

Abbey Practice

Quality Report

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Date of inspection visit: 03 November 2015

Date of publication: 21/01/2016

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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Abbey Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Abbey Practice on 3 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they could make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Ensure recruitment arrangements include all necessary employment checks for all staff, and that a Disclosure and Barring Service (DBS) Checks have been completed for those staff who undertake chaperone duties

Summary of findings

- Ensure Person Specific Directions (PSD) are in place for the health care assistant. A Patient Specific Direction (PSD) is the written instruction, signed by a doctor, for medicines to be administered to a named patient after the patient has been assessed on an individual basis.
- Ensure the annual appraisal process is robust so that all staff have annual appraisals.
- Ensure that lessons learnt from significant events are communicated to the appropriate staff to support improvement.

The areas where the provider should make improvement are:

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Staff rosters were well planned and there were enough staff to keep patients safe.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, in some instances when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Recruitment checks were not complete for all staff.
- There were no Person Specific Directions (PSD) in place for the health care assistant (HCA) in order to administer specific medicines which need to be authorised by a GP.
- The practice had defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were comparable with or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for clinical staff.
- Not all administrative and reception staff had received an appraisal during the last year but we saw a schedule for when these would be completed.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.

Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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.
- Patients said they could make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The partners ran named lists in order to enable continuity of care.
- Lunch time surgeries and Saturday bookable appointments were available due to increased demand for appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group which worked in partnership with the practice.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a good system in place for ensuring continuity of care for home visits and for patients in nursing homes.
- The practice had good relationships with a range of support groups for older patients. The reception manager was working with a charity to provide drop in sessions every two weeks.
- There were arrangements in place to provide flu and pneumococcal immunisations to this group of patients.
- Patients were able to speak with or see a GP when needed and the practice was accessible for patients with mobility issues.
- We saw evidence the practice was working to the Gold Standards Framework for those patients with end of life care needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A salaried GP and a practice nurse had completed the Warwick Course, which is advanced diabetic care training; two GP partners had also attended diabetic care courses.
- For those patients with more complex diabetic needs there was a monthly clinic with the local diabetic specialist nurse
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- Immunisation rates for the standard childhood immunisations were mixed. For example immunisation rates at 12 months were below CCG average (the practice pneumococcal immunisation average was 70.2% whilst the CCG average was 83%) but at 5 years they were similar to the CCG average.
- 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Emergency processes were in place and referrals were made for children whose health deteriorated suddenly.
- We saw good examples of joint working with midwives, health visitors and school nurses; this was demonstrated particularly well during a recent measles outbreak.

Working age people (including those recently retired and students)

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

Good



- 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 had extended opening with bookable appointments on Saturdays 8:30am till 12pm and also offered lunch time surgeries.
- Health promotion advice was offered and we noted health promotion material available throughout the practice.
- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- We saw evidence of a good knowledge among the clinical and administration staff of the particular difficulties this population group may be facing.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. 313 survey forms were distributed and 117 were returned.

- 70% found it easy to get through to this surgery by phone compared to a CCG average of 64% and a national average of 73%.
- 91% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 91% said the last appointment they got was convenient (CCG average 90%, national average 92%).

- 74% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 67% usually waited 15 minutes or less after their appointment time to be seen (CCG average 66%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patient comments included that the practice was helpful, kind, friendly and responsive, patients said they felt listened to with dignity and respect.

We spoke with 17 patients and one carer during the inspection. All said with the exception of one that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff, and that a Disclosure and Barring Service (DBS) Checks have been completed for those staff who undertake chaperone duties
- Ensure Person Specific Directions (PSD) are in place for the health care assistant. A Patient Specific

Direction (PSD) is the written instruction, signed by a doctor, for medicines to be administered to a named patient after the patient has been assessed on an individual basis.

Action the service **SHOULD** take to improve

- Ensure the annual appraisal process is robust so that all staff have annual appraisals.
- Ensure that lessons learnt from significant events are communicated to the appropriate staff to support improvement.

Abbey Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, a practice nurse specialist advisor and an Expert by Experience. Experts by experience are members of the team who have received care and experienced treatment from similar services.

Background to Abbey Practice

The Abbey Practice is situated in the Stepgates area of Chertsey. The practice is located in the Chertsey Family Health Centre which is a purpose built property. The building is owned by NHS Estates and there are three providers sharing the property. This practice is not the major tenant. At the time of our inspection there were approximately 11,380 patients on the practice list.

The practice has four GP partners and five salaried GPs (three male and six female), four nurses, a healthcare assistant, a practice manager, reception and administration staff. The practice is a training practice, and at the time of our inspection had two GP registrars. (Teaching practices take medical students and training practices have GP trainees and F2 doctors).

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are offered 6.30pm to 7pm Tuesday, Wednesday and Thursday evenings and 8.30am to 12pm every Saturday. Patients requiring a GP outside of normal hours are advised to call the surgery where they are redirected to an external out of hours service. The practice has a Personal Medical Services (PMS) contract and offers enhanced services for example; various immunisation and learning disabilities health check schemes.

The service is provided at the following location:-

The Abbey Practice

Chertsey Family Health Centre

Stepgates

Chertsey

Surrey

KT16 8HZ

The practice population has a higher number than average of younger patients birth to four years and patients 85 years or older. It also has a slightly higher than average percentage of patients with long standing health conditions and slightly higher than average number of patients with caring responsibilities.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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

Before visiting, we reviewed a range of information that we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 3 November 2015. During our visit we spoke with a range of staff including GP's, nurses, administration and reception staff and the practice manager. We also spoke with patients who used the service and four members of the patient participation group (PPG). We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. However, two of the nurses we spoke with were able to give us examples of incidents that should have been recorded as significant events. We saw that these had been investigated but had not been communicated with other staff members to facilitate learning or support continued improvements.

In the majority of cases when there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- Notices in the consulting and treatment rooms advised patients that a chaperone would be available, if required. All staff who acted as chaperones were trained

for the role but not all had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The health care assistant 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security) except that the practice had not produced Patient Specific Directions which would authorise the healthcare assistant to administer vaccines to specific patients. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed six personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, in some files references and the appropriate checks through the Disclosure and Barring Service were missing.

Monitoring risks to patients

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 reception office. 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. The practice

Are services safe?

also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff told us that annual leave was strictly controlled. Locums were very rarely used with the partners covering when clinical cover was 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. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.4% of the total number of points available, with 6.5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 84% which was similar to the CCG 86.6% and national average 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was better than the CCG 96% and national average 97.8%.
- Performance for mental health related indicators 100% which was better than the CCG 92.7% and national average 92.8%.
- The dementia diagnosis rate was 100% which was above the CCG 94.7% and national average 94.5%.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included a change to the way that a medicine used for treating rheumatoid arthritis monitoring was carried out.

Information about patients outcomes was used to make improvements. For example, an audit had been completed following advice that pregnant women with a Body Mass Index (BMI) score greater than 30 should be prescribed folic acid. We noted that the practice had improved by 43% from the initial audit and was planning to re-audit within the next nine to 12 months.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All clinical staff had had an appraisal within the last 12 months. Non clinical staff had received appraisals in previous years but not all had an appraisal within the last 12 months. Appraisal dates for the non-clinical staff that had not had an appraisal this year were scheduled.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a two weekly basis and that care plans were routinely reviewed and updated.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 95%, which was comparable to the CCG average of 96.1% and the national average of 97.6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were mixed when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 1.3% to 70.2% (CCG average 2% to 83%) and five year olds from 79.4% to 89% (CCG average 76.3% to 90.8%). Flu vaccination rates for the over 65s were 65.7%, and at risk groups 49%. These were comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 20 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 86%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 91% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%)

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.8% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a Saturday morning clinic for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Interviews with GPs showed that the culture in the practice was that patients were cared for and treatment based on need and the practice took account of patient's age, gender, race, culture and circumstances as appropriate.
- The staff told us that they had training to raise awareness of issues that certain population groups may be facing, for example travelling communities, transsexual and transgender patients.
- Other reasonable adjustments were made and action was taken to remove barriers when people find it hard to use or access services such as rapid access appointments for patients who were unlikely to return at a later date.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 11:30am every morning and 3:40pm to 6:30pm daily. Extended hours surgeries were offered for pre-bookable appointments every Saturday 8.30am to 12pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available on the day for people who needed them.

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 70% patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%).
- 74% patients described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 67% patients said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average 65%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example, there were posters displayed in waiting areas.

We looked at 14 complaints received in the last 12 months and found these were satisfactorily handled, they were dealt with in a timely way and the complainants received an apology. There was openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, after a complaint received it was discussed that clinical staff should always seek assistance from colleagues during consultations if required.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We found details of the aims and objectives values in their statement of purpose. The practice aims and objectives included to provide involve them in decision making about their treatment and care and to ensure that team members have the right skills and training to carry out their duties competently.

We spoke with 16 members of staff and they all knew and understood the practice values and knew what their responsibilities were in relation to these. Staff spoke very positively about the practice.

Governance arrangements

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

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

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents we saw that people affected were supported, given truthful information and an apology.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us there was a daily meeting that they were all encouraged to attend, where issues or concerns could be discussed openly and support offered.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG has run "meet and greet" sessions with patients which

Are services well-led?

Good 

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

helped to increase the number of patients who signed up to the practice online services, 58% patients they spoke to signed up and they have set up a walking group for patients from the practice.

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice is a well respected GP Training practice which fully embraces education training across the medical staff. One of the partners was part of the Clinical Commissioning Groups referral assessment scheme. The scheme reviews all non-urgent referrals to ensure they are completed correctly so as not to delay the referral. Due to being part of this scheme the GP was able to provide advice to the practice in the referral process therefore reducing the number of reviews rejected. The practice nurse visited learning disability homes on a Sunday to ensure that patients were given their flu jabs.

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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>We found the practice did not have established recruitment procedures that operated effectively to ensure that information was available in relation to each person employed for the carrying on of the regulated activities, because Disclosure and Barring Service (DBS) checks and references had not been obtained, as specified in Schedule 3.</p> <p>This was in breach of regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found the practice could not demonstrate that appropriately signed Patient Specific Directions (PSD) were in place for the health care assistant.</p> <p>This was in breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>