptake for the cervical screening programme was 86%, which was better than the national average of 82%. There was a policy to offer three written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had audited its patients with abnormal bowel cancer screening kit results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example:

- The percentage of childhood PCV vaccinations given to under one year olds was 97% compared to the CCG percentage of 97%.
- The percentage of childhood PCV Booster vaccinations given to under five year olds was 99% compared to the CCG percentage of 96%.

Are services effective?

(for example, treatment is effective)

We received very positive feedback from patients regarding the practice's flu immunisation program. In 2015/2016, the practice had immunised 97% of patients aged 65 years and over, this data had not been verified at the time of inspection.

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. Patients were sent written reminders of these health checks. 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 nine 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 five members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was always respected. Comment cards highlighted that staff responded compassionately when they needed help, took the time to listen to patients and provided support when required.

Results from the national GP patient survey, published in January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 85% said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were better than local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 90% 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%.

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.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had only identified 0.5% of the

Are services caring?

practice list as carers, patients were routinely asked at registration and at health checks if they were a carer. All carers identified were offered a health check as well as an annual flu immunisation. 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, the practice contacted them and advice was given on how to find a support service.

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 by reviewing their disease register 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 extended hours on a Monday evening and a Thursday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. These patients were also offered flu immunisations at home.
- Patients living in care homes were visited when required.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were facilities for the disabled, baby changing facilities, a lift, a hearing loop and translation services available.

Access to the service

The practice was open at the following times:

- 8am to 7.30pm Monday
- 8am to 7pm Tuesday, Wednesday and Friday
- 7am to 7pm Thursday

Appointments were from 8.30am to 11am every morning and from 3pm to 5.30pm daily. In addition, extended hours were provided from 6.30pm to 7.30pm on Mondays and 7am to 8am on Thursdays. Weekend appointments were also available through the local GP federation at an

alternative location. 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, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 84% patients said they could get through easily to the surgery by phone compared to the CCG average of 69% and the national average of 73%.
- 81% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 65% and the national average of 59%.

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

Listening and learning from concerns and complaints

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

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

We looked at 32 complaints received in the last 12 months and found these had been dealt with in a timely way and there was openness and transparency displayed when dealing with the complaints. However the complaints were not being periodically analysed to identify themes trends to identify improvement in the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality patient centred care.

- The practice had a mission statement which was displayed in the waiting area and on the website and staff knew and understood the values.
- The partners within the practice discussed the future of the business; however the practice did not have a formal strategy or business plan in place to reflect the vision and values or to ensure they were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure, staff had lead roles and 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 through audits and the Quality and Outcomes Framework.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however there was no current fire risk assessment or a legionella risk assessment in place.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular meetings, these included partner meetings, nurses meetings and non-clinical staff meetings. The practice also ran working group meetings which gave staff from all sectors of the practice an opportunity to feedback concerns or suggestions from other staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings or on an ad-hoc basis and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met four times a year, assisted the practice with patient surveys and submitted proposals for improvements to the practice management team.

Are services well-led?

Good 

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

For example, following feedback the practice changed their contact number from a national to a local phone number and introduced a call queuing system which also gave additional information about online services.

- The practice had gathered feedback from staff 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 there was an open door policy which enabled them to get help or advice at any time. Staff told us they felt involved and engaged to improve how the practice was run.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had not conducted a legionella risk assessment. There was no up to date fire risk assessment in place.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	