

Longton Hall Surgery

Quality Report

186 Longton Hall Surgery

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Longton Hall Surgery on 4 July 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Risks to patients were assessed but not always effectively managed.
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about how to complain was available and readily accessible. The practice responded quickly to issues raised.

- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a clear staffing structure. Staff were aware of their own roles and responsibilities. The team worked efficiently and felt supported in their work.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had an active patient participation group, had implemented suggestions for improvements, and had made changes to the way it delivered services as a consequence of feedback.
- Access had improved following a review of the appointment system.
- Staff had developed positive working relationships and held regular meetings with healthcare professionals involved in the care of the patients.

The areas where the provider must make improvement are:

- Improve the system to act on alerts about medicines that may affect patients' safety.

Summary of findings

- Ensure recruitment checks for staff meet legislative requirements.
- Implement a programme of continuous clinical and internal audit to monitor quality and to make improvements.

The provider should:

- Improve the system for ensuring that monitoring of patients who take long term medicines on a shared care basis, has taken place before the medicines are prescribed.

- Improve the identification of patients who may be carers.
- Ensure that all persons employed by the service have timely access to training including safeguarding adults and infection control.
- Ensure the registers held of vulnerable children and adults are current and vulnerable patients clearly identified to staff on the practice computer system.

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



- There was an effective system in place for reporting and recording significant events.
- The practice had processes and practices in place to keep patients safe and safeguarded from the risk of abuse. Although staff were familiar with the procedures in place, not all staff had received training in safeguarding vulnerable adults.
- The practice had well maintained facilities and equipment.
- The practice had a clinical lead for infection control. Most staff had received training and audits were carried out six monthly. Action plans were produced to monitor progress. However, data safety sheets for the control of substances hazardous to health (COSHH) for all cleaning products used were not available at the time of the inspection.
- Most risks to patients were assessed and managed with the exception of processing safety alerts about some medicines; ensuring registers of vulnerable patients were current and clearly identified on the computer system; and ensuring all recruitment checks were carried out on staff that worked at the practice. The practice system for prescribing medicines on a shared care basis required improvement to limit the possibility of patients receiving medicines when they had not had the recommended monitoring.
- Fire procedures were displayed and drills were carried out twice a year.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages. The practice achieved 94% of the total number of points available in 2014/15.
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance.
- Staff had dedicated time for training and had the skills, knowledge and experience to deliver effective care and

Summary of findings

treatment and their career aspirations were well supported. Training records reviewed showed a small number of staff required training in adult safeguarding and infection prevention and control.

- There was evidence of staff appraisals and staff felt well supported in their work.
- Staff had regular meetings with a range of other health care professionals to discuss, understand and meet the complexity of patients' needs.
- The practice provided opportunities for medical students to train and had received positive feedback from medical students following their placement.
- The practice had empowered patients to be experts in their own care by providing in-house educational events each year aimed at patients with specific conditions such as epilepsy and diabetes.
- The practice had a development plan in place which was regularly updated and included plans for the retirement of a GP, addressing the lack of clinical audit, and the costings for a major development works should plans for a new building not progress.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey, published in January 2016, showed the practice score was mostly comparable to Clinical Commissioning Group(CCG) and national averages for its satisfaction on consultations with GPs and nurses.
- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a carers' register to raise staff awareness of patients that were also carers. They had identified 30 patients (0.5% of the practice population) and acknowledged they needed to increase the size of the register by pro-actively identifying carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice had an open access policy for children aged 16 and under. Patients over the age of 75 had a named GP for continuity of care. Patients said they could get an urgent appointment the same day.
- There was an effective system in place to triage home visits and same day appointments so that patients saw the appropriate clinician at the right time.
- Patients had access to a multi-disciplinary team during extended hours, for example a GP and nurse.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and accessible. The practice responded quickly to issues raised.
- The practice implemented suggestions for improvements and had made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, improving access to appointments.

Are services well-led?

The practice is rated as good for being well led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Most staff were aware of the vision for the practice and their responsibilities in relation to it.
- The team were fully staffed. There was a clear leadership structure and defined roles. Staff felt supported by the management team.
- The practice had a number of policies and procedures to govern activity and staff knew how to access them.
- 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 worked in partnership with patients and staff and proactively sought feedback, which it acted on. The PPG was active and contributed to improving outcomes for patients.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered flexible appointments. The practice had recently changed its appointment system to improve GP continuity and improved access for older patients being accompanied to appointments by their family members.
- The practice had a call and recall system to ensure older people attended their appointments when necessary.
- Patients aged 75 and older had a named GP. Home visits by a GP were also available on a daily basis and by a nurse on a Thursday morning for patients with enhanced needs.
- The practice had been proactive in producing care plans for vulnerable older people.
- The practice leaflet was available in large print.

People with long term conditions

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

Good



- The practice offered specialist clinics to address the needs of patients with long-term conditions such as diabetes.
- Performance for the five diabetes related indicators was comparable to the local and national averages. For example, the percentage of patients with diabetes, on the register, in whom a blood pressure reading was recorded was 79% compared with the local average of 80% and the national average of 78%.
- Longer appointments and home visits were available when needed. The practice had improved access with nurse appointments available on Tuesday evenings and Saturday mornings for patients to attend annual reviews outside of working hours.
- The practice held in-house education events to include diabetes and epilepsy.
- Patients had a structured annual review to check their health and medicines needs were being met and were supported by a multi-disciplinary team.
- Nurses were available to carry out reviews in patients' own homes if they were unable to attend the practice.

Summary of findings

Families, children and young people

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

Good



- The practice provided a range of sexual health and family planning services.
- Patients aged 16 and under had access to same day appointments. Appointments were available outside of school hours and the premises were suitable for children and babies.
- 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 protection plans in place. Children who did not attend appointments were followed up or reported to the health visitor who visited the practice on a weekly basis. Formal safeguarding meetings were held quarterly.
- Immunisation rates were comparable to local averages for all standard childhood immunisations. Flu immunisations were available for pregnant women and small children.
- The practice's uptake for the cervical screening programme was 81%, which was in line with the CCG average of 80% and the national average of 82%.
- A midwife visited the practice weekly to discuss any problems and collected documentation concerning new referrals.

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. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended hours on a Tuesday evening until 9pm with a GP or nurse, and on Saturday mornings from 9am to 11.40am to allow flexibility for patients.
- A range of online services were available, including booking and cancelling appointments, prescriptions and access to health medical records. Telephone consultations were also available.
- The practice utilised the electronic prescribing system (EPS) which meant prescriptions could be sent directly to the patient's chosen pharmacy at the time of the consultation.
- The practice had a social media page for patients to access.

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 displayed information in the waiting area about how to access local support groups and voluntary organisations.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. They held a register of vulnerable patients but the registers required review to ensure information was accurate.
- 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.
- The practice held a carers register and written information was available to direct carers to avenues of support available to them. The practice acknowledged the need to increase the number of carers on their register.
- Staff received training sessions from the community learning disability nurse. They had also held an informal training session on experiencing visual impairment and physical disability within the practice. As a result, they had identified problems and ideas to improve patient experience.
- The majority of patients' first language was English, however a translation service was available if needed and there was an open registration policy in place.

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 held a register of patients experiencing poor mental health and patients with dementia.
- Staff had recently received training in dementia to understand and support patients with dementia and their carers. The practice was in the process of becoming a dementia friendly accredited practice to enhance services for their patients.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had improved access by having a timed appointment system rather than a walk in service to avoid patients having to wait in a busy waiting room.

Summary of findings

- Patients experiencing poor mental health were told how to access various support groups and voluntary organisations. Double appointments were available to allow sufficient time to deal with any complex issues.

Summary of findings

What people who use the service say

We reviewed the national GP patient survey results, which were published in January 2016. The survey invited 304 patients to submit their views on the practice, 102 forms were returned. This was a response rate of 34%, which was lower than the national response rate of 38%.

- 87% of patients found it easy to get through to this practice by phone. This was higher than the local average of 77% and the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 77% and the national average of 76%.
- 73% of patients described the overall experience of this GP practice as good compared to the local average of 87% and the national average of 85%.

- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 80% and national average of 79%.

We spoke with 10 patients on the day of the inspection and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 26 completed cards. Feedback highlighted a high level of patient satisfaction. Patients commented that they found staff caring, considerate, helpful, professional and responsive to their needs. Three people told us they had difficulty getting routine appointments in a timely manner.

Longton Hall Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Longton Hall Surgery

Longton Hall Surgery is located in Blurton, Stoke on Trent and is registered with the CQC as a partnership provider. The provider holds a General Medical Services contract with NHS England and is a member of the Stoke On Trent Clinical Commissioning Group (CCG). The premises is single story building with a car park located to the rear. The surgery offers two reserved disabled parking spaces, an access ramp and disabled toilet.

The practice building is leased from a private landlord and managed by three male GP partners. The partners are assisted by two salaried female GPs, one advanced nurse practitioner, one nurse practitioner, one practice nurse and one health care assistant. The clinical team is supported by a practice manager, a secretary and a team of administrators and receptionists. The practice is an accredited GP teaching practice and supports medical students. The practice provides 3.3 whole time equivalent (WTE) GPs and 2.64 WTE nursing and health care staff.

The practice is open from 8.30am to 6.00pm Monday to Friday and from 9.00 am to 12 noon on a Saturday. The practice offers extended hours on a Tuesday evening from

6.30pm to 9pm. The practice is closed from 12.30pm to 2pm on a Thursday for staff training. If patients require an urgent appointment, they are asked to contact the surgery between 8:30am and 11:00am.

- Consultation times with GPs are available in the mornings from 8.30am to 11.30am. Appointments in the afternoon are offered from 3pm to 5.30pm. A salaried GP works from 2pm to 4.30pm on a Monday.
- Consultation times with nurses are available in the mornings from 8.30am to 12.30pm and in the afternoons from 2.30pm to 5.30pm. Appointments on a Saturday are available from 9am to 11.40am. Telephone consultations are available.

When the practice is closed patients are advised to call the Staffordshire Doctors Urgent Care (SDUC) Team on 111 service or 999 for life threatening emergencies. The nearest hospital is the University Hospital of North Midlands . Patients can access Haywood Hospital Minor Injury Unit or two Walk-in Centres that are open from 8am to 8pm seven days a week.

The practice serves a population of around 6300 patients living in the Stoke On Trent CCG area. The practice age distribution is comparable to CCG and England averages, with the exception of female and males aged 30-39 years, which is slightly lower than CCG and England averages. The practice has the same percentage of unemployed patients compared to the national average of 5%, and a lower percentage compared to the CCG average of 8%. The percentage of patients with a long-standing health condition is 73%, which is significantly higher than the local average of 57% and the national average of 54%. This could mean an increased demand for GP services.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before the inspection, we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey published in January 2016. We carried out an announced visit on 4 July 2016.

During our visit, we spoke with a range of staff including three GPs, the practice manager, deputy practice manager, a nurse practitioner, a secretary, senior administrator and receptionists. We also spoke with a visiting health visitor and ten patients to include members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. We also reviewed Care Quality Commission (CQC) comment cards where

patients and members of the public shared their views and experiences of the service. We observed interactions between patients and staff and reviewed records relating to the management 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 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 incident and complete a recording form with the practice manager. Incidents were shared with partners and discussed at clinical meetings practice held monthly. The practice had recorded 14 serious untoward incidents in the previous year. All had been discussed and recorded at clinical meetings held and where appropriate at wider practice staff meetings. The practice used a system for reporting significant events to other agencies external to the practice shared with external agencies such as the local clinical commissioning group (CCG) to enable the wider sharing of learning.
- Most staff we spoke with were able to recall examples and outcomes of recent serious untoward incidents. The practice had carried out an annual analysis of incidents to identify any common trends, maximise learning and help mitigate errors. We saw no common themes had been identified in the most recent annual review completed.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, an apology and were told about any actions to improve processes to prevent the same thing happening again.

We saw the practice had a system to act upon medicines and equipment alerts issued by external agencies to include alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). However, we found the process for acting on medicines alerts that may affect patient safety was not robust. The practice manager received alerts via email and discussed these with the lead GP and passed to the relevant person to action. Not all clinicians we spoke with were able to share examples of recent medicines alerts they had acted on and were unable to evidence any action taken. We saw they had actioned alerts received in relation to equipment devices.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. The practice

had GP designated leads for safeguarding children and vulnerable adults. The leads held quarterly multi-disciplinary meetings with professionals to include the health visitor and school nurses for children and the community matron and district nurse for vulnerable adults. Staff knew what constituted abuse and who to contact if they had concerns about a patient's welfare. We saw the practice held registers of children at risk and vulnerable adults on their computer system; however, we saw and discussions with clinicians and a health professional confirmed that the registers were not current to ensure information held was accurate and the system did not alert staff to all vulnerable patients on the patient list. The practice received information shared by other agencies including children who frequently attended hospital. We saw information about safeguarding matters were displayed in consultation rooms and treatment rooms so information was easily accessible to staff. Staff had access to safeguarding policies on the computer system and these clearly outlined who to contact for further guidance. Staff knew who the lead GPs were for safeguarding adults and children. Although training records showed most staff had received the appropriate level of training in safeguarding for their role, a small number of staff needed to complete or update their training in safeguarding vulnerable adults.

- Chaperones were available when needed. A chaperone policy was in place designed to protect patients and staff from abuse or allegations of abuse and to assist patients to make an informed choice about their examinations and consultations. Notices were displayed offering this service and staff that provided the service had received chaperone training and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. The practice had an infection control clinical lead. Discussions with the lead and staff demonstrated they had a clear knowledge of their role and responsibility in ensuring appropriate standards of cleanliness and hygiene were maintained across the practice. There was an infection control protocol in place and most staff had received training. Infection control audits were

Are services safe?

undertaken every six months and an action plan developed to address any improvements identified as a result. Cleaning schedules were maintained but data safety sheets for the control of substances hazardous to health (COSHH) were not available at the time of the inspection for all the cleaning products used, and the cleaner had not received training in infection control. Following the inspection we were advised COSHH data sheets had since been obtained.

- We saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and hospital. The hospital organised the assessment and monitoring of the condition and the practice prescribed the medicines required. The system for ensuring patients had received the necessary monitoring before prescribing of the medicine could be improved. We saw no evidence of any incidence of unsafe care or treatment for patients who took these medicines. However, there was a possibility that patients might still be given the medicine even if they had not received the required monitoring. For example if a patient missed a blood test at the hospital.
- Most arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions. We found blank prescription pads were stored securely. Where required, Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer flu vaccines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found omissions in recruitment checks obtained prior to employment. For example, proof of identification, references, and qualifications. We identified no references had been obtained for a locum GP who had worked at the practice. One person's curriculum vitae did not reflect their employment history. Another person's reference was not dated and addressed 'to whom it may concern'. A reference and appropriate check through the

Disclosure and Barring Service for another member of staff had been received after their start date. The practice had medical indemnity insurance arrangements in place for all relevant staff.

Monitoring risks to patients

Risks to patients were assessed and managed.

- The premises were leased from a private landlord and the partners were fully responsible for the maintenance of the building. We saw there were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and risk assessment available and most staff had received training in health and safety. A fire risk assessment was in place with evidence of the fire system being serviced and regularly tested. Procedures in the event of a fire were clearly displayed in most rooms and in public areas.
- 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Staff were all involved in checking and recording water checks after the weekly practice meetings.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us they covered colleagues with similar roles during periods of annual leave or sickness.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- We saw emergency medicines held at the practice were checked regularly and were in date and stored securely. They were accessible to staff and held in a secure area.

Are services safe?

Staff spoken with knew of their location and what action they would take in the event of a medical emergency. Most staff had received annual basic life support training.

- The practice had emergency equipment, which included oxygen and an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm).
- There were photographs displayed in the staff corridor of staff testing the wheelchair evacuation procedure.
- The practice had a detailed business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and had been reviewed to reflect staff changes. Copies of the plan were kept off site with the practice manager and GP partners.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE. The practice manager printed off all alerts and new guidance leaflets and discussed them with the lead GP who then disseminated the information to the staff. No recent audits had been carried out following NICE guidance received due to significant staffing issues the practice had experienced.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results from 2014/15 showed that the practice achieved 94% of the total number of points available compared the local and national average of 95%. The overall clinical exception reporting for the practice was 13%, which was higher than the Clinical Commissioning Group (CCG) and the national rate of 9%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally, lower rates indicate more patients have received the treatment or medicine.

The individual clinical domain performance data from 2014/15 showed:

- The percentage of patients with asthma that had a review of their condition within the preceding year was 80%. This was higher than the CCG and national average of 75%. Clinical exception reporting was 20% compared with the CCG average of 6% and the national average of 8%.
- 78% of patients with diabetes had received a recent blood pressure reading in the previous year, compared

with the CCG average of 80% and the national average of 78%. Clinical exception reporting was 11% compared with the CCG average of 8% and the national average of 9%.

- 68% of patients had received a blood test to indicate their longer-term diabetic control, compared to the CCG average of 75% and national average of 78%. Clinical exception reporting was 11% compared with the CCG average of 9% and the national average of 12%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less in the preceding year was 80% compared to the CCG average of 85% and the national average of 84%. Clinical exception reporting was 2% compared with the CCG average of 3% and the national average of 4%.

Due to significant challenges with GP recruitment and retention, the practice had not recently carried out any clinical audits to improve patient care and outcomes. The last completed clinical audit was carried out in 2014 on antibiotics and showed a reduction in the prescribing of antibiotics from 18% to 8%. The practice acknowledged the need to make improvement in this area and had produced a plan to improve this. Planned audits included an antipsychotic medicines prescribed for patients over the age of 65 with dementia, diabetes and respiratory audits.

Effective staffing

- The practice had an experienced, trained and motivated team of staff that had the skills, knowledge and experience to deliver effective care and treatment. Staff were supported by the practice to achieve their career aspirations.
- There was an induction programme for all newly appointed staff.
- There was a staff training board displayed in the staff corridor. We saw this included information on training events and a learning and development training schedule for 2016/17. Training records reviewed showed most staff were up-to-date with training with the exception of adult safeguarding and infection prevention and control. Staff had access to and made use of e-learning training modules, in-house training and external training provided through the CCG.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

Are services effective?

(for example, treatment is effective)

example, for those reviewing patients with long-term conditions. A nurse practitioner told us they had completed an independent prescribing course, completed a diploma in asthma management and had attended a number of training courses funded by the practice. These included courses on diabetes, contraception and sexual health.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. The nurse practitioner we spoke with could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and training updates.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, mentoring and clinical supervision. Staff told us they had received an appraisal within the last 12 months and were supported in their learning.

Coordinating patient care and information sharing

The practice had a system in place for sharing and receiving information about patients' care and treatment from other agencies such as hospitals, out of hour's services and community services. They demonstrated an understanding of their role and responsibilities with ensuring information was managed effectively with the exception of monitoring the blood results of all patients on known high risk medicines. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

- Staff worked together to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. When patients attended hospital while the surgery was closed, the practice received a letter electronically detailing the outcome and GPs actioned these where required. There was a system in place to

reduce unnecessary referrals to hospital. GPs checked with each other prior to referring patients and also carried out some post referral peer reviews. We saw one GP was doing a review of A&E attendances.

- The practice regularly met with other professionals to share and review information and discuss the care plans of patients with complex needs. Professionals included the district nurse, community matron, health visitor and staff from the hospice. We saw care plans had been agreed for some patients, these included those with severe mental health needs. The health visitor told us they visited the practice weekly to collect new referrals, and met with the practice on a monthly basis to share and discuss children of concern. They told us they had developed a positive working relationship with staff at the practice that were always mindful of confidentiality.

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. They were able to provide us with examples of how they sought consent from patients. We saw evidence that verbal consent had been obtained and recorded for a patient who had received treatment from a nurse. A consent form was available for patients in receipt of minor surgery. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.

Supporting patients to live healthier lives

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

- The practice worked with external agencies such as community pharmacists and signposted patients requiring advice with smoking cessation were signposted to gain support.

Are services effective?

(for example, treatment is effective)

- Travel advice and NHS travel vaccinations were provided by the practice nursing team. Patients were signposted to travel health centres within other local practices for travel vaccinations not available on the NHS.
- Free NHS health checks were available for patients aged 40 to 74 in addition to lifestyle referrals.
- Chlamydia screening was available for patients aged up to 25 years.
- The practice advertised local walking groups for patients to participate in should they wish to.

The practice encouraged its patients to attend national screening programmes. The practice's uptake for the cervical screening programme was 81%, which was in line with the CCG average of 80% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. There was a policy to follow up

patients who did not attend for their cervical screening test. We saw there were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice followed up women who were referred because of abnormal results. Bowel and breast cancer screening rates were comparable with local and national averages. Data showed 56% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to the local average of 55% and the national average of 58%. Data showed 76% of female patients aged 50 to 70 years had been screened for breast cancer in the last 3 years. This was in line with the local average of 75% and higher than the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99% to 100% and five year olds from 93% to 100%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout the inspection, we saw staff were courteous and very helpful to patients who attended or telephoned the practice and observed that patients were treated with dignity and respect.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We saw that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

We spoke with ten patients on the day of the inspection and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 26 completed cards. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

The practice had a patient participation group (PPG). We met with seven members of the PPG. They told us the group was established in 2006 and met monthly at the practice. They said they were very satisfied with the care provided by the practice and said their dignity and privacy was always respected.

We reviewed the most recent data available for the practice on patient satisfaction from the national GP patient survey published in January 2016. The survey invited 304 patients to submit their views on the practice and 102 forms were returned. This was a response rate of 34%. Results showed patients felt they were treated with compassion, dignity and respect. The practice score was mostly comparable to CCG and national averages for its satisfaction on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them. This was lower than the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 97% of patients said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 97% of patients said the last time they saw or spoke with a nurse they were good at giving them enough time. This was higher than the CCG average of 93% and the national average of 92%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt listened to and had sufficient time during their consultations. They said they were involved in decision making about the care and treatment they received. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments. This was in line with the CCG and the national averages of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 93% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

The practice provided facilities to help patients be involved in decisions about their care. Translation services were available for patients to access if English was not their first language. We saw care plans were developed in partnership with each patient.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

We saw patient information leaflets and notices were displayed in the waiting area, which told patients how to access a number of local support groups and organisations. For example, the Bipolar UK Support Group, and Diabetes UK.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 30 patients as carers (0.5% of the practice list). The practice acknowledged the need to increase the number of carers on their register. We saw new patient

questionnaires identified if the patient was a carer. The practice offered carers flu vaccinations and free health checks. We saw information was available that signposted carers to local support organisations.

If a patient experienced bereavement, staff told us that they were supported by a GP with access and signposting to other local support services as necessary. The practice held a bereavement folder and the notification of the death of a patient was circulated and patient records updated.

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.

- Longer appointments were available for patients with a learning disability and those with complex medical needs.
- Same day urgent appointments were available. Priority was given to patients under the age of 16 and patients with complex needs when prioritising appointments.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Telephone consultations were available.
- The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their care records.
- Patients were able to receive travel advice and vaccinations in addition to annual flu, pneumonia and shingles vaccinations.
- There were disabled parking facilities and ramp access with handrails. Automatic doors were not available to aid accessibility but, a bell was available at the front door for patients to alert staff should they require assistance. A hearing loop and translation services were available.
- Baby changing facilities were available.
- A text service was available to remind patients of their appointments.
- The practice utilised the electronic prescribing system (EPS) which meant prescriptions could be sent directly to the patient's chosen pharmacy at the time of the consultation.
- The practice had a social media page and informative patient newsletters for keeping patients up to date about the practice.

Access to the service

The practice had reviewed its appointment system following feedback from patients and were no longer providing a walk-in service. The practice was open daily

from 8.30am to 6.00pm Monday to Friday and from 9.00 am to 12 noon on a Saturday. The practice offered extended hours on a Tuesday evening from 6.30pm to 9pm. The practice was closed from 12.30pm to 2pm on a Thursday for staff training. If patients required an urgent appointment, they were asked to contact the surgery between 8.30am and 11.00am. Consultation times with GPs were available in the mornings from 8.30am to 11.30am and from 3pm to 5.30pm in the afternoon. A salaried GP worked from 2pm to 4.30pm on a Monday. Consultation times with nurses were available in the mornings from 8.30am to 12.30pm and in the afternoons from 2.30pm to 5.30pm. GP and nurse appointments were available on a Saturday from 9am to 11.40am. Telephone consultations were also available. Appointments could be booked in person, on line or over the telephone.

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

- 86% of patients were satisfied with the practice's opening hours. This was higher than the CCG average of 84% and the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone, which was higher than the CCG average of 77% and the national average of 73%.

Most of the patients we spoke with on the day of the inspection told us they were able to get appointments when they needed them but not always with their preferred choice of GP.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice had a designated GP that was responsible for handling all complaints received. They were supported by the practice manager and complaints co-ordinator.
- We saw the procedure for making a complaint was available on the practice website, displayed on a notice board in the waiting area and at the reception desk.

Are services responsive to people's needs? (for example, to feedback?)

We saw the practice had received 13 complaints since 2015 and found these were satisfactorily handled and dealt with in a timely way. An annual review of complaints had been carried out for and showed a decline in complaints received since 2013. Six of the complaints received in 2015 were medical related and most involved locum GPs, which the practice had used a lot during 2015. The management team considered complaints relating to this area would reduce following the recruitment of permanent GPs. The

management team had produced an action plan as a result of the audit. This included learning from complaints and changes made as a result of complaints received. For example, the practice had changed how they provided health appointments for female patients and these patients now had the opportunity to speak with a female GP prior to having any procedure. Not all of the patients we spoke with were aware of the complaints procedure but told us they had not had a cause to use it.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- We saw the mission statement was displayed around the practice. Most staff were aware of the practice vision and values.
- The practice had strategy and supporting business plans, which reflected the vision and values and were monitored.

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:

- The practice had a development plan in place which was regularly updated and included plans for the retirement of a GP, addressing the lack of clinical audit and the costings for a major development works should plans for a new built not progress.
- There was a clear staffing structure. Staff were aware of their own roles and responsibilities. The team worked efficiently and felt supported in their work.
- Staff understood how to access specific policies and we saw these were available to all staff.
- Practice meetings and clinical meetings were regularly held and recorded. Staff were encouraged to add agenda items.
- The partners acknowledged the need to develop their programme of continuous clinical and internal audit to monitor quality and to make improvements. The practice had completed a telephone appointment audit in 2016 in addition to a minor surgery in 2015.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We saw a small number of areas of governance that needed more attention. For example, the action required after the issue of Drug Safety Alerts from the Medicines and Healthcare Regulatory Agency (MHRA).

Leadership and culture

- Staff told us the practice manager and partners promoted an open culture, were approachable, and always took the time to listen them. Staff felt valued and supported within their role.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw staff had access to information about the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment. They gave affected people reasonable support, and an apology.

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

- Staff told us they attended team meetings and had protected learning time.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG). Information about the PPG was displayed in the waiting area and minutes of meetings held were available on the practice website. During the inspection, we met with seven members of the group. They told us the group was established in 2006, currently had 12 members and met monthly. They said they were encouraged to add items to the meeting agenda that was chaired by the practice manager. The group had an email account that was managed by one of the members. They told us

Are services well-led?

Good 

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

changes had been implemented as a result of their feedback. These included, changes to the appointment system. The practice no longer provided a walk-in service following feedback from patients. They also said they had been involved with the proposed new build and had encouraged patients to complete a survey. The results of the patient survey had been shared with the group. Members of the group told us they were kept informed of outcomes of complaints and feedback from the NHS Friends and Family Test (FFT). The FFT is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

- Staff told us they were encouraged to give feedback through staff meetings, appraisals and discussions held

with them. We saw staff were encouraged to add agenda items for meetings held. They told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team.

Continuous improvement

There was a focus on continuous learning and development within the practice. The staff we spoke with told us they felt supported to develop professionally. For example, one nurse told us they had been supported to complete an independent prescriber course in addition to obtaining a diploma in asthma management. The practice manager had obtained a degree and the practice were supporting a new member of the team with an apprenticeship.

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The provider did not operate an effective system to take appropriate action on alerts issued by the Medicines and Healthcare Regulatory Agency about medicines.

Regulation 12.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The provider did not have a programme of continuous clinical and internal audit to monitor quality and to make improvements.

Regulation 17.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

People using the service were not protected against the risks of inappropriate or unsafe care and treatment because not all of the required information as outlined in Regulation 19 and Schedule 3 (All information required in respect of persons seeking to carry on, manage or work for the purposes of carrying on a regulated activity) had been obtained.