

Station Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Station Road Surgery on 1 December 2015. Overall the practice is rated as good.

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. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed with the exception of those relating to a legionella assessment and fire drills.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available on the day they were requested.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had reviewed patient access and was able to offer evening appointments every week day until 8pm. This service was jointly run with another local practice.
- The practice participated in multidisciplinary telephone meetings with the integrated care team to improve communication between different services for patients.
- The practice had organised and hosted educational events on diabetes for patients.

Summary of findings

The areas where the provider must make improvement are:

- Ensure that all staff have completed relevant training for fire safety, infection control and information governance in line with the practice training requirements.

- Complete a legionella risk assessment.
- Carry out regular fire drills.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Most risks to patients were assessed and well managed. However, the practice had not conducted a legionella risk assessment or practiced a fire drill and some staff had not had training on information governance, fire safety or infection control.
- There was an effective system in place for reporting and recording significant events.
- Lessons were learned and communicated widely to support improvement. Information about safety incidents was recorded, monitored, appropriately reviewed and addressed
- The practice had embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The appointment of new staff was supported by appropriate recruitment checks and all of the practice staff had received clearance from the Disclosure and Barring Service (DBS).
- Procedures for dealing with medical emergencies were robust. However, the practice should review where emergency medicines are located to ensure easy access for staff.
- Staffing levels were maintained to keep patients safe. Administrative systems were responsive and ensured that incoming correspondence was dealt with in a timely and effective manner
- The practice had policies and procedures in place to help with continued running of the service in the event of an emergency.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Good health was promoted by the practice including help to self-manage long term conditions and offered a range of services including smoking cessation.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- Staff had received some training appropriate to their roles however, further training needs were identified.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.
- There was regular engagement with the Clinical Commissioning Group pharmacist and we saw a responsive system for medicines advice and audit.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than 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.
- We observed good relationships between patients and staff.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients were able to have 24 hour blood pressure monitoring and staff had been trained to use a Doppler (A Doppler device uses reflected sound waves to evaluate blood as it flows through a blood vessel. It helps doctors evaluate blood flow through the major arteries and veins).
- 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 and other stakeholders.

Summary of findings

Are services well-led?

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

- 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.
- It had a clear vision and strategy 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 clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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 proactively sought feedback from staff and patients, which it acted on.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice offered continuity of care with a named GP.
- There was regular contact with district nurses and staff participated in monthly meetings with other healthcare professionals to discuss any patient concerns.
- It was responsive to the needs of older patients and offered same day telephone appointments with a GP, double appointments at the surgery within 48 hours, or a home visit when required.
- The practice had a register of patients over the age of 75 with complex medical needs or who were at high risk of hospital admission. These patients had an emergency telephone number to the practice in order to access urgent appointments and had a copy of their care plans at home.
- The practice had a member of staff who was the care co-ordinator. They telephoned patients on discharge from hospital to offer support, and enquire whether a GP visit or other assistance was required.
- Important information was recorded as alerts on patient's notes, such as keysafe codes or next of kin contact details.
- Patients were encouraged to have their flu vaccination to prevent severe flu related illnesses.

People with long term conditions

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

Good



- 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.
- Patients on chronic disease registers were invited for six monthly reviews to ensure they were managed appropriately.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.

Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The lead GP for prescribing held monthly meetings with the community pharmacist to monitor prescribing and assist with any new guidance or changes.
- The practice had organised and hosted educational events on diabetes for patients.

Families, children and young people

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

- There were systems in place to identify and follow-up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances.
- The practice had a child protection lead GP who attended regular monthly meetings with the health visitor to discuss all families on the child protection register, and to raise concerns involving any new cases where appropriate.
- Immunisation rates were relatively 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.
- We saw good examples of joint working with midwives and health visitors.
- The practice was able to use the services of an in-house youth counsellor.
- The practice ensured that children needing emergency appointments would be seen on the same day or were offered a same day telephone appointment to discuss any concerns.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



Summary of findings

- 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.
- The practice offered advice by telephone each day for those patients who had difficulty in attending the practice and there were daily evening emergency appointments available.
- Patients could book evening appointments until 8pm.
- Patients could book appointments for monitoring of long term conditions at times convenient to them rather than at fixed times.
- The practice offered patients who were over 40 a health check and could offer phlebotomy services for glucose and cholesterol blood tests.
- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.

People whose circumstances may make them vulnerable

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

- All these patients had a named GP.
- It offered longer appointments for patients with a learning disability.
- 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was able to use the rapid access team and social care team, to support vulnerable patients where a need had been identified.
- The practice participated in multidisciplinary telephone meetings with the integrated care team to improve communication between different services for patients.
- Where appropriate information was shared with out of hours services and ambulance services to help improve patient care and safety.

Good



Summary of findings

- Translation services were available for patients who did not use English as a first language. We also saw advertised a sign language service for those patients who had a hearing impairment. The practice also provided an auditory loop.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Carers and those patients who had carers were flagged on the practice computer system and were signposted to the local carers support team.

People experiencing poor mental health (including people with dementia)

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

- The practice actively promoted the screening of patients for memory loss.
- 93.8% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was higher than the CCG average of 86.7% and the national average of 84%
- 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 advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice promoted the use of counselling services and cognitive behaviour therapies for patients.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing either above or in line with local and national averages. 255 survey forms were distributed and 122 were returned.

- 89% of patients found it easy to get through to this surgery by phone compared to a CCG average of 81% and a national average of 73%.
- 90% of patients found the receptionists at this surgery helpful (CCG average 89%, national average 87%).
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 93%, national average 85%).
- 86% of patients said the last appointment they got was convenient (CCG average 92%, national average 92%).
- 81% of patients described their experience of making an appointment as good (CCG average 80%, national average 73%).
- 63% of patients usually waited 15 minutes or less after their appointment time to be seen (CCG average 78%, national average 75%).

The practice was participating in the 'Friends and Family Test' where patients were asked to record if they would recommend the practice to others. We viewed the latest results and saw that the practice had received 124 responses with 120 who would recommend the practice.

Patients told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views of the practice. We received 24 comment cards and all contained positive comments about the practice. We also spoke with seven patients on the day of the inspection, who also gave us positive comments about the practice.

Patients told us that they were respected, well cared for and treated with compassion. Patients described the GPs and nurses as caring, professional and told us that they were listened to. Patients told us they were given advice about their care and treatment which they understood and which met their needs. They described the GPs and nurses as kind and told us they always had enough time to discuss their medical concerns.

Areas for improvement

Action the service MUST take to improve

- Ensure that all staff have completed relevant training for fire safety, infection control and information governance in line with the practice training requirements.

- Complete a legionella risk assessment.
- Carry out regular fire drills.

Station Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Station Road Surgery

Station Road Surgery is a surgery offering personal medical services to the population of Frimley, Surrey. There are approximately 7,300 registered patients.

Station Road Surgery is run by four partner GPs. The practice is also supported by a GP retainer, three practice nurses, a healthcare assistant, a team of administrative / reception staff and a practice manager.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks and holiday vaccinations and advice.

Services are provided from one location:

The Surgery, Camberley, Surrey, GU16 7HG.

Opening hours are Monday to Friday 8am to 6:30pm.

Extended opening is from Monday to Friday from 6:30 – 8pm for pre-bookable appointments.

During the times when the practice is closed arrangements are in place for patients to access care from an Out of Hours provider.

The practice population has a higher number of patients between 35 – 49 and 65 – 84 years of age than the national

and local Clinical Commissioning Group (CCG) average. The practice population also shows a lower number of 15 – 34 year olds than the national and local CCG average. There is a lower number of patients with a long standing health condition and a health care problem in daily life, as well as a lower than average number of patients with caring responsibilities. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Healthwatch and the NHS Surrey Heath Clinical Commissioning Group. We carried out an announced visit on 1 December 2015. During our visit we spoke with a range of staff, including GPs, practice nurses, administration staff and the practice manager.

The visit was announced and CQC comment cards were placed in the practice reception area so that patients could

Detailed findings

share their views and experiences of the service before and during the inspection visit. We reviewed 24 comment cards completed by patients. We observed staff and patient interactions and talked with seven patients. We reviewed policies, procedures and operational records such as risk assessments and audits.

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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events received a timely apology and were told about actions taken to improve care where appropriate. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The GPs held monthly meetings where complaints or significant events could be discussed. Staff told us these could also be discussed at a more informal daily meeting if necessary. We looked at several significant events and saw that appropriate action was noted. For example, we saw entered onto the significant events spreadsheet an error of a pharmacist issuing a wrong dosage of medicine. We saw recorded the actions taken and the learning outcomes of the event.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve procedures or safety in the practice. We saw that where patients had been affected by an incident, they received an apology and were told about any actions to improve processes to prevent the same thing happening again.

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

Overview of safety systems and processes

Systems and processes were generally in place to keep patients safe. However, some aspects required strengthening, for example, staff training in information governance, infection control and fire safety. Also the practice had not practised a recent fire drill.

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although staff were aware of the policies and procedure to keep patient information confidential, we noted that staff had not received training in information governance.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and liaised with other safeguarding leads to establish best practice. The GPs always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. However, administration staff had not received up to date infection control training. We observed the premises to be clean and tidy. Two of the practice nurses were the infection control clinical leads who kept up to date with best practice. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling and security). We noted that different emergency medicines were stored in two separate locations and the practice had not assessed if this could cause a problem in an emergency situation. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow

Are services safe?

nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

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

Monitoring risks to patients

Risks to patients were assessed and well managed with the exception of not completing a legionella risk assessment.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments but had not carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control with the exception of having completed a legionella risk assessment. The practice had been wrongly advised that a legionella risk assessment had not been required. The practice was able to show us evidence the day after the inspection of a booked risk assessment for the 9th December 2015.

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

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. Staff we spoke with were aware of what to do in an event of a fire but had not received fire awareness training or practised a fire drill.

- 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We noted that different emergency medicines were stored in two separate locations and the practice had not assessed if this could cause a problem in an emergency situation. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The GPs and nurses shared their knowledge and expertise with each other and referred to recognised clinical publications and completed training to ensure they were up to date with any new practice or innovations in healthcare.
- The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91.2% of the total number of points available, with 6.8% exception reporting which was below the national and local average. The exception reporting figure is the number of patients excluded from the overall calculation due to factors such as non-engagement when recalled by the practice for reviews. Patients who failed to attend for their reviews were contacted by telephone and letter to request they make an appointment. Staff regularly checked the list of patients who were due for reviews and sent them a reminder to attend. Data from 2014/2015 showed;

- The percentage of patients with hypertension having regular blood pressure tests was in line with the CCG and national average. The practice QOF score was 84.1% with the CCG average being 81% and the national average at 84%.

- Performance for diabetes related indicators were just below the clinical commissioning group (CCG) and national average. The practice QOF score was 86% with the CCG and the national average at 89%.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was at 94%, with the CCG average at 94% and national average at 96%.
- Performance for cancer was better than the CCG and national average. With cancer related indicators at 100% in comparison with the CCG average of 100% and the nation average of 98%
- Performance indicators for dementia were at 100% with the CCG average being 96% and the national average being 95%.

Clinical audits were carried out to demonstrate quality improvements and all relevant staff were involved to improve care and treatment and patient's outcomes. We reviewed three clinical audits that had been carried out within the last 18 months. All identified where improvements had been made and monitored for their effectiveness. We noted that the practice also completed audits for medicine management. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice has completed two pre-diabetic audits in 2014 and in 2015. This had ensured that pre-diabetic patients were encouraged to attend recommended monitoring and given appropriate advice.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, we noted that not all staff training for fire safety, information governance and infection control was in date. Shortly after the inspection we received confirmation that staff had been booked onto relevant training courses and were undertaking online learning to address the gaps in training found on the day of the inspection.

- 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 every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff which included new staff shadowing long standing staff members. New staff underwent a probationary period in which their competencies were reviewed.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Staff had access to appropriate on-going support during meetings, one-to-one ad-hoc meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients needs and to assess and plan on-going care and treatment. This included when patients moved between services or after they were discharged from hospital.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.
- We also saw that the practice worked closely with the CCG and their medicine management team in relation to prescribing activity at the practice.
- The practice was able to use the services of a Single Point of Access for referrals and the Rapid Response team for their patients.

Consent to care and treatment

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

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Health information was made available during consultation and used materials available from online services to support the advice they gave patients. There was a variety of information available for health promotion and prevention in the waiting area and on the practice website. The practice website also referenced websites for patients looking for further information about medical conditions.
- Up to date care plans were in place that were shared with other providers such as the out-of-hours provider and with multidisciplinary case management teams. Patients aged 75 years or over and patients with long term conditions were provided with a named GP.
- A range of tests were offered by practice staff including spirometry (breathing test) blood pressure monitoring and health checks for patients with diabetes to regularly monitor their health status. The practice nurse told us they gave advice to patients about healthy lifestyles when they visited the practice.
- The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a

Are services effective?

(for example, treatment is effective)

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/national averages. For example, 90.5% of children under 24 months had received the MMR vaccination with the national average

being 89.5%. Flu vaccination rates for the over 65s were 73% the same as the national average, and 51% of patients from the at risk group had received their flu vaccination compared to the national average of 52%.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff encouraged patients to inform them when they wanted to discuss sensitive issues. They told us they would offer to discuss issues with a patient in an unoccupied room.
- The reception desk and waiting area were in one room and it was recognised that patients could potentially over hear conversations taking place. Reception staff informed us that it was policy not to discuss patients at the desk and to ensure that paperwork was not left on display. Any calls to patients were taken away from the desk so that they could not be overheard.
- We noted that the practice had installed an electronic booking in system.

We received 24 patient CQC comment cards. All were positive about the service experienced. Patients said they felt the practice offered an excellent service and GPs and nurses were helpful, caring and treated them with dignity and respect. We also spoke with seven patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was slightly below or in line with the national and CCG averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the CCG average of 93% and national average of 89%.

- 79% of patients said the GP gave them enough time (CCG average 91%, national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 76% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).
- 90% of patients said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line or slightly below the local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 81%).

The practice participated in the avoidance of unplanned hospital admissions scheme. There were regular meetings to discuss patients on the scheme and care plans were regularly reviewed with the patients. We saw that care plans were in place for those patients with long term conditions, those most at risk, patients with learning disabilities and those with mental health conditions.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this

Are services caring?

service was available. We also saw advertised a sign language service for those patients who had a hearing impairment. Staff we spoke with told that they used this service for a number of patients.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and patient website also told patients how to access a number of support

groups and organisations. The practice's computer system alerted if a patient was also a carer. We saw information was 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 or sent them a sympathy card. This call 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. The practice was able to use the services of an on-site bereavement counsellor when required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered Monday to Friday evening appointments until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice could accommodate those patients with limited mobility or who used wheelchairs by offering appointments on the ground floor.
- When all appointments were full for the day and patients felt they needed to be seen, they were offered alternatives. They held telephone consultations with the GP who gave advice and if necessary arranged for the patient to be seen.
- The practice was planning to install a lift to improve access.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were from 8:15am to 12pm every morning and 4pm to 6pm daily. Telephone consultation were from 12:30pm to 3pm every day. The practice also had evening appointments available until 8pm which was a shared service with another local practice. In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments and telephone appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 89% of patients said they could get through easily to the surgery by phone (CCG average 81%, national average 73%).
- 81% of patients described their experience of making an appointment as good (CCG average 80%, national average 73%).
- 63% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 78%, national average 65%).

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.

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 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. We saw that information was in the practice leaflet, on the practice website and on display in the waiting area. A Friends and Family Test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. Complaints were a standing agenda item at the partner's weekly meetings and we saw evidence that lessons learned from individual complaints had been acted on.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We spoke with 11 members of staff and they all knew and understood the practice values and knew what their responsibilities were in relation to these. Staff spoke very positively about the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There was excellent team work and the practice worked well with others.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members 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. The practice had systems in place for knowing about notifiable safety incidents. There was also evidence that the practice responded appropriately to incidents, significant events and complaints. We saw that any patients affected were supported, given truthful information and when appropriate given an apology.

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

- Staff told us that the practice held regular team meetings.
- 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 felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through patient surveys and surveys sent to the virtual patient participation group (VPPG) and through comments and complaints received. For example, the practice had installed a further telephone line in to the practice and had started to offer patients a time slot for telephone consultations, after receiving patients comments.
- The practice gathered feedback from staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt engaged in the practice to improve outcomes for both staff and patients.
- The practice was participating in the 'Friends and Family Test' where patients were asked to record if they would recommend the practice to others. The practice manager submitted monthly reports to the local CCG

Are services well-led?

Good 

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

and published these on their website. We viewed the latest results and saw that the practice had received 124 responses with 120 who would recommend the practice to others.

Continuous improvement

- The practice team was forward thinking and strived to improve outcomes for patient. For example, the practice had reviewed patient access and had in place evening appointments until 8pm. (The practice shared this service with another local practice and appointments were offered from the different practices on different days of the week).
- The practice had previously rented out a section of the building. Discussion were being had as to how the practice could use these rooms to improve patient experiences. This included installing a lift and changing the layout of clinical rooms.
- The practice had organised and hosted educational events on diabetes for patients.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Persons employed by the service provider in the provision of a regulated activity must a) received such appropriate training, as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>How the regulation was not met:</p> <p>The practice could not demonstrate that all non clinical staff had received regular training in line with the practice training requirements for fire safety, infection control and information governance.</p> <p>This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users. The things which a registered person must do to comply include :-</p> <ul style="list-style-type: none">• doing all that is necessary to mitigate any such risks;• assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care related. <p>How the regulation was not met:</p> <p>The provider had not completed regular fire drills or completed a legionella risk assessment and therefore was not doing all that was reasonably practicable to mitigate risks.</p> <p>This was a breach of Regulation 12 (2)(b)(h)</p>

This section is primarily information for the provider

Requirement notices

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014