

Fronks Road Surgery

Quality Report

Fronks Road Surgery
77 Fronks Road,
Harwich,
CO12 3RS
Tel: 01255 556868
Website:

Date of inspection visit: 31 October 2017
Date of publication: 18/12/2017

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Fronks Road Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection at Fronks Road Surgery on 03 November 2015. The practice was rated as inadequate overall. Specifically they were rated as good for caring services, and inadequate for safe, effective, responsive, and well-led services. As a result, we took enforcement action against the provider and issued them with warning notices to comply by 11 March 2016. These warning notices required the provider to make improvements. As the practice was rated inadequate, overall they were placed in special measures for a period of six months.

The practice told us at the beginning of March 2016 they had completed all the work in their action plan, and addressed all the failings set out in the warning notices. We agreed to bring forward the comprehensive follow-up inspection of the practice. This inspection took place on 10 May 2016, and the practice was rated as requires improvement overall. Specifically they were rated good for safe services, and requires improvement for effective, caring, responsive, and well-led services.

We carried out this announced follow-up comprehensive inspection at Fronks Road Surgery on 31 October 2017. Overall, the practice is rated as good.

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

- The practice had made improvements across all areas identified at our last inspection.
- Staff members knew how to raise concerns, and report safety incidents.
- Safety information was appropriately recorded and learning was identified and shared with all staff during practice meetings.
- The infection control policy met national guidance.
- Risks to patients and staff were assessed, documented and acted on appropriately.
- The practice had arrangements and processes to keep adults and children safe and safeguarded from abuse.
- Staff assessed patient care in line with current evidence based guidance.
- The practice had an effective system to act on and review patient safety and Medicines and Healthcare products Regulatory Agency (MHRA) alerts.

Summary of findings

- Staff showed they had the skills, knowledge, and experience to deliver responsive, effective care and treatment.
- There were seven clinical audits undertaken and we saw two completed audit cycles enabling improvements to be measured.
- The system to monitor patients repeat prescriptions was effective.
- Patients said they were treated with compassion, dignity, respect, and involved in their care and treatment decisions.
- Information about the practice services and how to complain was available in leaflet form in the waiting room, in an easy to understand format.
- The practice was aware of and complied with the requirements of the duty of candour when dealing with complaints and significant events in an open and honest manner.

- The facilities and equipment was appropriate to treat and meet patient's needs.
- Staff felt supported by the practice manager and clinicians this included their access and support for training. However, succession planning, or to federate and work collaboratively with other practices was not seen.

The areas where the provider should make improvement are:

- Continue to monitor patient satisfaction to identify areas for improvement.

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 good for providing safe services.

- Staff members knew how to raise concerns, and report safety incidents. These had been reviewed analysed, and monitored to avoid re-occurrences.
- We saw when things went wrong patients received, reasonable support, truthful information, and a written apology when appropriate.
- Safety information was recorded appropriately, and when lessons learned, were shared with all staff members.
- Medicines were stored securely and appropriately in the practice dispensary for safe dispensing and patient use.
- The practice system to act on patient safety and medicine alerts was effective.
- The infection control policy met current national and local guidance, with audits to monitor effectiveness.
- Risks to patients and staff members were assessed, documented, and acted on appropriately.
- The practice had arrangements and processes to keep adults and children safe and safeguarded from abuse.
- The business continuity plan to manage major incidents was effective and accessible to all staff members.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were lower than other local and national practices. However, data showed improvement from the previous year in all clinical areas.
- Staff assessed patients' treatment and care needs and delivered care in line with current evidence based guidance.
- Seven clinical audits at the practice had been carried out to improve service quality. Two audits were completed audit cycles showing improvement had been achieved.
- Staff had the skills, knowledge and experience to deliver responsive, effective, care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to meet the range and complexity of patients' needs in multi-disciplinary meetings.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparably with local and national practices.
- Patients said they were treated with compassion, dignity and respect.
- Patients also said they were involved in decisions about their care and treatment.
- Information for patients about practice services was easy to understand. This information was available at reception.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality at all times.
- The practice recognised patients who were carers on their computer records. This was to ensure consideration could be given to the needs of patients that were carers. The number of carer's identified was 305, this equated to 6% of the practice population.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local, practice population. They communicated with the local NHS England Area Team and the local Clinical Commissioning Group (CCG) to secure improvements to services where they were identified.
- Patients told us they could get an urgent appointment to see a GP when they needed one.
- The practice had satisfactory facilities and equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence seen showed the practice appropriately, and in a timely manner to issues raised.
- Learning from complaints and incidents were shared with all staff.
- Patient satisfaction results published in the July 2017 national GP patient survey reflected that patient satisfaction was comparable with other local and national practices.

Good



Are services well-led?

The practice is rated good for being well-led.

- The practice had a clear philosophy to deliver quality care and provide good outcomes for patients.
- The staff told us they felt well supported by the practice manager and could talk to the GPs for support.

Good



Summary of findings

- There was an overarching governance framework, with updated policies and procedures to support practice strategy and quality of care. This included arrangements to monitor and improve quality and identify any risk.
- The practice was aware of and complied with the requirements of the duty of candour. This was seen in their management of complaints and safety incidents.
- The practice manager and GPs encouraged a culture of openness and honesty.
- The practice acted on feedback from staff members, and patients.
- They focussed on continuous learning and we saw improvement in the practice at all levels.
- We found the practice had acted on previous concerns found during inspections to improve their service.
- Staff felt supported by the practice manager and clinicians this included their access and support for training. However, succession planning, or to federate and work collaboratively with other practices was not seen.

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 this population group.

The practice offered personalised care to meet the needs of older people within its population, services included:

- Senior health and wellbeing checks.
- Flu vaccination.
- All older people had a named GP.
- Good communication with community nursing teams, including regular meetings, ensured frail and housebound patients were regularly checked.
- Routine monitoring during home visits provided if a patient had not been seen at the practice or those at the end of life.
- The practice offered home visits and urgent appointments to those that needed them.
- Palliative care meetings took place bi-monthly. Patients at risk of deteriorating health were discussed and care plans updated within the multidisciplinary team setting.
- Staff were sensitive that older people may have additional needs when accessing the practice.
- Longer appointments offered at patient's convenience or relatives to transport, or bus times.
- There was a good uptake for shingles and flu vaccinations due to pro-active practice campaigning.
- Appointments were offered in ground floor rooms where the patient had restricted mobility and an alert was added to the patient record in this regard.
- Patients added to 'my care choices register' if appropriate to ensure those at the end of life had their wishes respected.

Good



People with long term conditions

The practice is rated as good for this population group.

The practice had twice the national average of people with long-term conditions (LTC). Services provided by the practice for this population group were:

- Nursing team staff and GPs held lead roles, and had received extra training in chronic disease management.
- Those people with LTC had a named GP and a structured annual review to check that their needs were met.
- Diabetes specialist nurse clinic checks and patients care was monitored.

Good



Summary of findings

- Chronic obstructive pulmonary disease (COPD) specialist nurse clinic monitoring.
- Asthma specialist nurse clinic checks and patients care was monitored.
- Chronic kidney disease, hypertension, hypercholesterolemia and chronic heart disease were monitored by the GPs during clinic checks.
- Double appointments or home visits available when needed.
- Clinicians liaise with the community specialist LTC teams to provide optimal care.
- Flu vaccinations and annual health care checks were provided.

Families, children and young people

The practice is rated as good for this population group.

Services provided by the practice for this population group were:

- Family planning, including the insertion and removal of implants.
- Child and baby immunisation clinics.
- Baby health surveillance checks.
- Travel immunisation.
- Cervical screening.
- Midwife Clinic at the practice.
- Appointments offered outside of school times for convenience.
- Premises has adaptations for children and babies.
- Automatic on the day appointments were available for all babies and children.
- Email access to request repeat prescriptions.
- Staff knew how to raise concerns to the safeguarding lead.
- The practice system to follow-up living in disadvantaged circumstances or those at risk ensured regular review by the GP safeguarding lead.
- Reception staff support young families by telephoning the day before immunisation appointments to reduce them being missed, or escalate concerns if needed.

Good



Working age people (including those recently retired and students)

The practice is rated as good for this population group.

Services provided by the practice for this population group were:

- Email access to request repeat prescriptions.
- A full range of health promotion and screening that reflects the needs of this age group.
- Availability of health and wellbeing checks.

Good



Summary of findings

- Smoking cessation, weight management and medical checks for insurance and work purposes were available for workers.
- GP appointments were offered as late as possible to facilitate patient access. Similarly early morning appointments were offered at 8am if needed for this population group.

People whose circumstances may make them vulnerable

The practice is rated as good for this population group.

Services provided by the practice for this population group were:

- Recognition of patients living in vulnerable circumstances included the homeless, travellers, and those with a learning disability.
- Access to double appointments for patients with a learning disability.
- Case management of vulnerable patients with other health care professionals for treatment planning.
- Information for vulnerable patients about access to support and voluntary organisations.
- Staff were trained to recognise signs of abuse and manage safeguarding concerns.
- Safeguarding procedures at the practice and the policy met current legislation.
- The GP safeguarding lead at the practice attended forums when possible.
- Vulnerable people, where suitable, had alerts attached to their records to allow staff members to act appropriately when dealing with them.
- Extra care was taken by staff to co-ordinate care for vulnerable patients to support them access services.
- Co-ordination with community matrons and/or family members regarding consent with a letter of authority gained, ensured staff knew who the patient agreed they could talk to regarding co-ordinating their care.
- Communication with other agencies where appropriate, to ensure patients had their wishes added to 'my care choices register' if appropriate.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for this population group.

Services provided by the practice for this population group were:

- 'On the day' appointments were provided for people experiencing acute mental health issues.

Good



Summary of findings

- Double appointments were offered to support patients with complex needs, or a telephone appointment to provide reassurance and follow-up in a familiar home setting.
- Work with multi-disciplinary teams supported patients experiencing poor mental health, and included those with dementia.
- Staff were trained to safeguard adults and children from abuse.
- Staff were familiar with the details of the Mental Capacity Act.
- The staff had received guidance to direct patients that needed mental health support appropriately.
- Information in the waiting room told patients experiencing poor mental health how to access support groups and voluntary organisations.
- There was a system to check and follow up on patients that had attended accident and emergency who experienced poor mental.
- Due to the long wait for assessments in secondary care, the practice offered appointments to enable patients mental health can be monitored at the practice.
- When necessary arrangements were made with secondary care for assessments to be carried out at the surgery to support the patient.
- The practice also helped to arrange appointments, transport, and attendance at secondary care appointments for this patient population group.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed Fronks Road Surgery had mixed results compared with other local and national GP practice averages. 218 survey forms were distributed and 101 were returned, this represented a 46% return rate. The practice also carried out their own survey.

- 85% of respondents found it easy to get through to this practice by phone compared with 67% locally and 71% nationally.
- 64% of respondents describe their experience of making an appointment as good compared with 71% locally and 73% nationally. In the practice, own survey 86% of respondents describe their experience of making an appointment as good
- 73% of respondents described the overall experience of this GP practice as good compared with 82% locally and 85% nationally. In the practice's own survey, 91% of respondents described the overall experience of this GP practice as good.
- 47% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared with 72% locally and 77% nationally. In the practice's own survey 70% of respondents said they would recommend this GP practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor patient satisfaction to identify areas for improvement.

Fronks Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Fronks Road Surgery

Fronks Road Surgery provides primary care services for approximately 5,080 patients in the Dovercourt, and Harwich areas, and Essex. The practice holds a Personal Medical Services (PMS) contract. They employ two full-time salaried male GPs who are supported by a part-time principal male GP that focusses on management and provides clinical cover when needed at the practice. The GPs are supported by two nurses, a healthcare assistant, practice manager, a secretary, two pharmacy dispensers, and four further administrative and reception members of staff. Support staff members at the practice work a range of hours including full and part-time.

The practice opening hours are 8am to 6.30pm Monday to Friday. Consultations are held between 9am to 12noon and 2pm to 6.30pm daily. The practice is open all day and does not close for a lunch-time period. The practice has opted out of providing GP out of hour's services. Patients calling the practice outside practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment are advised to contact the out of hour's service provided by Care UK.

Why we carried out this inspection

We carried out an announced comprehensive inspection of the Fronks Road Surgery 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.

We previously carried out a comprehensive inspection at Fronks Road Surgery on 03 November 2015. The practice was rated as inadequate overall and placed in special measures. We also took enforcement action against the provider in order to achieve improvements. We carried out a further inspection to check improvements had been made on 10 May 2016. The practice was rated as requires improvement overall and in recognition of the improvements achieved was taken out of special measures. However, we told the practice we would inspect again to ensure maintenance of improvements, and to review future improvements to the areas we rated requires improvement.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an inspection on 12 September 2017. During our visit we:

Detailed findings

- Spoke with a range of staff, the practice manager, the GP, nurse team members, administrative staff, and receptionists.
- Spoke with four patients on the day of inspection.
- Observed how staff members spoke with patients, to their carer's and/or family members.
- Reviewed processes, policies, and procedures developed to keep patients safe and assure clinical and information governance.
- Reviewed comment cards where patients and members of the public had shared their views and experiences of the practice.

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

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

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

The population groups are:

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

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework (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

- The practice demonstrated they had effective systems in place to report and record significant events.
 - Staff knew how to report incidents and informed the practice manager of any incidents. Lessons learned were identified and shared with all staff during meetings.
 - When things went wrong with care and treatment, patients were informed of the incident, and received reasonable support. We saw the practice gave truthful information, a written apology, and told patients about any actions to improve processes to prevent the same thing happening again.
 - The practice carried out a review of all safety incidents and events to monitor themes and trends. Safety incidents were discussed and shared with staff to understand risk and give a clear picture of safety in the practice.
 - The practice had an effective system to act on patient safety and medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The alerts were distributed to the relevant staff members to action and the audits and treatment or medicine changes were seen.
 - We reviewed safety records, incident reports, and patient safety alerts. The minutes of meetings reflected the actions that were taken and learning for staff from alerts and incidents.
 - We saw actions were taken to improve safety in the practice. After a patient's confidentiality was breached in the reception room, the staff were reminded to be conscious that conversations may be overheard and could breach confidentiality. When incidents and complaints were reviewed in the annual meeting it was noted there had not been any reoccurrence of this issue.
- ### Overview of safety systems and processes
- The practice had arrangements to safeguard children and vulnerable adults from abuse. These policies reflected national legislation.
 - Safeguarding arrangements included guidance for staff to ensure patient's welfare.
 - There was a clinical lead for children and adults, staff members knew whom to contact at the practice if there was a concern. The GP attended safeguarding meetings and provided reports for other agencies.
 - Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults that was relevant to their role.
 - A notice in the waiting rooms, consultation and treatment rooms advised patients that chaperones were available if required. All staff acting as a chaperone were trained and had received a 'Disclosure and Barring Service' (DBS) check for this role. (DBS)
 - The practice maintained satisfactory standards of cleanliness and hygiene. The premises were clean and tidy. There was a nurse lead for infection control. The practice lead liaised with the local infection prevention team, and had received additional training to keep up-to-date with infection control best practice.
 - The infection control policy had been recently reviewed and met current national guidance and infection control training was given during staff induction. We saw a record of staff hand washing competency checks and an annual infection control audit.
 - Cleaning audits had been carried out and reviewed to monitor practice-cleaning processes.
 - The arrangements for managing medicines including vaccines and those requiring cold storage at the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
 - The practice had a policy for handling repeat prescriptions, which included monitoring healthcare checks for patients, and those taking high-risk medicines.
 - The system to monitor patients repeat prescriptions was effective and we saw prescriber's monitored patient's tests and diagnostic checks before issuing prescriptions.
 - Blank prescription forms and pads were stored securely. When staff removed blank prescriptions pads, they recorded the room where they would be used.
 - The practice used Patient Group Directions (PGDs) to allow nursing staff to administer medicines in line with national legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
 - The healthcare assistant was trained to administer vaccines and medicines used a patient specific

Are services safe?

prescription or direction (PSDs). PSDs are written instructions, signed by a doctor, or non-medical prescriber, for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- The practice followed 'cold chain procedure' for medicines that needed to be stored in a fridge. (Cold chain is a term used to describe the cold temperature conditions in which certain products need to be kept during storage and distribution).

Monitoring risks to patients

- Risks to patients were assessed and well managed.
- There were procedures in place to monitor and manage risks to patients and staff.
- There was a health and safety policy available with a poster in the reception office, which identified local health and safety representatives.
- The practice had up to date fire risk assessments and fire drills were carried out regularly.
- All electrical equipment had been checked to ensure it was safe to use. Service contracts for clinical equipment were up to date.
- 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, infection control, and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs across the main and branch surgeries.

Arrangements to deal with emergencies and major incidents

- The practice had adequate plans in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in the consultation and treatment rooms, alert staff to any emergency.
- All staff had received annual basic life support training.
- The practice had a defibrillator available and oxygen with adult and children's masks.
- There was visible signage indicating where emergency equipment was held. A first aid kit and accident book was also available.
- Emergency medicines were signposted in the practice, stored securely, in an area easy for staff to access, correctly monitored, and checked.
- The practice had a business continuity plan to cover major incidents such as power failure or building damage. Staff told us where this was located when we asked.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our inspection on 10 May 2016

We found that patient records showed a lack of consistency between clinicians in recording treatment and management plans. Quality clinical outcomes data available to us were below local and national averages. In particular, the performance for some mental health indicators, were considerably lower than the national average.

What we found at this inspection

Effective needs assessment

The clinical staff members assessed patients' using current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- All clinical staff had access to current NICE guidelines on their computer desktops. This information guided staff to deliver care and treatment to meet patients' needs.
- NICE guideline updates were discussed at clinical meetings, and patients were monitored to ensure their compliance.

Management, monitoring and improving outcomes for people

Practice information collected for the Quality and Outcomes Framework (QOF), and for national screening programmes was used to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice patient outcomes and reward good practice). The most recent published results for 2016 to 2017 showed 85% achievement of the total points available. The practice exception reporting was 9%, which was comparable with local CCG, and national practices. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice achievements for QOF (or other national) clinical targets for 2016/17 showed no outliers:

- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 86%, compared with 75% locally and 78% nationally.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 89%, compared with 93% locally and 97% nationally.

We saw clinical audit was used to identify improvement.

- We were shown seven clinical audits undertaken and we saw two of these were completed two cycle audits. We saw a two cycle audit carried out after NICE guidance was received that recommended annual heart rate monitoring should take place for those taking a medicine for abnormal heart rhythms. We saw that patients had been monitored over the past four-year period to ensure all patients had received the NICE guidance monitoring recommended. The practice participated in local audits, medicines management audits, national benchmarking, accreditation, peer review and research. The practice also regularly carried out audits to improve patient's satisfaction.

Effective staffing

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

- All new practice staff received an induction with practice-based training in safeguarding, infection prevention and control, fire safety, health and safety, and information confidentiality. A new staff member told us their induction had been effective and appropriate.
- The practice manager demonstrated the system for monitoring role-specific and mandatory training for staff to keep patients safe. This was effective.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training that included an assessment of competence with an annual audit. Staff members that administered vaccines could demonstrate they were up to date with current immunisation programmes, using internet clinical resources and clinical meeting discussions.

Are services effective?

(for example, treatment is effective)

- Staff learning requirements were identified during induction, appraisals, meetings, and when reviewing practice development.
- Staff members had access to appropriate training including external courses, and e-learning to cover the range of their work. This included on-going support, clinical supervision, and facilitation and support for revalidating GPs and nurses. All the staff we spoke with had received an appraisal within the last 12 months.
- We saw evidence of training that included safeguarding, fire safety awareness, basic life support, and information governance.
- The healthcare assistant had been supported by the practice to start training to become a nurse.
- All staff members told us they were well supported with training and development for their future, to support practice development.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to staff through the practice computer patient records system and the intranet system.

- The practice shared relevant information with other services in an appropriate and timely way, for example when referring patients to other services, including the 'Out of Hours' provider.
- Staff worked with health and social care professionals to understand and meet the range and needs of patients' to plan treatment and on-going care. This included when patients moved between services, or referred, and discharged from hospital.
- Meetings took place with multidisciplinary health care professionals monthly, where care plans were reviewed and updated for patients. These meetings included community healthcare professionals, social care, and hospice representations.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with the practice policy, which met current legislation and guidance.

- Staff understood the practice consent and decision-making procedure, including the Mental Capacity Act 2005.
- Where a patient's capacity to consent was unclear, the clinician assessed their capacity, and recorded the outcome on the patient records.

Supporting patients to live healthier lives

- The practice identified patients that may need 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 relevant services with posters in the waiting room and during consultations, with printed out information in leaflet format.
- The uptake of cervical screening was 94%, compared with 95% locally, and 93% nationally. The practice worked with the patients that required this investigation to improve uptake. This was carried out opportunistically often when mothers brought in their babies or children. Clinical staff encouraged them to have this screening and explained the benefits of early detection.
- The practice provided reminders to patients that did not attend their cervical screening test. A note on patient's records reminded staff to encourage them to have the screening.
- There were arrangements to ensure results were received for all samples sent for the cervical screening programme, and a follow-up for women referred when an abnormal result was received.
- Patients were encouraged to attend national screening programmes for bowel and breast cancer screening via information in the waiting room.
- Childhood immunisation rates were significantly higher than local and national averages.
- Patients also had access to appropriate health assessments and checks. These included health checks for new patients, senior health check, and NHS health checks for patients aged 40–74 with appropriate follow-ups for the outcomes of health assessments and checks.

Are services caring?

Our findings

What we found at our inspection on 10 May 2016.

We found that the patient satisfaction results from the GP patient survey continued to be below other local and national practices for providing caring services. We found no action had been taken by the practice to improve patient satisfaction.

What we found at this inspection

Kindness, dignity, respect and compassion

During the inspection, we found all staff members courteous and helpful to patients, this included treating people with dignity and respect.

- Patients' said their privacy and dignity during examinations, investigations and treatments were respected and maintained by staff members. The use of curtains that surrounded the examination couches provided privacy.
- Consultation and treatment room doors were closed to ensure conversations could not be overheard.
- Staff at the reception desk told us they could recognise when patients appeared distressed or needed to speak about a sensitive issue. They told us a vacant room away from the waiting room could be used when needed.

Results from the national GP patient survey published in July 2017, showed the practice were in line with results for GPs and higher results for nurses and receptionists, in comparison with local and national satisfaction scores. For example:

- 80% of patients said the GP was good at listening to them, compared with 87% locally, and 89% nationally.
- 82% of patients said the GP gave them enough time, compared with 85% locally, and 86% nationally.
- 88% of patients said they had confidence and trust in the last GP they saw, compared with 95% locally, and 95% nationally.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern, compared with 84% locally, and 85% nationally.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern, compared with 89% locally and 91% nationally.

- 85% of patients said they found the receptionists at the practice helpful, compared with 86% locally and 87% nationally.

The practice own satisfaction survey rates gained from patients visiting the practice showed they were much higher in all aspects.

Care planning and involvement in decisions about care and treatment

During the inspection, all the patients we spoke with told us they felt involved in decision making about their care and treatment. Patients said clinicians listened, supported them, and during consultations gave them time to make decisions about the treatments available.

Results from the national GP patient survey published in July 2017, about patient involvement in planning and making decisions about their care and treatment were lower for GPs, and higher for nurses compared with local and national averages. For example:

- 74% of respondents said the last GP they saw was good at explaining tests and treatments (compared with 85% locally and 86% nationally). In the practice's own survey, 84% of respondents said the last GP they saw was good at explaining tests and treatments.
- 66% of respondents said the last GP they saw was good at involving them in decisions about their care (compared with 79% locally and 82% nationally). In the practice's own survey, of 90 patients, 75% of respondents said the last GP they saw was good at involving them in decisions about their care.
- 89% of respondents said the last nurse they saw was good at involving them in decisions about their care (compared with 86% locally and 85% nationally).

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

- Staff members told us they had access to translation services for patients who did not have English as their first language.
- Information leaflets were accessible and available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room, told patients how to access support groups and organisations if they were a carer. The treatment templates guided staff members to

Are services caring?

check if patients had caring responsibilities. Carer coded alerts notified staff members when patients were also a carer. These ensured carers were given extra consideration when arranging appointments to meet their caring responsibilities and own healthcare needs. The practice had identified 305, this equated to 6% of the practice population.

The practice bereavement process offered families suffering bereavement contact, a meeting, or a home visit, from their usual GP. Information, self-help guides, and support advice was available in leaflet format within the waiting room areas.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our inspection on 10 May 2016.

We found that extended hours were not provided for working patients. The practice had not responded to the low patient satisfaction rates received in the national GP patient survey of July 2016 that showed the practice performed considerably lower than local and national averages in relation to access to the practice.

What we found at this inspection

Responding to and meeting people's needs

The practice reviewed the needs of its local population and communicated with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where they were identified. CCGs are local clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

- Longer appointments were available for patients with a learning disability or those with multiple or complex needs.
- The practice had 26 patients living with a learning disability, and we saw all had been offered an annual health check.
- Home visits were available for older patients or those with a clinical need affecting their ability to attend the practice.
- Same day appointments were available for children and those patients with medical problems that required an urgent same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- Nursing staff members had received extra training to meet practice population needs. For example, chronic disease management, and infection control to ensure they could support both patients and GPs to the full.
- Access for those with reduced mobility was available.
- Translation services were available.
- The practice provided a dispensing service to almost 10% of their patients that live rurally more than two miles away from a local pharmacy.

The practice opening hours were 8am to 6.30pm Monday to Friday. Consultations were held between 9am to 12noon and 2pm to 6.30pm daily. The practice was open all day and did not close for a lunchtime period.

The practice had opted out of providing GP out of hour's services. Patients calling the practice outside practice working hours were advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment were advised to contact the out of hour's service provided by Care UK.

Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they accessed care and treatment were mixed in some areas compared with local CCG and national averages. The practice performed their own survey of patients attending the practice to appreciate their opinions and help them understand the improvements that were needed.

- 76% of respondents were satisfied with the practice's opening hours, compared with 74% locally and 76% nationally. In the practice's own survey, 84% of respondents were satisfied with the practice's opening hours.
- 85% of respondents said they could get through easily to the practice by phone (compared with 67% locally and 71% nationally).
- 73% of respondents described the overall experience of this GP practice as good compared with 82% locally and 85% nationally. In the practice's own survey, 86% of respondents described the overall experience of this GP practice as good.
- 47% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared with 72% locally and 77% nationally. In the practice's own survey 71% of respondents said they would recommend this GP practice to someone who has just moved to the local area. We were told communication by the PPG members with patients at the practice had affected patient's consideration of satisfaction.

People told us on the day of the inspection that they were able to get appointments when they needed them. CQC comment cards reflected that patients found access to the practice by phone sometime took some time.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had effective arrangements to handle complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
 - The practice manager was the designated staff member to lead and manage complaints. There was information available in the practice to support patients that wanted to make a complaint.
 - Complaints and concerns were a standing agenda item at the practice meetings and the patient participation group (PPG) were informed of any learning. Work and outcomes were shared with staff to understand learning and improvements.
- There had been six complaints received in the last 12 months. We saw they were well documented, managed, and complainants had received an apology when appropriate. The practice reviewed their complaints and produced a report to check for trends and to avoid re-occurrence.
 - The practice manager understood the duty of candour and the responsibilities to be open and honest. (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 was seen in the management of incidents and complaints at the practice.

Are services well-led?

Good 

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

Our findings

What we found at our inspection on 10 May 2016

We found that The practice had started to work in partnership with their patient participation group to gather and respond to patient feedback, however, an action plan had yet to be developed or put in place. Not all practice policies and procedures had been updated, or checked for compliance with requirements.

What we found at this inspection

Vision and strategy

The practice aims and objectives were:

- Treat patients with respect and courtesy at all times.
- Provide patients with advice and treatment in a timely manner.
- Help patients make decisions about their health, discuss treatment available, and refer on to experts where necessary
- Maintain confidentiality of patient's records, and keep up to date with developments in health care by continuous learning.

The practice vision and values were:

- The practice was committed to preserve and enhance its good reputation for being a caring and innovative practice.
- The practice was proud of the fact they were a friendly, professional practice, and strove to provide the best quality of service at all time.

Governance arrangements

The practice policies, procedures, and processes, supported and guided staff in the delivery of treatment and care. These outlined the use of the practice systems to ensure:

- Practice specific policies were available and accessible to staff.
- The practice staff monitored their performance to ensure maintenance, and improvement of patient outcomes.
- Risks were managed and actions had been taken when needed to ensure patients and staff member's safety. Risks were well documented, prioritised, and followed-up.

Leadership and culture

We found the practice had been extremely responsive to the concerns found during previous inspections, and had resolved all the issues to provide a safe and effective environment for their patients.

The GPs demonstrated their local experience, capacity and capability to run the practice and deliver quality care.

- Staff told us both the practice manager, and the GPs working at the practice were approachable and would always listen to them.
- The practice, manager, and GPs encouraged a culture of openness and honesty.
- We saw complaints and safety incidents complied with the requirements of the 'Duty of Candour' to be open and honest.
- Learning from complaints and incidents was shared with all staff and the learning with the patient participation group (PPG) to embed improvement at the practice.
- The leadership structure was clear to all staff that told us they felt supported by the practice manager, and the GPs.
- Staff members said they were involved in the regular practice team meetings and knew they were appreciated, for their work and involvement at the practice.
- We were also told by staff they felt confident to raise any topic and were supported when they did.
- Staff said they felt respected, and their local knowledge was valued. They also told us they understood their roles and responsibilities within the practice team.

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

The practice encouraged and valued feedback from patients, the public and staff members. The practice monitored feedback from patients through the national GP patient survey, the practices own patient survey, and 'Friends and Family' comment cards.

- The practice had gathered feedback from staff members during staff meetings, appraisals and during ad-hoc discussions.
- The practice held regular PPG meetings every two months and we saw within the minutes that members were kept informed about any recent issues, and had the opportunity to ask questions freely.

Are services well-led?

Good 

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

Continuous improvement

There was a focus on learning and improvement, this had been seen over the period of two years when they had addressed the concerns found during the last two inspections.

- An action plan had been developed to manage the changes needed. This had identified the work needed, the staff member responsible, and the timeframe for changes to be made.
- There had been many responsive changes to previous concerns and future plans for staff development however; succession planning had not been a focus.