Links Road Surgery

Quality Report

The Surgery,
27-29 Links Road,
Portslade,
BN41 1XH
Tel: 01273412585
Website: www.linksroadsurgery.co.uk

Date of inspection visit: 27 July 2016
Date of publication: 25/11/2016

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?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Links Road Surgery on 27 July 2016. Overall the practice is rated as requires improvement.

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

- All patients had a named GP. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. We received many comments from patients on the personalised care and support received from the practice.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was an open and transparent approach to safety and a system in place for reporting significant events, although we found the recording processes could be improved.
- Most risks to patients were assessed and well managed. However, some systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included the arrangements for managing controlled drugs in GP's bags, the security and tracking of blank prescription paper, completion of recruitment checks, and the completion of electrical and gas safety checks.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported. 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.

Summary of findings

The areas where the provider must make improvement are:

- Ensure that there are clear processes for reporting, recording, acting on and monitoring significant events, incidents and near misses to ensure that lessons are learnt.
- Ensure that all policies and procedures used to govern activity are regularly reviewed and up to date, including safeguarding arrangements. Improve policies and procedures to ensure the security and tracking of blank prescriptions at all times.
- Ensure that disposable curtains are dated and replaced every six months to comply with national infection control guidelines.
- Ensure that there are clear and defined arrangements in place to securely store, monitor and dispose of controlled drugs.
- Ensure that recruitment checks are completed, including obtaining references, as set out in the practice recruitment policy.
- Ensure risk assessments are completed including for electrical and gas safety.
- Develop an on-going clinical audit programme to show that continuous improvements have been made to patient care in a range of clinical areas as a result of audit.
- Ensure care plans are routinely completed and reviewed for all patients with a long term condition.

The areas where the provider should make improvement are:

- Continue to improve records and oversight of training to ensure all staff have completed their training requirements.
- Consider improvements to the recording of complaints to enhance efficiency and the management of the process.
- Ensure there are arrangements to provide regular communication and updates to all staff, including regarding senior management changes in light of succession planning.

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.

- There was a system in place for reporting and recording significant events but we found the central recording of events could be improved to ensure a comprehensive audit trail is maintained.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed. However, some systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included the arrangements for managing controlled drugs in GP's bags, the security and tracking of blank prescription paper, completion of recruitment checks, and the completion of electrical and gas safety checks.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although the practice recognised the need to develop an ongoing audit programme.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. The practice had recently changed their recording of completed training and although this was in progress we saw that the oversight was improving.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We received 30 patient comment cards with many commenting on the personalised care and support received from the practice.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff 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. For example the practice was working with a group of surgeries and as part of this, they were due to have a pharmacist attend the practice once per week.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Patients' satisfaction with access to care was above local and national averages. Almost half of the patient comment cards we received specifically mentioned that the receptionists were friendly, helpful and accommodating when finding appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included a portable hearing loop, disabled facilities and baby changing facilities.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice were handling succession planning well for the imminent retirement of their senior partner, giving priority for the continuing personalised care for their patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity; however we found some of these policies needed to be updated. They held regular governance meetings but not all staff felt they were kept updated with changes at the practice.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but we found areas for improvement, for example the completion of patient care plans, arrangements for managing controlled drugs in GP's bags, the security and tracking of blank prescription paper, completion of recruitment checks, and the completion of electrical and gas safety checks. We also found a lack of central recording for significant events, training and complaints.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice did not have a practice specific patient participation group, but the practice manager met regularly with a local health forum. We were told they were planning to set up their own group and patients had expressed a wish to contribute.

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 provider was rated as requires improvement for safety and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safety and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to national averages. For example, the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 97% compared with the national average of 88%.
- Longer appointments and home visits were available when needed.
- All patients had a named GP but the practice was unable to evidence that structured annual reviews to check their health and medicines needs were always being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safety and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77%, which was the same as the clinical commissioning group (CCG) average of 77% and comparable to the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example, the practice met with a health visitor regularly to discuss and review cases.

Working age people (including those recently retired and students)

Requires improvement 

The provider was rated as requires improvement for safety and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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.
- 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 online services including booking/ cancelling appointments and an electronic prescribing service.

People whose circumstances may make them vulnerable

Requires improvement 

The provider was rated as requires improvement for safety and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However we found that the safeguarding polices needed updating.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safety and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Performance for mental health related indicators were in line with national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% which is comparable to the national average of 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 91% which was comparable to 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.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. There were 278 survey forms were distributed and 108 were returned. This represented a response rate of 39% and less than 1% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 97% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards of which all but one were positive about the standard of care received. There were numerous comments stating that they found it easy to get an appointment, the receptionists were helpful, and that all the GPs were kind, friendly and took the time to listen to their concerns. One patient said they felt rushed in appointments and there were two cards that contained comments that the waiting area was in need of refurbishment, which was also a concern for some of the staff we spoke with.

We spoke with one patient during the inspection who said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Links 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 second CQC Inspector and a GP specialist adviser.

Background to Links Road Surgery

Links Road Surgery is located in a residential area of Brighton and Hove, providing personal medical services to approximately 6,100 patients within the Portslade and West Hove area. The practice also provides care and treatment for the residents of a nearby care home, which serves individuals with dementia or nursing needs.

There are five GPs; four GP partners and one salaried GP (three female, two male). Collectively they equate to approximately four full time GPs.

There are five female members of the nursing team; four practice nurses and one phlebotomist/trainee healthcare assistant. GPs and nurses are supported by the practice manager and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged from birth to 18 when compared to the national average. The number of patients under over 65 years of age is slightly below the national average.

The practice is open from 8am to 6:30pm Monday to Friday. The practice has a lunchtime closure from 1pm to 2pm; during this time patients can call the normal surgery phone number and a doctor is available. Outside of the opening hours care is provided by an out of hours service. Extended hours appointments are offered on alternate Saturday mornings and Wednesday evenings.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hours service by calling the surgery or viewing the practice website.

The practice runs a number of services for its patients including; family planning, minor surgery, health checks, smoking cessation, and travel vaccines (including yellow fever).

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Brighton and Hove Clinical Commissioning Group.

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.

Detailed findings

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 July 2016. During our visit we:

- Spoke with a range of staff including; GPs, nurses, receptionists, the practice manager and receptionists/ administrators/secretaries. We also spoke with one patient who used the service.
- Observed how people were being cared for, talked with carers and/or family members and reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Made observations of the internal and external areas of the premises.
- Reviewed documentation relating to the practice including policies and procedures.

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. They had recently developed a recording form which was available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and we saw evidence of the recording process, which was open and transparent to all staff. However we found the central recording of events could be improved to ensure a comprehensive audit trail is maintained. We found that a handwritten book of significant events was held and we saw evidence of minutes where these were discussed as a standing item at regular practice meetings. All staff we spoke with knew where to find the book and were invited to the meetings to encourage shared learning and to improve safety at the practice. We saw that the recording of subsequent actions were handwritten and therefore it was not always possible to easily trace the full significant event cycle from event to completed actions. For example, a baby was given an immunisation at six weeks old instead of eight weeks of age. We did not see recorded evidence of the subsequent discussion or actions completed as a result; such as to report the incident, inform the parents/carers or the lessons that were learnt.
- The practice told us about a new electronic recording process that was underway, which included a new significant events recording form that had been developed and the practice will create an electronic log to monitor and track events.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff which had been recently reviewed but contained out of date information and did not include recent updates to legislation. 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 always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses and health care assistants to level two and non-clinical staff to level one.
- A notice in the waiting room advised patients that chaperones were available if required. We saw evidence that all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy; however we noted that one of the disposable curtains in a clinical room was not dated and therefore it was not possible to determine whether these had been replaced within six months. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training, including non-clinical staff using an online training system. Annual infection control audits were undertaken and we saw evidence of the most recent audit conducted in May 2016 we saw evidence that an action plan had been created and regularly reviewed to address any improvements identified as a result.
- There were arrangements for managing medicines, including emergency medicines and vaccines, but some

of these were not implemented well enough to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription paper was not always securely stored and the systems in place did not always monitor their use. We saw that consulting room doors were not lockable allowing access to blank prescription paper, we were told that blank prescription paper was not removed from printers when not in use and we noted that the use of prescription paper was not tracked effectively through the practice. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We reviewed a sample of these and saw they had been completed correctly.

- We checked one of the doctor's bags for a GP who conducted home visits and found controlled drugs (medicines that require extra checks and special storage because of their potential misuse) were stored. We found the practice did not have procedures in place to manage them safely, for example the bag was unlocked and there was no log book of their use or arrangements in place for the destruction of controlled drugs. The practice took immediate action in response to our concern.
- We reviewed five personnel files and found not all appropriate recruitment checks had been undertaken prior to employment. This included that we found three files that did not contain proof of identity and two files that did not evidence references had been obtained. However there was proof of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- 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 staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and 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. However the practice staff told us that an electrical safety test had not been completed within the recommended five years, to ensure the safety of the power supply and hard wiring.
- The practice 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). They had conducted their own legionella risk assessment and had completed training in order to do so.
- The practice told us they did not have a gas safety certificate and would take immediate steps to obtain one.
- 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 enough staff were on duty. All patients had a named GP and the practice had a formal system between the GPs to ensure cover and continuity of care. Additionally, the salaried GP did not have a patient list which enabled any patient to be seen as required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Requires improvement

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available at their buddy surgery as a hard copy and also online.

Good

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. We saw an example where the practice had received a recent alert regarding blood glucose testing and had responded appropriately.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, which was above the clinical commissioning group (CCG) average of 93% and the national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were in line or slightly above with national averages. For example, the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 97% compared with a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 85% which was comparable to the national average of 84%.
- Performance for mental health related indicators were in line with or slightly above the national average. For example, 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared with a national average of 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 91% which was above the national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice provided evidence of two clinical audits completed in the last two years. One of these was a completed audit of at least two cycles where the improvements made were implemented and monitored. The practice recognised the need to develop an ongoing audit programme.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff and they used a checklist to ensure all areas were completed. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Good

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice had recently changed their recording of completed training and although this was in progress we saw that the oversight was improving.

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. We asked clinical staff to show us examples of completed care plans for patients under the unplanned admissions scheme and of annual reviews for those with a learning disability, however they were unable to evidence these were completed.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- All patients had a named GP. The practice also had a formal buddy system to ensure that each patient had a second GP to ensure continuity of care.

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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. These meetings were not minuted; instead the practice added information regarding the discussion to each patient record. The practice also met with a local health visitor every two to three months to discuss and review cases.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Advice on patients' diet and smoking cessation advice was available from the nursing team or local support groups.

The practice's uptake for the cervical screening programme was 77%, which was to the same as the CCG average of 77% and comparable to the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 69% to 100% (CCG 68% to 93%) and five year olds from 69% to 98% (CCG 66% to 93%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Good

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout our inspection we observed that members of staff were courteous, friendly and attentive with patients both in person and on the telephone. The reception desk area was open but the waiting area was away from the desk and a partition was present along with low music playing, which meant conversations at the desk could not be overheard. We saw that staff dealt with patients in a friendly, polite and helpful manner. Staff told us that a room could be made available if patients wanted to speak confidentially away from the reception area. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Within consulting rooms we noted that curtains were provided so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced, except one patient who felt rushed in appointments. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Many of the cards commented that the GPs and nurses were polite and kind, treating patients with personal care.

Comment cards 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from 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 above local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 124 patients as carers (approximately 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them, which was available within care packs provided by a local carers centre.

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.

We received two patient comment cards that praised the practice and GPs on the support offered following bereavements.

Good

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. For example; the practice told us they were working with a cluster of five other surgeries and as part of this, a pharmacist had recently been appointed to review their patients with poly-pharmacy (taking a large number of medicines) to identify improvements. This was due to start soon with the pharmacist attending once per week.

- The practice offered extended hours appointments on alternate Saturday mornings and Wednesday evenings.
- There were longer appointments available if required. This included younger patients, and those with a learning disability, dementia or poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities, baby changing facilities, a hearing loop and translation services available.
- Same day appointments were available for children, and those patients with medical problems that require same day consultation.
- Patients had online services available that included booking/cancelling appointments and ordering repeat prescriptions.
- Appointments were offered to patients with no fixed address.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. The practice was registered to provide the yellow fever vaccine, which can only be offered by a designated yellow fever vaccination centre.
- The practice offered a variety of services including chronic disease management, family planning, new baby checks and a weekly baby immunisation clinic.
- The practice regularly attended to the residents of a nearby care home to provide services that included medicine reviews and health checks. We received feedback from the manager of the care home who was happy with the care and treatment provided to the residents, stating a good relationship had been built with the GPs of the practice. It was commented that they were attentive and supportive, putting the care of the residents as a priority. We were also told that the practice in general was efficient, including the receptionists who were always polite.

Access to the service

The practice was open between 8am and 6pm Monday to Friday with a lunchtime closure between 1pm and 2pm, during which time an emergency telephone service was provided. Extended hours appointments were offered on alternate Saturday mornings and Wednesday evenings. In addition to pre-bookable appointments that could be booked up to 30 weeks in advance, urgent appointments were also available for people that needed them. We were told that the current waiting times were three days for a pre-booked appointment with any GP or up to one week with the patients' own GP.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 98% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 100% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We noted that almost half of the patient comment cards we received (13 of 30) specifically mentioned that the receptionist were friendly, helpful and accommodating when finding appointments.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person, one of the partners, who handled all complaints in the practice with support from the practice manager.
- We saw that information was available on notice boards and leaflets in the waiting room to help patients understand the complaints system

We looked at four complaints received in the last 12 months and we saw evidence that they had been fully investigated, with transparency and openness. We found the practice used a system to record the progress of all complaints but the oversight of this could be improved, to ensure lessons were learnt and also that analysis of trends and action was taken to as a result to improve the quality of care.

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 had a mission statement and we saw they had developed a supporting business plan, which reflected the vision and values and were regularly monitored. For example the practice recognised that the premises restricted their growth and was outdated in need of redecoration.
- The practice had begun succession planning for the senior partner who was due to retire. We noted this was being well planned and had considered various implications, including the distribution of responsibility and giving priority for the continuing personalised care for their patients.

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.
- Practice specific policies were implemented and were available to all staff, although we found policies that needed to be updated.
- An understanding of the performance of the practice was maintained.
- We found a lack of evidence to show that clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but we found areas for improvement, for example the completion of patient care plans, arrangements for managing controlled drugs in GP's bags, the security and tracking of blank prescription paper, completion of recruitment checks, and the completion of electrical and gas safety checks. We also found a lack of central recording for significant events, training and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. This included a monthly full practice meeting and a twice weekly management meeting with clinical staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The practice was keen to develop staff competency and promoted career progression. For example a receptionist had trained to become a phlebotomist and was training to become a heath care assistant, funded by the practice. They also were supporting their nurses to undertake additional training, for example one nurse was awaiting contraception training.
- 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, although some non-clinical staff felt uncertain about the future plans including succession planning for the senior partner. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Requires improvement

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

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

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

- The practice did not have their own patient participation group (PPG) however they gathered feedback from patients through a local health forum, which the practice manager attended. They also used surveys and complaints received to identify improvements, and we saw evidence of the most recent patient survey undertaken in February 2016. However the practice told us they were planning to set up a PPG and had patients who had expressed a wish to contribute to this group.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. We were told that the GPs occasionally used staff questionnaires to gain feedback for their own development. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on learning and improvement at all levels within the practice.

The practice was embracing the use of new technology and had recently implemented electronic prescribing. They were also looking to upgrade their website to enable improve patient information and were discussing the potential to use social media to keep their patients informed.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found that the registered provider had not always ensured that effective systems were in place to assess the risks to the health and safety of service users of receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks. This included that the provider had not: • Ensured that significant events were always thoroughly recorded to ensure a comprehensive audit trail was maintained. • Ensured that there were clear and defined arrangements in place to securely store, monitor and dispose of controlled drugs. • Ensured arrangements for the management of infection control and for the assessment, monitoring and minimising of associated risks. • Ensured that blank prescriptions were monitored and tracked throughout the practice at all times. • Ensure risk assessments were completed including for electrical and gas safety. This was in breach of Regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury	We found that the provider had not: • Ensured that all documents and processes used to govern activity were regularly reviewed and up to date, including safeguarding arrangements. • Implemented an on-going clinical and internal audit programme to monitor quality and to make improvements to patient care. • Ensured care plans and annual reviews are routinely completed and reviewed for all patients with a long term condition. This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The provider had failed to ensure that persons employed for carrying out the regulated activities were of good character, and had not ensured that information specific to schedule three was in place. This was in breach of Regulation 19 (1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.