Loddon Vale Practice

Quality Report

Hurricane Way
Woodley
Reading
Berkshire
RG5 4UX
Tel: 0118 9690160
Website: www.loddonvale.com

Date of inspection visit: 27 May 2015
Date of publication: 03/09/2015

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

Ratings

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

Summary of findings

Contents

Overall summary

We carried out a comprehensive inspection of Loddon Vale Practice, Hurricane Way, Woodley, Reading, Berkshire, RG5 4UX on Wednesday 27 May 2015. The practice had been inspected in 2013. We undertook this comprehensive inspection to look at all the services the practice delivered and to apply a rating.

Overall the practice is rated as requires improvement. Specifically the practice was rated as requires improvement for the provision of safe services, effective services and for being well led. The practice is rated as good for provision of caring and responsive services. The practice had undergone significant change in the previous eighteen months with two senior GPs leaving and a new practice manager coming in to post.

Our key findings were as follows:

- Patients were at risk of harm because systems and processes in place to keep them safe were operated inconsistently. For example appropriate recruitment checks on staff had not been undertaken prior to their employment.
- Response to medicine alerts was inconsistent and there was no system in place to corroborate that action required from medicine alerts had been completed. Travel vaccinations were not being administered in accordance with current legislation.
- The practice was responsive to patient feedback. The appointment system had been reviewed in 2014 and additional clinics were introduced. Patients we spoke with and comment cards received reflected an improvement in availability of appointments.
- The practice provided a range of services on site for the benefit of patients. These included physiotherapy, dietician clinics and talking therapies. The availability of these services reduced the need for patients to travel to hospital clinics or other locations.
- The practice was clean and tidy and the practice sought to reduce the risk of cross infection. Close monitoring of cleaning and hygiene standards was undertaken.

Summary of findings

- The practice had effective systems in place to care for patients with long term medical conditions and achieved high standards for this group. It was also active in promoting health screening and healthy lifestyles.
- 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
- There was an emerging cohesive management team and staff felt well supported to fulfil their roles. However, governance arrangements were not always consistently operated because improvement actions identified were either not taken or not completed in a timely manner.
- The practice had gone through a period of change in GPs and nursing staff and recent patient surveys were showing an improvement in patient opinion in being treated with compassion and respect.
- The practice was proactive in undertaking assessments of risk. For example a detailed audit of health and safety had been carried out. However, we found evidence that action identified to reduce risk was not completed in a timely manner.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure actions required to reduce health and safety risks are completed. Including the regulatory requirement to have a fire risk assessment in place. Ensure combustible materials are not kept on fire exit routes. Ensure outstanding matters from the legionella risk assessment are completed.
- Expand the range of clinical audits undertaken and institute an audit plan that includes completion of audit cycles to monitor clinical quality and systems to identify where action could be taken.
- Consistently operate a system to ensure action required from medicine alerts is completed and ensure all Patient Group Directions are appropriately completed and signed.
- Institute a checking system that ensures action arising from MHRA alerts has been completed. Ensure all patient group directions are fit for purpose and appropriately signed off. Complete the staff checks required by legislation.
- Ensure all practice nurses and health care assistants have completed Disclosure and Barring Service (DBS) checks (These 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).
- Undertake appropriate training in the application of the Mental Capacity Act 2005 and consent regulations for patients under the age of 16. Staff must be able to recognise when patients may not have the mental capacity to give consent.
- Ensure practice nursing staff and health care assistants are trained to level two in child safeguarding or that training plans identify they are working towards this level.

In addition the provider should:

- Ensure all staff are aware of their training plan.
- Increase the number of annual physical health checks for patients with a Learning Disability and document when the patient does not consent to their annual review.
- Ensure that admission avoidance care plans are fully completed with basic data and that patient agreement to the plan is obtained.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services and improvements must be made. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. A health and safety risk assessment had been undertaken and there was a plan to address the risks identified. There were enough staff to keep patients safe. However, patients were at risk of harm because systems and processes were not operated consistently. Appropriate criminal records checks had not been completed for nursing staff employed before 2013. The practice identified some risks but a fire risk assessment had not been completed and we found poor practice in managing fire safety. Some staff were unclear about how to identify possible signs of abuse and were unaware that training had been planned for them on this topic. Care plans prepared for patients did not show the patient had been involved and some data was missing. Management of administration of medicines using patient group directives and following up national alerts relating to medicines was inconsistent and placed patients at risk of potential harm.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services. Clinical audit was limited and this reduced the opportunity to identify and manage improvement in patient treatment outcomes. Data showed patient outcomes were at or above average for the locality. Some staff were unclear on the guidance relating to consent from patients under the age of 16 and knowledge of the Mental Capacity Act 2005 was inconsistent. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included promoting good health. Staff had received some training appropriate to their roles and a number further training needs had been identified. The training identified was not always communicated to staff. A training plan was being developed but not all staff were aware of it. There was evidence of appraisals for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice similarly to others for

Summary of findings

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?

Good

The practice is rated as good for providing responsive services. It engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients were becoming positive about the ease of making an appointment and reported good access to urgent appointments. The practice was responsive to patient feedback on access to services and was continuing to make improvements. A new telephone system was to be installed the week after inspection. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well led. It had a mission statement and values and we found staff understood these. There was evidence that the practice valued patient feedback and focussed on improvements in response. There were a range of policies and procedures to govern activity but one of these was not practice specific. Management of systems and processes to identify, assess and manage risk was inconsistent. The practice had not complied with legislation relating to recruitment of staff and was not clear on what checks were required. Clinical audit was limited and there was no audit plan to support the identification and management of actions to support improvement in patient outcomes. There was a clear management structure and staff felt well supported both on a day to day basis and via annual appraisals.

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

Requires improvement

The practice is rated as requires improvement for the provision of safe services and effective services and for being well led. This applies to all patient groups. Patients identified as at risk of hospital admission had care plans in place but these had been prepared without the patient being involved. Some important data was also missing from the care plans.Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs.Most risks to patient safety were identified via risk assessments but a fire risk assessment had not been completed.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the provision of safe services and effective services and for being well led. This applies to all patient groups However, nursing staff had lead roles in chronic disease management and longer appointments and home visits were available when needed for this group. All these patients had a structured annual review to check that their health and medication needs were being met.The practice achieved better results than most others for the care of this group of patients. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care. Most risks to patient safety were identified via risk assessments but a fire risk assessment had not been completed.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the provision of safe services and effective services and for being well led. This applies to all patient groups. Staff were unclear on how to recognise signs of abuse in vulnerable adults and children. However, there were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children on the at risk register. Immunisation rates were high for all standard childhood immunisations. Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. Staff made effort to book appointments for children of

Summary of findings

school age later in the afternoon. We saw good examples of joint working with midwives and health visitors.Most risks to patient safety were identified via risk assessments but a fire risk assessment had not been completed.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the provision of safe services and effective services and for being well led. This applies to all patient groups.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 and flexible. 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. Physiotherapy services were available on site and this reduced the need for patients to travel to hospital or other locations. The practice had employed additional GP hours and nurse practitioners to increase appointment availability and offered both evening and weekend clinics. Most risks to patient safety were identified via risk assessments but a fire risk assessment had not been completed.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the provision of safe services and effective services and for being well led. This judgement applies to all patient groups. The practice held a register of patients living in vulnerable circumstances including patients with a learning disability and carers. It offered annual health checks for patients with a learning disability but, only 33% of these patients received a review in 2014. Longer appointments were available for patients with a learning disability. The practice had not undertaken criminal records checks for nursing staff employed before April 2103 and these staff were involved in the care of this group of patients.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. It had told vulnerable patients about how to access various support groups and voluntary organisations. Some staff were unclear on how to recognise signs of abuse in vulnerable adults and children. Most risks to patient safety were identified via risk assessments but a fire risk assessment had not been completed.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the provision of safe services and effective services and for being well led. This judgement applies to all patient groups. However, the practice achieved all national care targets for this group of patients including

Summary of findings

annual physical health checks. Talking therapies were provided on site to support patients who would benefit from this service. There had been a 20% increase in the diagnosis of dementia in 2014. Patients experiencing poor mental health received advice on support groups available in the local community and were signposted to these organisations when appropriate. Most risks to patient safety were identified via risk assessments but a fire risk assessment had not been completed.

Summary of findings

What people who use the service say

The results of the national patient survey carried out in 2014. Showed a mix of feedback from patients and identified some concerns in regard to accessing appointments. However, patients were generally positive about the care and treatment they received from the practice. One hundred and twenty-one patients had completed the national survey. Of these responses:

- 65% were satisfied with the practice's opening hours compared to the CCG average of 75y% and national average of 76%.
- 64% described their experience of making an appointment as good compared to the CCG average of 78%.
- 66% said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 72%.
- 81% said the GP was good at listening to them compared to the CCG average of 85%.
- 91% said they had confidence and trust in the last GP they saw compared the national average of 92%
- 81% said the last nurse they saw was good at giving them enough time compared to 83% CCG average and the 80% national average.

The practice had embarked on a series of actions to address the concerns relating to access to appointments and we reviewed the results of the practice survey carried out between November 2014 and January 2015. This had been completed by 73 patients. The results showed an improvement in patient satisfaction with access to services:

- 85% reported they received a same day urgent appointment when they requested one.
- 67% said they got a routine appointment within two weeks of their request.

We spoke with 14 patients on the day of inspection and received 14 completed CQC comment cards. Over 85% of the responses we received from both these sources were positive about the care and treatment patients received and many described the service as excellent. These sources of feedback also showed a growing satisfaction with access to appointments and a number of patients commented that they had seen improvement within the last twelve months.

Areas for improvement

Action the service MUST take to improve

- Ensure actions required to reduce health and safety risks are completed. Including the regulatory requirement to have a fire risk assessment in place. Ensure combustible materials are not kept on fire exit routes. Ensure outstanding matters from the legionella risk assessment are completed.
- Expand the range of clinical audits undertaken and institute an audit plan that includes completion of audit cycles to monitor clinical quality and systems to identify where action could be taken.
- Consistently operate a system to ensure action required from medicine alerts is completed and ensure all Patient Group Directions are appropriately completed and signed.
- Institute a checking system that ensures action arising from MHRA alerts has been completed. Ensure all patient group directions are fit for purpose and appropriately signed off. Complete the staff checks required by legislation.
- Ensure all practice nurses and health care assistants have completed Disclosure and Barring Service (DBS) checks (These 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).
- Undertake appropriate training in the application of the Mental Capacity Act 2005 and consent regulations for patients under the age of 16. Staff must be able to recognise when patients may not have the mental capacity to give consent.

Summary of findings

- Ensure practice nursing staff and health care assistants are trained to level two in child safeguarding or that training plans identify they are working towards this level.

Action the service SHOULD take to improve

- Ensure all staff are aware of their training plan.
- Increase the number of annual physical health checks for patients with a Learning Disability and document when the patient does not consent to their annual review.
- Ensure that admission avoidance care plans are fully completed with basic data and that patient agreement to the plan is obtained.

Loddon Vale Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP, Practice Nurse advisor, Practice Manager advisor and a second CQC inspector.

Background to Loddon Vale Practice

Loddon Vale Practice is located in a purpose built medical centre. The practice offers general medical services to a registered patient population of approximately 15,700. Services are delivered via a General Medical Services (GMS) contract. (GMS contracts are negotiated nationally between GP representatives and the NHS). The age range of the population is varied with a slightly higher than average number of patients aged 65 to 69 registered. The practice is located in an area where income deprivation is not significant and public health data does not identify any significant variation in the presentation of particular diseases or health issues.

There are 10 GPs working at the practice. Six GPs are partners and there are four salaried GPs. There is an equal split of male and female GPs. The practice has appointed two part time nurse practitioners and the nursing team also includes two practice nurses and two health care assistants. The practice manager is supported by a team of administrative and reception staff.

Visiting clinics held at the practice include midwifery, physiotherapy, talking therapies and dietician services.

The practice is open at different times on different days of the week. Between Tuesday and Thursday the practice is open from 07:30 to 19:00 with the first appointments at 07:40 and the last at 18:50. On Monday the practice opens at 08:00 and closes at 19:00 and on Friday from 08:00 to 18:30 hours. The practice offers a walk in and be seen service during their extended evening opening up to 19:00 hours on four evenings a week. Saturday extended opening is available on one Saturday in four when three GPs work providing appointments for a minimum of two hours each. At times of high demand for appointments an additional GP joins the Saturday team or an additional Saturday is added.

Loddon Vale Practice received a comprehensive inspection because CQC had been informed of some concerns from patients.

All services are provided from Loddon Vale Practice, Hurricane Way, Woodley, Reading, Berkshire, RG5 4UX.

The practice has opted out of providing their own out of hours service and when the practice is closed out of hours services are provided by Westcall via NHS 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

This provider had been inspected before in 2013 using a different inspection process and regulations that were superseded on 1 April 2015. 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.

How we carried out this inspection

Prior to the inspection we contacted the Wokingham Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by Loddon Vale Practice. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 27 May 2015. We spoke with 14 patients, four GPs and 14 staff. We reviewed 14 CQC comment cards that had been completed by patients in the two weeks prior to our inspection. As part of the inspection we met with the practice manager and looked at the management records, policies and procedures. We also looked at the premises to check the practice was a safe and accessible environment. We observed how patients were being greeted and supported and talked with carers and/or family members and reviewed the personal care or treatment records of patients when this was necessary.

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

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

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

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

The practice was in an area of low economic deprivation and had a slightly higher than average population aged between 65 and 69. The estimated levels of long term conditions such as hypertension, cardiovascular disease and respiratory diseases were slightly below national averages.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example, a member of staff reported an incident where an appointment had been made for the wrong patient. Additional training for staff was undertaken and double check systems put in place to avoid similar occurrences in the future.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last year years. This showed the practice had managed these consistently over time and so could show evidence of a safe track record. We also reviewed the actions the practice had taken in response to concerns patients had raised directly with CQC in the last year. We found that actions to support patients had been fully recorded and that clinical decision making had been based on best practice guidelines.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of eight significant events that had occurred during the last year and saw this system was followed appropriately. Significant events were a standing item on the practice meeting agenda and a dedicated meeting was held six monthly to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. They showed us the system used to manage and monitor incidents. We tracked two incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result and that the learning had been shared. For example when an urgent blood test result had not been passed to the on call doctor when it was received at the practice. The practice reviewed the procedure and issued clear instructions to staff to pass results to the on-call GP. Where patients had been affected by something that had gone wrong they were given an apology and informed of the actions taken to prevent the same thing happening again.

National patient safety alerts were disseminated by the practice manager and senior GP by e-mail to practice staff. Staff we spoke with were able to give examples of some recent alerts that were relevant to the care they were responsible for. Alerts relating to medicines were sent to GPs and the patients affected by the alert were usually identified. GPs took responsibility to contact the patient and take relevant action. However, there was not a system in place to confirm that the action had been completed and we found no evidence of action relating to an alert regarding a specific medicine issued in May 2014. This alert related to a medicine used to prevent reflux (a condition caused by stomach acid coming back up to the mouth).

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young patients and adults. Staff knew where to find the contact details for the relevant agencies that safeguarding concerns should be reported to. A record of a meeting held to update staff on safeguarding was reviewed. We asked reception and administration staff about their knowledge of signs of abuse, and the various types of abuse they could encounter in their duties. Some staff in this group were not clear in their understanding and were unaware that additional training on the subject had been planned for them. Other staff told us that the notes of the last training session on safeguarding were not made available to them when they were unable to attend. Although staff were aware of their responsibilities to share information and record any safeguarding concerns we could not evidence that all staff would recognise abuse and therefore identify a concern. We spoke with the practice management team about safeguarding training and they had recognised that constant refresher training and updates for all members of staff were required.

The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency

and training to enable them to fulfil these roles. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern. GPs were either trained to level three in child safeguarding or were working towards this level. We found practice nursing staff were trained to level one in child safeguarding and they told us they were working towards level two. We did not find a training plan or timetable for this to be achieved.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans and patients who were carers. There were records of engagement in local safeguarding procedures and effective working with other relevant organisations including health visitors and the local authority. There were also records of GPs attending safeguarding case conferences.

There was a chaperone policy, which was displayed on the patient information screen in the waiting room noticeboard and in consulting and treatment rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants, had been trained to be a chaperone. Not all staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (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).

Medicines management

We checked medicines kept in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Data showed the practice was in line with best prescribing practice in the prescribing of hypnotics and sedatives and anti-psychotic prescribing. Prescribing of antibiotics was also in line with national targets. The practice was following national guidelines in the prescribing of these medicines.

There was a system in place for the management of high risk medicines such as medicines used to thin the blood and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results.

The nurses used Patient Group Directions (PGD's) (a PGD comprises written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) to administer most vaccines. We were shown a practice protocol for administration of travel vaccines which had not been signed by the nurses We noted that the local clinical commissioning group had produced an appropriate PGD for travel vaccinations but this was not in use. The sets of PGDs we saw for immunisations other than travel were current and fit for use until the end of July 2015. A member of the nursing staff was qualified as an independent prescriber and she received support in her role as well as updates in the specific clinical areas of expertise for which she prescribed.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs and appropriate records of their issue were maintained.

Cleanliness and infection control

Requires improvement

Are services safe?

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they complied with the practice's infection control policy. For example, in disposing of clinical waste appropriately.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice and training on the practice infection control policy. We found evidence of specific training in hand washing techniques had been undertaken. The infection control policy stated that all newly appointed staff would receive infection control training during their induction. Induction records we reviewed and staff we spoke with indicated that this had not taken place. We saw evidence that audits of infection control processes had been carried out in the last two years and that any improvements identified for action were included in an action plan with clear timescales for completion. The practice operational plan for 2015 included these actions and the plan had been agreed by GPs and senior managers.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment and consulting rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings).We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients. However, flushing of water tanks identified in the risk assessment which was due for completion by the end of March 2015 had been delayed due to circumstances beyond the practice's control. The practice produced evidence to show this work would be completed during summer 2015.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and records showed the next tests were not due until 27 April 2016. A schedule of testing was in place. We saw evidence of calibration of relevant equipment had been undertaken in March 2015. For example weighing scales and blood pressure measuring devices had been calibrated. The practice was in the process of disposing of blood pressure measuring devices which contained mercury (mercury when exposed to air is dangerous) and a mercury spillage kit, with instructions for use, was available should any of these machines be damaged.

Other items of essential non-medical equipment were serviced in accordance with manufacturers' instructions and legal requirements. For example the automated doors were serviced annually and there was a safety certificate for the boiler which ran the hot water and heating systems. However, there was no evidence that the wiring in the building had been checked within the last 10 years. The practice could not be sure the wiring system was safe because it had not been certified so.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. This policy was not being operated consistently when recruiting staff. We reviewed the records of six members of staff. These showed that recruitment checks required by law had been undertaken prior to employment. Criminal records checks for all staff appointed since April 2013 had been carried out for those who were assessed as requiring such a check. However, some nursing staff who were appointed prior to April 2013 did not have criminal records checks by the Disclosure and Barring Service (DBS) carried out.

At the time of inspection the practice did not hold records of the salaried GPs having been subject to appropriate DBS checks. The practice had checked these GPs were registered with the appropriate professional body and carried professional indemnity. The inclusion of salaried GPs on the approved list of medical performers had not been undertaken. This would have assured the practice

they had completed a DBS check. We discussed this with senior management and proof of inclusion on an approved list of medical performers was obtained and sent to the CQC within 48 hours following the inspection.

We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These were not always operated consistently. For example checks of the building had not identified that a box of combustible recycling materials was kept in a stairwell designated as a fire escape route. The practice had not identified the inconsistent understanding of safeguarding among administrative and reception staff.

The practice also had a health and safety policy and a health and safety audit had been undertaken, in 2014, by external consultants. Action identified from the audit had been rated according to risk. Minutes of meetings showed that the audit and action plan had been shared with GPs and senior managers and had been adopted by the practice.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew their location. These included medicines for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed. The plan was last reviewed in 2014.

The practice had not carried out a fire risk assessment which was required by fire regulations. Fire drills had not been carried out in the last year. We found a box of combustible recycling material in a stairwell designated as a fire escape route. Fire regulations state that combustible materials should not be kept on fire escape routes. Records showed that staff were up to date with fire training and fire wardens had been appointed. We saw that the fire alarm system and the fire fighting equipment had been serviced within the last six months.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw this guidance was easily accessible via the practice computer system and that the most recent documentation for completing reviews of patients with long term conditions was in use. We saw minutes of meetings which showed new guidelines were discussed. One GP took the lead for updating the team on new guidelines and discussion at meetings was supported by this GP sending e-mails to the rest of the team to ensure all were aware of new guidance and implications for patient care and treatment. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines. There was a timetable of clinical update meetings at which visiting experts shared up to date treatment protocols and advice with the GPs and practice nurses. We saw that topics covered included; ophthalmology, cardiology and minor surgery.

Staff described how they carried out assessments which covered all health needs and were in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required.

The GPs told us they led in specialist clinical areas such as diabetes and heart disease and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. Care plans were in place for these patients. However, the two care plans we reviewed did not contain all the information appropriate to the patient's needs. For example, next of kin were not detailed and clear review dates not identified. We also found the care plans had been prepared by the GP but there was no record of the patient being involved in developing the care plan. The plans were, however, sufficiently detailed in the areas of support needed to avoid hospital admission and we found that after patients were discharged from hospital they were followed up within 48 hours to ensure that all their needs were continuing to be met.

Management, monitoring and improving outcomes for people

Information about patient's care and treatment, and their outcomes, was routinely collected and monitored and this information used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. Information collected was used when audits of practice were undertaken.

The practice did not have an embedded culture of reviewing clinical performance by the use of clinical audit. A limited number of audits had been undertaken and we reviewed four audits pertaining to clinical practice. In addition to clinical audit the practice had undertaken a detailed health and safety audit and annual audits of control of infection.

From the four audits we reviewed we saw two that had been completed. (Completed audits are those that have been repeated to assess the impact and improvement of actions identified from earlier audits). One of the completed audits followed an alert from the Medicines and Healthcare Products Regulatory Agency (MHRA) regarding a medicine used to reduce blood cholesterol levels. The aim of the audit was to ensure that all patients prescribed this medicine in combination with a specific medicine to reduce blood pressure were not put at risk of serious drug interactions. The first audit found 50 patients were taking both medicines. The information was shared with GPs and patients were called for a medication review. A second clinical audit was completed two years later which found 11 patients were taking both medicines. The action taken from the first audit had significantly reduced the number of patients taking both medicines.

Other audits included one to confirm that vasectomies carried out at the practice had followed national guidance

Requires improvement

Are services effective?

(for example, treatment is effective)

and complications and post-operative infections had been avoided. GPs who undertook minor surgical procedures, contraceptive implants and the insertion of intrauterine contraceptive devices did so in line with their registration and National Institute for Health and Care Excellence guidance.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets, It achieved 99% of the total QOF target in 2014/15, which was above the national average. Specific examples to demonstrate this included:

- Performance for diabetes related indicators was better than the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average
- Performance for mental health and hypertension QOF indicators was better than the national average.
- The dementia diagnosis rate was below the national average

The practice was proud of its achievement in meeting QOF targets in 2014/15 and we noted the improvement from the previous year.

The practice's prescribing rates were similar to national figures. There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had been reviewed by the GP. They also checked all routine health checks were completed for long-term conditions such as diabetes. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. The practice also worked with the CCG to achieve local prescribing targets. The latest data we reviewed showed the practice achieved 91% of the prescribing targets.

The practice had made use of the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice also kept a register of patients identified as being at high risk of admission to hospital and of those in various vulnerable groups. For example registers of carers and patients with a learning disability.

Effective staffing

Practice staffing included GPs, practice nurses, health care assistants, managerial, and administrative staff. We reviewed the staff training summary and saw that all staff were up to date with attending mandatory courses such as annual basic life support. We also noted that all staff received briefing in managing information safely and securely during their induction training. We noted a good skill mix among the doctors with two having additional diplomas in sexual and reproductive medicine, and five with diplomas in children's health and obstetrics. One of the GPs was also a member of the Royal College of Surgeons. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals that identified their learning needs. Our discussions with staff confirmed that the practice was placing a stronger emphasis on providing training. However some staff we spoke with were not clear about the training plan in place for them. There was evidence of relevant training being provided. For example a family planning course had been funded for one of the practice nurses and nurses who were prescribers attended annual updates.

Practice nurses and health care assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, on administration of vaccines and cervical cytology. Those with extended roles for seeing patients with long-term conditions such as asthma, COPD, diabetes and coronary heart disease were also able to demonstrate that they had appropriate training to fulfil these roles.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy

outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from these communications. Out-of hours reports, 111 reports and pathology results were all seen and actioned by a GP on the day they were received. Discharge summaries and letters from outpatients were usually seen and actioned on the day of receipt and all within three days of receipt. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

Emergency hospital admission rates for the practice were relatively low at 9.8 compared to the national average of 13.6 The practice was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). We saw that the policy for taking action on hospital communications was working well in this respect.

The practice held multidisciplinary team meetings every six to eight weeks to discuss patients with complex needs. For example, those with end of life care needs, patients newly diagnosed with cancer and children on the children at risk register. These meetings were attended by district nurses, palliative care nurses and health visitors. Decisions about care planning were documented in the notes of the meeting. Care plans were in place for patients with complex needs and shared with other health and social care workers as appropriate. We saw examples of both minutes of the multidisciplinary team meetings and of the care plans for patients with complex medical needs.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner.

For patients who were referred to hospital in an emergency there was a policy of providing a printed copy of a summary record for the patient to take with them to Accident and Emergency. The practice had also signed up to the electronic Summary Care Record and this was operational. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. Designated staff were responsible for entering data from hospitals and other sources and they were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that GPs and practice nurses were aware of the Mental Capacity Act 2005. All the GPs we spoke with understood the key parts of the legislation and were able to describe how they implemented it. However, health care assistants we spoke with were unclear on the terminology of the Mental Capacity Act 2005 but were confident in their explanations of how they would ensure patients gave informed consent for treatment. If these staff were unsure whether a patient understood their care and treatment they sought advice from the patient's usual GP. For some specific scenarios where capacity to make decisions was an issue for a patient, the practice had drawn up a policy to help staff. For example, it guided staff on when to involve advocates to assist patients in decision making.

When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. However, staff and management were unaware that there was a requirement to receive training in applying the Mental Capacity Act 2005 during the course of 2015. GPs and nurses demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions). We noted the practice had dealt with a complaint relating to accepting the decision of a patient under the age of 16. Following review of the complaint management had issued incorrect advice to staff in regard to who should be advised of the outcome of treatment. Appropriate training in use of the Gillick competencies was required to ensure all staff in the practice applied this correctly.

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures and taking of cervical cytology smears the

Requires improvement

Are services effective?

(for example, treatment is effective)

patient was required to give written consent. All staff were clear about when to obtain written consent. We saw records that confirmed written consent had been obtained in accordance with the practice policy.

Health promotion and prevention

The practice engaged in health promotion activities and provided advice to patients on healthy lifestyles. New patients were required to complete a health questionnaire when they registered with the practice. When this identified the patient was taking any repeat medicines they were invited to attend for a new patient health check. The GP was informed of all health concerns detected and these were followed up in a timely way.

The practice had many ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice had identified the smoking status of 85% of patients over the age of 16. When this identified patients were smokers the practice offered advice on the benefits of stopping smoking to 99% of this group. Smoking cessation clinics were held on site and the GPs and nurses referred to this service when a patient sought support to stop smoking. Similar mechanisms of identifying 'at risk' groups were used for patients who were obese and those receiving end of life care. These groups were offered further support in line with their needs. Patients requiring advice on their diet were referred to a dietician and given supporting materials about healthy eating.

The practice had a register of patients with a learning disability and offered annual health checks for patients in this group. However, in 2014 only 33% of these patients had received their annual health review.

The latest available data showed the practice's performance for the cervical screening programme was 81%. This compared well with other practices in the CCG and was slightly better than the national 80% target. 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 cancer and breast cancer screening. Data we reviewed during inspection showed the practice performed well in these screening programmes. The take up of over 50% for the national bowel screening programme was better than the 20% to 30% achieved by most practices in the CCG.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was above average for the majority of immunisations where comparative data was available. For example, the last flu vaccination data available showed flu vaccination rates for the over 65s were 73%, and at risk groups 53%. These were similar to the CCG averages. Childhood immunisation rates for the vaccinations given to under two year olds exceeded 95% as did the rates for immunisation of five year olds. These were above the national target of 90%. Chlamydia screening was promoted opportunistically and screening test packs were available for eligible patients to collect from the practice.

Leaflets providing healthy lifestyle advice were available in the waiting room and the patient website carried a health information page with links to information leaflets on subjects such as women's health, sexual health and healthy eating.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey carried out in 2014 and a survey of 73 patients undertaken by the practice's patient participation group (PPG) between November 2014 and January 2015. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

The evidence from all these sources showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect although the 2014 national survey results showed the practice had marginally lower scores than others. For example:

- 81% said the GP was good at listening to them compared to the CCG average of 85%.
- 91% said they had confidence and trust in the last GP they saw compared the national average of 92%
- 81% said the last nurse they saw was good at giving them enough time compared to 83% CCG average and the 80% national average.

We noted that the more recent survey of 73 patients undertaken by the practice and PPG showed a significant improvement to 90% of patients being satisfied or very satisfied with the GP listening to and taking notice of patient concerns.

The practice was aware of their satisfaction ratings and had plans to improve patient satisfaction. The focus in 2014 had been on improving access to appointments and by telephone.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 14 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and the GPs and nursing staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Three comments were less positive and there were no common themes to these. We also spoke with 13 patients on the day of our inspection. Twelve of the patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We observed all consultations and treatments were carried out in the privacy of consulting and treatment rooms. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that both consultation and treatment room doors were closed during consultations.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located in an office away from the reception desk which helped keep patient information private. Reception staff were careful to maintain confidentiality and if a patient requested to speak in private they were able to offer a private room to do so. The 2014 patient survey showed 74% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 90%. The GPs and senior management had acted on this and provided additional training and support to reception staff. Patients we spoke with, the comment cards we reviewed and the results of the practice's own survey conducted between November 2014 and February 2015 revealed a more positive response to the attitude and helpfulness of reception staff.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 79% said the last GP they saw was good at explaining tests and treatments and this was slightly lower than the CCG average of 83%.
- 75% said the last GP they saw was good at involving them in decisions about their care. This matched the CCG average and was better than the national average of 74.8%.

However, we found the results of the practice survey showed an improvement to 82% in the rating of GPs helping patients understand their care and treatment and involving the patient.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment

Good

Are services caring?

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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views. Some of the patients we spoke with and those who completed comment cards told us they had long term medical conditions and that the GPs and nurses took time to explain the condition and involved them in their care programme.

Staff told us that translation services were available for patients who did not have English as a first language but, this service had rarely been used.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 82%.
- 79% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 78%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, on the TV screen and patient website also 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. We saw examples of the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. We were given examples of patients who suffered a bereavement being referred to local support organisations.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. For example, physiotherapy services had been located at the practice to provide easier access to this service.

The Clinical Commissioning Group (CCG) told us that the practice engaged with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG) (a group of patients registered with a practice who work with the practice to improve services and the quality of care). For example, PPG surveys showed patients did not rate the practice highly for the provision of easy telephone access and availability of appointments. The appointment system was subsequently reviewed in 2014 resulting in three additional GP clinics and six nurse practitioner clinics which increased the availability of appointments. A new telephone system was due to be installed in the first week of June 2015.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available for patients with learning disabilities. If a patient was a carer their records identified this and GPs and nurses were, therefore, able to give sufficient time to this group of patients. The majority of the practice population were English speaking patients but access to telephone translation services was available.

The premises and services had been designed to meet the needs of patients with disabilities. The practice was accessible to patients with mobility difficulties as facilities were all on one level. The consulting rooms were also accessible for patients with mobility difficulties and there were toilets that could be accessed by patients with a disability and baby changing facilities. There was a large waiting area with plenty of space for wheelchairs and prams.

Staff told us that they did not have any patients registered who were of "no fixed abode" but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging vulnerability in individual patient records.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor. Appointments were available with nurse practitioners for a range of conditions and treatments. Patients we spoke with and comment cards from patients who had seen the nurse practitioners were positive and reflected prompt access to this service.

Access to the service

The surgery was open from 07:30 to 19:00 on three days a week. On Monday it was open from 08:00 to 19:00 and on a Friday from 07:30 to 18:30. Appointments were available from 07:30 to 18:40 Tuesday to Thursday, from 08:00 to 18:40 on a Monday and from 07:30 to 17:50 on a Friday. Each day there were a mixture of on the day appointments, next day appointments, book in advance and book online appointments. The practice nurses and health care assistants also started early on the days the practice opened at 07:30 hours. The practice had additional extended opening hours one Saturday in every four when three GPs were available between 09:30 and 11:30 hours. This appointment structure had been established in response to patient feedback regarding difficulty accessing appointments. Additional Saturday morning clinics were added at times of high demand for appointments.

Information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Longer appointments were also available for patients who had complex needs, communication difficulties or required a review of a long term medical condition. Where possible the annual reviews for patients with more than one long term condition were coordinated to avoid multiple trips to the practice.

The national patient survey information we reviewed from 2014 showed patients had concerns in relation to questions about access to appointments. The practice had recognised the patient dissatisfaction and had made patient access a top priority for action during the last 12 months. The practice set out on a stated mission to ensure all patients wanting to be seen on the same day were seen and that no patients would ever be turned away if they wished to be seen. The practice action was triggered by the following results from the survey:

- 65% were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 64% described their experience of making an appointment as good compared to the CCG average of 78%.
- 66% said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 72%.

Patients we spoke with expressed a growing satisfaction with the appointments system and said it had improved in the last year. The comments on the comment cards we reviewed also reflected this. They confirmed that they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. They also said they could see another doctor if there was a wait to see the GP of their choice. Routine appointments were available for booking five weeks in advance. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. For example, we spoke with three patients who had booked their appointment on the morning of our visit and they were being seen later that morning.

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. This was displayed in the waiting room, included in the patient leaflet and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

The practice recorded 37 complaints in 2014 and we looked at five of these in detail. All were handled in accordance with the practice complaints procedure. They were dealt with in a timely manner and an apology was given to the patient when appropriate. We noted the practice cooperated with other agencies when complaints had either been escalated or related to more than one service.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and saw the practice identified access to appointments as an issue. Substantial changes in the appointment system had been made and extra clinics were in place to address this. Lessons learned from individual complaints had been acted on and improvements made to the quality of care as a result.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice charter setting out the responsibilities of both the practice and the patient was included on the practice website and displayed in the waiting room. The practice had also developed a mission statement in 2014 which focussed on being responsive to patient requests to be seen and on respecting patient privacy and dignity. For example, the practice stated they would never turn patients away if they needed to be seen on the day they contacted the practice.

All of the 14 staff we spoke with were aware of the practice mission statement and patients we spoke with who needed a same day appointment commented that the practice had lived up to their statement.

The practice was in the second year of a two year improvement plan. We saw that this included a range of practical timetabled actions to support patient care, enhance safety and respond to patient feedback. For example, a new telephone system was due to be installed on 8 June 2015.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at eight of these policies and procedures. We noted that policies and procedures were updated against a review plan. The practice reviewed policies on a timetable set to reflect the importance of the policy. Some were reviewed annually and some every two years. We found the health and safety policy was not wholly relevant to the procedures in place at the practice. For example, it stated that all staff would receive training in control of infection during their induction. Staff told us they had not received this training and we could find no evidence that this took place.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding. We spoke with 14 members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The new senior GP and practice manager held responsibility for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. The included using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was performing above national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans was taken to maintain or improve outcomes.

The practice showed us four clinical audits, there was one audit showing a second cycle. This meant the practice had limited opportunities to assess, monitor and improve outcomes for patients. Evidence from other data sources, including incidents and complaints were used to identify areas where improvements could be made. Additionally, there were processes in place to review patient satisfaction received via surveys and action had been taken based on the feedback received. For example, the appointments system had been changed in response to feedback from patients.

The practice identified and recorded risks and had adopted a health and safety plan. The plan was derived from a detailed health and safety risk assessment. This identified the need to complete a fire risk assessment but this had not been undertaken. Undertaking a fire risk is a requirement of fire regulations. We found a fire exit route via a stairwell where a box of combustible recycling materials was kept. Materials that could catch fire should not be kept on fire escape routes.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies linked to the staff handbook. These included the disciplinary procedures and management of sickness policy which were in place to support staff. The staff handbook was available to all staff and contained sections on harassment and how to raise a grievance at work. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was also

Are services well-led?

Requires improvement

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

available to all staff in the policies file. However, not all staff were aware of this policy. All staff we spoke with told us they would not hesitate to report any instance of a colleague acting inappropriately in delivery of care and treatment of patients.

Leadership, openness and transparency

The partners in the practice were visible in the practice and staff told us that they were approachable and took the time to listen to all members of staff. All staff were involved in discussions about how to run the practice via their team meetings. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

We saw from minutes that team meetings were held at least every month. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG), the friends and family test and complaints received. It had an active PPG which included representatives from various population groups. The PPG had carried out annual surveys and met at least four times a year. The results of the last patient survey were available on the practice website. The results had been considered in conjunction with the PPG and minutes of PPG meetings confirmed this. The action plan arising from the surveys was also available on the practice website. We spoke with a member of the PPG and they were very positive about the role they played and told us they felt engaged with the practice.

We also saw evidence that the practice had reviewed its' results from the national GP survey to see if there were any areas that needed addressing. For example, the appointments system had been changed in 2014 to improve access. Comments we received from the patients we spoke with confirmed an improvement in getting an appointment. The practice was actively encouraging patients to be involved in shaping the service delivered at the practice.

The practice had also gathered feedback from staff through day to day discussion and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Administration staff we spoke with gave us examples of prompt access to training on the practice computer system which had been changed in the last 18 months. We were also given examples of training on the referral system and recall systems. Staff told us they felt involved and engaged in the practice to improve outcomes for patients.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their professional development through training. We looked at six staff files and saw that regular appraisals took place. Staff told us that the practice had become more supportive of training in the last year. We saw a timetable of clinical update meetings, which were available for GPs and nurses to attend, where guest speakers attended.

The practice had completed reviews of significant events and other incidents and shared with staff at via their team meetings to ensure the practice improved outcomes for patients. For example, an incident involving a delay in passing on test result was shared with all teams because it affected the practice of all grades and disciplines of staff.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 Fit and proper persons employed.** **Recruitment procedures were not operated consistently to ensure that persons employed were of good character.** **Criminal records checks had not been completed for all staff that require such checks.** **Regulation 19. – (1) (a) (2) (a)**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 Staffing** **We found that the registered person had not protected patients from the risk of all forms of abuse being identified because some nursing staff had not completed level 2 safeguarding of children and could not evidence they were working towards this level. Some administration staff were not aware of the training available to them on this subject. Gillick principles were being administered inconsistently.** **(2) Persons employed by the service provider in the provision of a regulated activity must – (a) receive such appropriate support, training, professional development and appraisal as is necessary to enable them to carry out the duties they are employed to perform.** **Regulation 18 (2) (a)**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 Good Governance

The provider had not consistently assessed, monitored and mitigated risks relating to the health safety and welfare of service users and others who may be at risk because actions identified to mitigate risks had not been taken in a timely manner. The provider did not update all policies and procedures in place to ensure they were relevant to the processes employed in the practice. For example the induction policy. The provider must ensure all policies are fit for purpose, relevant to the carrying out of regulated activities and subsequently operated consistently by staff. The health and safety risks identified from health and safety audits had not been completed. For example, a fire risk assessment. The provider had not identified that their processes for dealing with medicine alerts were not operated consistently and that one PGD was not appropriately signed.

Regulation 17 (1) (a) & (b)