

Town Hall 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

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Town Hall Surgery on 02 March 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed, however policies and procedures for staff were either out of date or not in place including those related to safeguarding, health and safety and recruitment.
- The practice did not follow safe recruitment practices when employing new staff in line with legal requirements.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Data showed patient outcomes were in line with or above those locally and nationally.
- Feedback from patients about their care was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment 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, however staff did not

Summary of findings

have access to a formalised programme of training and professional development. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Ensure recruitment policies and procedures are in place and arrangements include all necessary employment checks for all staff.
- Patients were at potential risk of harm because systems and processes were not in place for, recruitment, health and safety and infection control.
- There was insufficient attention to safeguarding. Staff were aware of their responsibilities to report concerns however; there was no policy or procedure in place for staff to follow. A lead was in place but not all staff had received training and evidence of GPs being trained to level 3 was not available.
- Ensure staff have access to a formal programme of training and professional development and a record of training carried out is maintained.

In addition the provider should:

- Ensure staff appraisals are undertaken

- Ensure a formal risk assessment or rationale for the emergency medication is carried out.
- Ensure all complaint letters include details of how to appeal and referral details to external bodies.
- Carry out clinical audits and re-audits to improve patient outcomes.
- Ensure a robust infection control system is implemented including audits.
- Ensure practice meetings are minuted.
- Ensure a Business Continuity Plan is in place.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups the practice will be re-inspected within six months after the report is published. If, after re-inspection, the practice has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place the practice into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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 inadequate for providing safe services.

- There were system in place for reporting and recording significant events
- When there were unintended or unexpected safety incidents, people 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.
- Patients were at potential risk of harm because systems and processes were not in place for, recruitment, health and safety and infection control.
- There was insufficient attention to safeguarding. Staff were aware of their responsibilities to report concerns however; there was no policy or procedure in place for staff to follow. A lead was in place but not all staff had received training and evidence of GPs being trained to level 3 was not available.
- However we found risks to patients were assessed and well managed.

Inadequate



Are services effective?

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

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, however there was no formal mandatory training programme in place and accurate records were not kept by the practice to demonstrate role-specific training had been undertaken.
- There was no evidence of full audit cycles being carried out within the practice to drive improvement in performance or to improve patient outcomes.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- People could access appointments and services in a way and at a time that suited them. This included a daily open surgery. Telephone consultations were readily available and home visits were provided to house bound patients including the phlebotomy service.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- 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.

Are services well-led?

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

Requires improvement



- There was a vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a leadership structure and staff felt supported by management.
- The practice had a limited number of policies and procedures to govern activity, but these were out of date. There were no policies and procedures in place for recruitment, health and safety or safeguarding for example.
- There was no business continuity plan in place
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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
- The practice sought feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people because there are aspects of the practice that require improvement and this impacts across all the population groups. However:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice embraced the Gold standards framework for end of life care. This included supporting patients' choice to receive end of life care at home.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions because there are aspects of the practice that require improvement and this impacts across all the population groups. However:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Where appropriate, patients with more than one long-term condition were able to access a joint review to prevent them having to make multiple appointments.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- Patients with COPD and Asthma had self-management plans and access to medication at home for acute exacerbations and were directed to a structured education programme.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people because there are aspects of the practice that require improvement and this impacts across all the population groups. However:

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students) because there are aspects of the practice that require improvement and this impacts across all the population groups. However:

- 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.
- Open surgeries were available daily. The practice also offered telephone consultations for patients unable to attend the practice.
- The practice was offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable because there are aspects of the practice that require improvement and this impacts across all the population groups. However:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Annual reviews were provided for patients with learning disabilities, using a nationally recognised tool.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children; however there were no safeguarding policies and procedures in place for staff and not all staff had received safeguarding training.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia), because there are aspects of the practice that require improvement and this impacts across all the population groups. However:

- 94.87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. The practice were proactive in offering dementia screening and if any concerns were identified patients were offered relevant investigation and, where appropriate, referral to a memory clinic.
- 93.33% of patients with poor mental health had a comprehensive care plan documented in the record agreed between individuals, their family and/or carers as appropriate.
- For patients with poor mental health, who also had other long term conditions the practice were piloting a single, longer appointment to provide a holistic review in recognition that some patients find it challenging to make multiple attendances at practice.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It carried out advanced 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 promoted self-referral to the local "Healthy Minds" service.
- It had a system in place to follow up patients who may have been experiencing poor mental health and had attended accident and emergency.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing higher than local and national averages. There were 126 responses and a response rate of 38.5%, representing 4% of the practice population.

- 91% find it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 87% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 82% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 59%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 79% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.

- 68% would recommend this surgery to someone new to the area compared with a CCG average of 73% and a national average of 78%

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they have received. Results from the 35 patient responses in January 2016 showed 14 would be 'Extremely likely' and 15 'Likely' to recommend Town Hall Surgery to Friends or family.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received and included individual praise for clinical and non clinical staff. The nine patients we spoke with were complimentary of the staff, care and treatment they received.

Town Hall Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor.

Background to Town Hall Surgery

Town Hall Surgery provides primary medical services in Duckinfield, Tameside from Monday to Friday. The surgery is open Monday to Friday 8:30am – 6:00pm, closed Thursday afternoon.

Appointments with a GP are available daily as part of an open surgery between 8:30am and 10:00am. On the day and pre bookable appointments are available between 9:00am and 11:30am and 1:30pm until 5:50pm.

The practice participated in the local seven day access scheme in which patients were offered an appointment with a GP at a local hub between 6:00pm and 8:00pm or between 9:00am and 12:00pm weekends.

The practice population experiences higher levels of income deprivation than the practice average across England. There is a similar proportion of patients above 65 years of age (16.9%) to the practice average across England (17.1%). The practice population was approximately 7% Black and minority ethnic patients and a higher than average percentage of patients with long term health conditions, 71.5% compared to 54% nationally.

Duckinfield is situated within the geographical area of Tameside and Glossop Clinical Commissioning Group (CCG).

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Town Hall Surgery is responsible for providing care to 3249 patients.

The practice consists of three GPs, one of whom is female, a part time nurse and health care assistants. The practice is supported by a practice manager, receptionists and administrators.

When the practice is closed patients are directed to the out of hours service, Go to Doc.

Why we carried out this inspection

We inspected this service as part of our 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. This 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?

Detailed findings

- 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)

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 02 March 2016. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with nine patients and eight members of staff, including the GPs, practice manager, administration manager, nurse, health care assistant, reception and administration staff.

We reviewed 35 Care Quality Commission comment cards where patients and members of the public had shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events and clinical events (SEA). People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for consistency. With all SEAs the practice manager immediately formed a briefing and a meeting was held with relevant staff the same day or as soon as possible to discuss immediate actions required.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We reviewed four SEAs, details included learning points as well as an action plan, however these were not reviewed to ensure actions had been implemented.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, local CCG and NHS England. This enabled staff to understand clinical risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice did not have defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. For example:

- There was insufficient attention to safeguarding children and adults. Staff were aware of their responsibilities to report concerns however; there was no policy or procedure in place for staff to follow. A lead was in place but not all staff had received training and evidence of GPs being trained to level 3 as required was not available.
- All A&E discharge summaries were forwarded to GPs for review from a safeguarding context. The practice had recently introduced multidisciplinary team meetings with a district nurse and social worker on a monthly basis to discuss the care of vulnerable adults including safeguarding concerns.
- A notice was displayed in the waiting room, advising patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS).

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- There were procedures in place for monitoring and managing risks to patient and staff safety, but these were informal and insufficient. There was no health and safety policy available and no risk assessment had taken place. A fire risk assessment had been undertaken and checks were carried out every six months. All of the electrical equipment was checked to ensure it was safe to use and clinical equipment was checked and calibrated to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. However there was no formal infection control protocol in place and staff training had not taken place. The nurse had recently taken the lead for infection control and had time put aside in April 2016 to complete an audit and develop policies and procedures.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored.
- There were no recruitment policies and procedures in place and no individual staff files maintained. We reviewed documents which were available including that of the four staff employed within the previous two years. Evidence found included application forms or CVs, offer letters and contracts. We found no evidence of proof of identification, qualifications or registrations with the appropriate professional bodies. We found some references had been taken up but this was inconsistent. The practice manager did take up verbal references but these were not recorded. The practice manager told us they were unaware of the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Are services safe?

- 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 to meet patients' needs.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available.

Emergency medicines were 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. However no formal risk assessment or rationale for the emergency medication was available. No formal guidance such as dosage of adrenaline for children or adults or resuscitation guidance was available for staff.

There was a defibrillator available; however there were no paediatric pads present. We were told the defibrillator was new in 2015 and to date staff had not received training and routine checks were not carried out.

The practice had no formal business continuity plan in place for major incidents such as power failure or building damage; however a buddy surgery had been identified as temporary accommodation.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including NICE best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date with these guidelines.

The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice had a range of clinical protocols in place for clinicians to follow.

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 were 96.6% of the total number of points available, with 9.2% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets and were in line or above the national average in a number of clinical outcomes. Data from 2014/15 showed;

- Performance for diabetes related indicators were comparable to the CCG and national average, with 88% of outcomes achieved compared to 90.7% average for the CCG and 89.2% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average, with 100% of outcomes achieved compared to 98% average for the CCG and 97.8% nationally.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were above the CCG and national average, with 100% of outcomes achieved compared to 89.6% average for the CCG and 99.9% nationally.

We noted two audits completed over last year, one in relation to minor surgery performance and one for joint injections. Both showed low complication rates, however these were not full audit cycles. The practice acknowledged the need to complete full audits as a means of improving performance or to improve patient outcomes.

The practice did participate in regular medication audits initiated by the local CCG pharmacy team. Following data showing the practice were higher than average prescribers of antibiotics; they had audited prescribing practice and told us that in year significant improvements had been made however data was not yet available. The CCG was to re audit the data.

Effective staffing

The practice could not demonstrate that staff had the skills, knowledge and experience to deliver effective care and treatment.

- There was no formal induction programme for newly appointed members of staff.
- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff as records of training were not kept. We were told clinical staff kept their own record of training. Speaking with the nurse we were provided with evidence of them maintaining competencies such as reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- We noted staff had received appraisals, however after reviewing four appraisals we noted only staff self assessments had been completed. There was no evidence of appraisal or performance management by line manager and personal development plans had not been completed.
- There was no formal mandatory training programme in place. We were told training had been limited over the past 12 months due to significant staff changes and a plan was being developed.

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 people to other services.

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of peoples' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every six weeks and were minuted. We noted these were routinely attended by district nurses, health visitors and Macmillan nurse. The practice also met every four to six weeks with a designated health visitor to discuss children and families at risk or subject to child protection plans.

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.
- GPs had received training in MCA.
- One GP was a section 12 approved GP (this is a doctor who is approved' under Section 12 of the Mental Health Act. Approved on behalf of the Secretary of State as having special expertise in the diagnosis and treatment of mental disorders) and is called out across to support other GPs and professionals locally to give opinion relating to Mental Health Act assessment.
- GPs were fully aware of requirements in relation to patients under a Deprivation of liberty safeguards (DOLS).
- 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 patients' mental capacity to consent to care or treatment was unclear GPs would assess the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with poor mental health and those requiring advice on their diet and smoking and alcohol cessation.

- The health care assistant provided an in house smoking cessation and weight management service. Patients who may be in need of extra support were identified by the practice and where they required emotional and or psychological support the practice referred them to the Healthy Minds service.
- GPs had all attended palliative care training organised by the hospice. The practice worked within the Gold Standard framework guidance for end of life care.
- The practice provided a minor surgery service in house.

The practice had a comprehensive screening programme. The practice uptake for the cervical screening programme was 81.29% which in line with the national average of 81.8%. There was a policy to offer telephone 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, NHS England figures showed in 2015, 90.9% of children at 24 months had received the measles, mumps and rubella (MMR) vaccination.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for people aged 40–74 and annual health checks for carers.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains and private examination rooms were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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 35 CQC patient comment cards we received and the nine patients we spoke with were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

The practice had scores on consultations with doctors and nurses comparable to national and CCG scores. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 96% of respondents had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.

Care planning and involvement in decisions about care and treatment

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

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%

Staff told us that translation services were available for patients who did not have English as a first language and an extended appointment would be booked if an interpreter was required.

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission. Patients in need of care plans were identified using a risk stratification tool. Care plans were completed via face to face meeting with patients and where appropriate relatives. Reviews of care plans were carried out every three months.

Patient and carer support to cope emotionally with care and treatment

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

The practice computer system alerted GPs if a patient was also a carer. There were 21 patients registered as carers at the practice. Written information was also available for carers in the waiting area to ensure they understood the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, attending locality meetings and working with other health and social care professionals, this included neighbourhood teams.

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

- The practice offered an open surgery 8:30am to 10am Monday to Friday.
- The practice participated in the local seven day access scheme in which patients were offered an appointment with a GP at a local hub between 6:00pm and 8:00pm or between 9:00am and 12:00pm weekends.
- 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.
- Same day appointments were available for children and those with serious medical conditions.
- Pre bookable appointments were available on a daily basis by contacting the practice by telephone or online.
- Patients were able to book appointments, order prescriptions, access medical records via the website.
- There were disabled facilities and translation services available.
- A phlebotomy service was available daily and via home visits for house bound patients.
- Disease modifying anti-rheumatic drugs (DMARDS) monitoring was carried out in house.
- Patients were able to receive travel vaccinations which were available on the NHS and for those only available privately patients were referred to other clinics for vaccines privately.

Access to the service

Appointments with a GP were available daily as part of an open surgery 8:30am to 10:00am. On the day and Pre

bookable appointments were available 9:00am to 11:30am and 1:30pm to 5:50pm. Pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were available on the day.

The practice regularly monitored the demand on the service and the number of appointments available and the appointment system had evolved over the last few years in response to patient demand and feedback.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was above the local and national averages. For example the GP survey results showed:

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 91% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 83% of patients describe their overall experience of this surgery as good compared to the CCG average of 81% and national average of 85%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. However there was no complaints policy in place and the procedure was out of date.

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

The practice kept a complaints log for written complaints. We noted 10 complaints had been investigated by the practice. Learning was disseminated to relevant staff informally. We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. However we noted reply letters did not always include information regarding the appeals procedure or escalation of complaint to external bodies.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We were told their strengths were in having knowledge of patients and their families and an understanding of the community. 'As a small practice we are able to offer continuity of care in a family friendly environment with good access.'

Governance arrangements

The practice did not have a formal governance framework in place which adequately supported the delivery of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- There were few policies and procedure in place to support staff. For example there was no safeguarding policy and procedure, no health and safety policies and no human resources or recruitment policies or procedures. Policies which were in place were out of date.
- An understanding of the performance of the practice was in place with outcomes in line with local and national indicators. Where issues were identified, such as higher than average antibiotic prescribing, these were addressed by the practice.
- There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing clinical risks, issues and implementing mitigating actions. However, other risks within the practice had not been identified.
- The practice had no formal business continuity plan in place for major incidents such as power failure or building damage; however a buddy surgery had been identified as temporary accommodation.
- The practice was engaged with the local CCG quality improvement scheme.

Leadership, openness and transparency

The GPs and management team were visible for example the practice manager had an open door policy and staff told us that they were approachable and always took time to listen to all members of staff. The practice encouraged a culture of openness and honesty.

The partners within the practice had the clinical experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. However capacity and understanding of the business aspects of keeping staff and patients safe was not always evident, for example risk assessment and the safe recruitment and selection of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

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 written correspondence, but verbal interactions were not routinely recorded.

There was a clear leadership structure in place and staff felt supported by management. The practice had clinicians within the practice with a range of clinical expertise. Clinicians with lead areas were clearly visible within the practice and staff knew the leads for the different areas for example there were was a lead GP for safeguarding.

- The practice aimed to hold monthly staff meetings which involved the whole practice including the nurse, HCA and admin staff, but these were not minuted. We were told as a result of staff changes meetings had not been held regularly, however the GPs and practice manager met informally on a regular basis but these were not minuted.
- Gold standard framework meetings were held every six to eight weeks with district nurses and a Macmillan nurse. All meetings were minuted. The practice also met every four to six weeks with a designated health visitor to discuss children and families at risk or those subject to child protection plans.

Are services well-led?

Requires improvement 

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

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

engaging patients in the delivery of the service. It had gathered feedback from patients through surveys and complaints received. The practice was working to establish a new patient participation group.

The practice had also gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment We found that the practice did not have a safeguarding policy or procedure in place. Not all staff had been trained in safeguarding children or vulnerable adults. This was in breach of Regulation 13(2) of the Health and Social Care Act 2008 (RA) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the practice did not have all the required practice specific policies and procedures in place. We found patients were at potential risk of harm because systems and processes were not in place for, recruitment, health and safety and infection control. We found the practice did not have a business continuity plan in place. We found no mandatory training programme in place and although staff had access to appraisals, there was no evidence of appraisal or performance management by line manager and personal development plans had not been completed. This was in breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (RA) Regulations 2014
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

We found that the practice did not operate a robust recruitment system. There was no recruitment policy. The information required in Schedule 3 was not held for staff.

The current registration status of GPs and nurses had not been checked.

This was in breach of Regulation 19(1)(a)(b)(2)(a)(b)(3)(a)(b)(4)(a)(b) of the Health and Social Care Act 2008 (RA) Regulations 2014