Everest House Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Everest House Surgery on 5 October 2016. 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.
- Some of the systems, processes and practices in place to keep patients safe were insufficient. Processes for the management of patients receiving higher risk medicines and the review of results received from secondary care services required improvement.
- 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.
- The patients we spoke with or who left comments for us were positive about the standard of care they received and about staff behaviours. They said staff were helpful, friendly, thorough and caring. They told us that their privacy and dignity was respected 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and 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 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 improvements are:

- Ensure that patients prescribed higher risk medicines are monitored and reviewed at the required intervals.

Summary of findings

- Ensure that patients in whom Warfarin should be considered are prescribed it, or have the reasons for why they are not receiving it documented.
- Ensure that at all times sufficient processes are in place and adhered to for the management and review of results received from secondary care services, for example pathology results.

The areas where the provider should make improvements are:

- Ensure that all staff employed are supported by receiving appropriate supervision and appraisal and are completing the essential training relevant to their roles, including infection prevention and control and safeguarding training.
- Ensure that the infection control lead is appropriately trained and that the infection control protocol is fully specific to the practice.
- Ensure actions taken to resolve the risks identified by the fire and Legionella risk assessments are recorded and fully completed.
- Implement a formal and coordinated practice wide approach to ensure the practice's areas of below average Quality and Outcomes Framework (QOF) performance are improved.
- Continue to support carers in its patient population by providing annual health reviews.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and truthful information. They were told about any actions to improve processes to prevent the same thing happening again.
- Some of the systems, processes and practices in place to keep patients safe were insufficient. The process to ensure patients prescribed higher risk medicines were monitored and reviewed at the required intervals required improvement. Not all patients in whom Warfarin should be considered were prescribed it, or had the reasons why they were not receiving it documented. The process in place for the management and review of results received from secondary care services was lacking.
- Risks to patients were assessed. However, the actions taken to resolve issues identified by the fire and Legionella risk assessments were not always recorded and some actions were yet to be fully completed.
- Infection control processes and procedures were in place and adhered to. However, the infection control lead was yet to complete the appropriate training, although this was booked for December 2016. Also, the infection control protocol lacked some detail that was specific to the practice around areas such as training and roles and responsibilities.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly comparable with local and national averages with some key areas of below average performance. The practice was aware of these and limited improvements were being made. However, there was no formal and coordinated practice wide approach to this.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was some evidence of training assessments, appraisals and personal development plans for staff. At the time of our inspection the system of appraisals for non-clinical staff was considerably behind schedule. However, all staff were scheduled to have an appraisal completed by December 2016.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice similar to or above local and national averages for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 465 patients on the practice list as carers. This was approximately 3.4% of the practice's patient list. Of those, 40 (8.6%) had accepted and received a health review in the past 12 months. The number of carers receiving a health review could be improved.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice considerably above local and national averages for access to the practice. Most patients said they found it easy to make an appointment with a named GP and get through to the practice by phone and 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.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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. 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. When we raised some concerns about higher risk medicines during our inspection, senior staff at the practice took immediate and comprehensive action to ensure there were no imminent risks to the health, safety and welfare of the relevant patients.
- 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- Older people had access to targeted immunisations such as the flu vaccination. The practice had 2,247 patients aged over 65 years. Of those 1,952 (87%) had received the flu vaccination at the practice in the 2015/2016 year.
- There were six care homes in the practice's local area. For most of these, the GPs visited as and when required to ensure continuity of care for those patients. For two of the homes for residents with increased needs there was a scheduled GP ward round once each week.

People with long term conditions

Good

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

- Patients at risk of hospital admission were identified as a priority.
- 70% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 76% and the national average of 75%.
- Performance for diabetes related indicators was below the CCG and national averages. The practice achieved 83% of the points available compared to the CCG average of 91% and the national average of 89%. The practice was aware of its below average performance and an action plan was in place to improve this.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were slightly higher compared to other practices in the local area for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77% which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was additional out of working hours access to meet the needs of working age patients. There were 27 hours of extended opening each month (just over six hours each week) at various times on various days depending on the GP available. However, this always included the second Saturday of each month from approximately 9am to midday.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 72 patients on the practice's learning disability register at the time of our inspection. Of those, 30 (42%) had accepted and received a health review in the past 12 months.
- The practice offered longer appointments for patients with a learning disability and there was a GP lead for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Additional information was available for patients who were identified as carers and there was a nominated staff lead for these patients.
- The practice had identified 465 patients on the practice list as carers. This was approximately 3.4% of the practice's patient list. Although the total number of carers receiving an annual health review was low.

People experiencing poor mental health (including people with dementia)

Good

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

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was slightly below the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was above the CCG and national averages. The practice achieved 100% of the points available compared to the CCG average of 96% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- An NHS counsellor was based at the practice every Tuesday morning. Patients could access this service to obtain psychological and emotional counselling and advice through referral from the GPs. Patients were referred as required to mental health trust well-being workers based elsewhere.
- There was a GP lead for mental health and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was generally performing in line with or above local and national averages. There were 251 survey forms distributed and 114 were returned. This was a response rate of 45% and represented slightly less than 1% of the practice's patient list.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).
- 89% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 84%, national average 78%).

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards. We also spoke with eight patients during the inspection. From this feedback we found that patients were positive about the standard of care received. Patients said they felt staff were helpful, friendly, thorough and caring and that their privacy and dignity was respected. They told us they felt listened to by the GPs and involved in their own care and treatment.

Most of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. Three of the eight patients we spoke with said there could be a wait in the surgery beyond their appointment times to see the GP. However, they also said this was tolerable to them as they knew they wouldn't be rushed during their time with the GP. All of the patients we spoke with or who left comments for us were positive about access to same day and urgent appointments at the practice.

Everest House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP acting as a specialist adviser.

Background to Everest House Surgery

Everest House Surgery provides a range of primary medical services from its premises at Everest Way, Adeyfield, Hemel Hempstead, Hertfordshire, HP2 4HY.

The practice serves a population of approximately 13,700 and is a training practice. The area served is slightly less deprived compared to England as a whole. The practice population is mostly white British. The practice serves a slightly above average population of those aged from 0 to 9 years, 30 to 39 years, 55 to 59 years and 80 years and over. There is a slightly lower than average population of those aged from 10 to 29 years, 40 to 49 years and 65 to 80 years.

The clinical team includes four male and five female GP partners, two trainee GPs, three practice nurses and one healthcare assistant. The team is supported by a practice manager, a deputy practice manager and 16 other administration and reception staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

The practice is staffed with the doors and phone lines open from 8.30am to 1pm and 2pm to 6.30pm Monday to Friday. Between 1pm and 2pm daily the doors are closed and phones switched to voicemail and patients directed to emergency numbers if required. There are 27 hours of extended opening each month (just over six hours each week) at various times on various days depending on the GP available. However, this always includes the second Saturday of each month from approximately 9am to midday. Appointments are available from 8.30am to 12.30pm and 3.15pm to 5.45pm daily, with slight variations depending on the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Herts Urgent Care.

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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 5 October 2016. During our inspection we spoke with a range of staff including three GP partners, one trainee GP, one practice nurse, the practice manager and members of the reception and

Detailed findings

administration team. We spoke with eight patients. We observed how staff interacted with patients. We reviewed 23 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- The staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. These were managed consistently over time.

We reviewed safety records and incident reports and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following an incident where staff were not able to locate the emergency medicines and equipment quickly the practice reviewed and reinforced its processes and procedures to prevent recurrence of the incident.

We also looked at how the practice responded to Medicines and Healthcare products Regulatory Agency (MHRA) and patient safety alerts. We saw that a process was in place to ensure all applicable staff received and acted on the alerts. With all the examples we looked at, appropriate action was taken to respond to the alerts and keep patients safe.

Overview of safety systems and processes

Some of the systems, processes and practices in place to keep patients safe and safeguarded from abuse were insufficient.

- There were adequate arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding who were trained to the appropriate level. Whilst some staff were overdue completing adult and child safeguarding training, the practice had a schedule in place to ensure this was completed. Despite this, all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities. GPs were trained to an appropriate level to manage child safeguarding concerns (level three).
- Notices around the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the practice was visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. One of the nurses was the infection control lead. Although the lead had not completed any infection control training, we saw this was booked for December 2016. An infection control audit had been completed and action was taken to address any improvements identified as a result. There was an infection control protocol in place, however it lacked some detail that was specific to the practice around areas such as training and roles and responsibilities. Whilst some staff were overdue completing infection control training, the practice had a schedule in place to ensure this was completed. Despite this, all of the staff we spoke with were knowledgeable about infection control processes relevant to their roles.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, satisfactory evidence of conduct in previous employment, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for

safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The process to ensure patients prescribed higher risk medicines were monitored and reviewed at the required intervals was insufficient. Also, the process for the management and review of results received from secondary care services was lacking.
- We saw that 49 patients were prescribed Methotrexate (a medicine used to treat some forms of cancer and rheumatoid arthritis among other things). Of those, 38 had received the required three monthly blood test when prescribed Methotrexate. Eleven patients were given their repeat prescriptions without having the three monthly blood test. Consequently they did not receive the appropriate monitoring. We saw that following an audit of these patients in September 2016, the practice had already identified this issue and contacted all of the patients involved to ensure they received the appropriate testing and monitoring.
- We saw that eight patients were prescribed Lithium (a medicine mainly used for the treatment of bipolar disorder). Of those, seven had received the required four monthly blood test when prescribed Lithium. One patient was overdue the test and was not yet recorded as having been recalled by the practice.
- We looked at the data available for patients with Atrial Fibrillation not on an anticoagulant medicine for whom Warfarin (an anticoagulant medicine used to reduce the risk of blood clots forming) should be considered. (Atrial Fibrillation a heart condition that causes an irregular and often abnormally fast heart rate). We saw that 17% of the relevant patients were not recorded as being prescribed Warfarin or having the reasons they were not receiving it stated. For all of these patients there were no clear documented plans to prescribe Warfarin. It was unclear if the patients were unsuitable for Warfarin and this wasn't being recorded.
- The practice responded appropriately and took immediate action to contact and review as appropriate all the patients we had identified.
- Our review of the practice's pathology results system showed there were examples of results being received for patients that were not appropriately dealt with. For example, there was a result received in June 2016 for a patient no longer registered at the practice. This had not been returned to the originating secondary care service (laboratory) in order to locate the patient elsewhere. In another example from August 2016, the result had been seen by a GP at the practice, but it had not been filed in the patient's notes, returned to the laboratory or forwarded to another practice; whichever was the most appropriate course of action.

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 displayed in a staff area which identified local health and safety representatives. The practice had an up to date fire risk assessment and a fire drill was recently completed. 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 Legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Following both the fire and Legionella assessments, where risks were identified there was evidence to demonstrate the practice had responded. We saw that some of the necessary actions had been completed and others were in progress. However, there were not always records to demonstrate this. For example, the staff we spoke with told us there was regular flushing of infrequently used outlets, but this was not recorded. Regular water temperature checks were completed and recorded.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a system in place across all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Requires improvement

Are services safe?

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

- There was an instant messaging system and emergency buttons on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- All staff had received basic life support training.
- The practice had a defibrillator and emergency oxygen with adult and child masks available on the premises. These were checked and tested.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to use.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results at the time of our inspection showed the practice achieved just over 92% of the total number of points available. Data from 2014/2015 showed;

- Performance for diabetes related indicators was below the CCG and national averages. The practice achieved 83% of the points available with 10% exception reporting compared to the CCG average of 91% with 11% exception reporting and the national average of 89% with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The percentage of patients with hypertension having regular blood pressure tests was below the CCG and national averages. The practice achieved 77% of the points available, with 3% exception reporting, compared to the CCG and national average of 84%, with 4% exception reporting.
- Performance for mental health related indicators was above the CCG and national averages. The practice achieved 100% of the points available with 13% exception reporting compared to the CCG average of 96% with 9% exception reporting and the national average of 93% with 11% exception reporting.

We discussed the practice's below local and national average performance in many QOF areas with senior clinical staff during our inspection. They were aware of the practice's below average performance in those areas. For diabetes related indicators, the practice had developed an action plan to improve its performance although this was not progressed as a formal and coordinated practice wide approach.

Since our inspection new data has been published for QOF from 2015/2016. This showed no significant changes to the practice's performance. However, our review of the data for the 2015/2016 year showed a limited improvement for the diabetes related indicators.

Limited clinical audit demonstrated quality improvement.

- We looked at the two available full cycle (repeated) clinical audits completed in the past year where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- Findings were used by the practice to improve services. For example, the practice completed an audit to check that all patients requiring one had an effective (within their expiry dates) adrenaline pen due to their known short life span. Over both cycles of the audit all patients found to have a prescription older than 12 months were contacted and their pens updated.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, health and safety, fire safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of

competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. A programme was in place to ensure all staff received an appraisal on an annual basis. At the time of our inspection the system of appraisals for non-clinical staff was considerably behind schedule. However, all staff were scheduled to have an appraisal completed by December 2016.
- Staff received training that included: safeguarding, infection control, fire safety awareness and basic life support. However, some staff had not completed their training within the required timescales. Most of the training was provided by the use of an e-learning facility or in-house on a face-to-face basis.

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 shared information systems.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place on a monthly basis. These patients' 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.
- We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.

Supporting patients to live healthier lives

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 smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- Smoking cessation advice was available at the practice from the healthcare assistant.

The practice's uptake for the cervical screening programme in the 2014/2015 year was 77%, which was similar to the CCG average of 83% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a consequence of abnormal results.

Bowel and breast cancer screening rates were in line with local and national averages. Data published in March 2015 showed that:

- 56% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG average of 57% and the national average of 58%.
- 73% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG and national average of 72%.

Good

Are services effective?

(for example, treatment is effective)

These were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening.

Childhood immunisation rates for the vaccinations given were slightly higher than the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 97% and five year olds from 95% to 99%.

The practice participated in targeted vaccination programmes. This included the flu vaccination for children, people with long-term conditions and those aged over 65 years. The practice had 2,247 patients aged over 65 years. Of those 1,952 (87%) had received the flu vaccination at the practice in the 2015/2016 year.

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

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was slightly below the CCG average of 85% and national average of 84%.
- 70% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 76% and the national average of 75%.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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 area to discuss their needs.

The 23 patient Care Quality Commission comment cards we received were positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a good service and staff were helpful, friendly, thorough and caring and treated them with dignity and respect.

Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 88%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 95% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were similar to local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting areas informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 465 patients on the practice list as carers. This was approximately 3.4% of the practice's patient list. Of those, 40 (8.6%) had accepted and received a health review in the past 12 months. We spoke with senior staff about the low uptake of health reviews by carers. They told us they were aware of their performance in this area and that this year's focus would be to complete carer health reviews.

A dedicated carers' notice board in one of the waiting areas provided information and advice including signposting carers to support services. Information was also available online (through the practice website) to direct carers to the

Good

Are services caring?

various avenues of support available to them. A member of non-clinical staff was the practice's carers' lead (or champion) responsible for providing useful and relevant information to those patients.

We saw that the practice notified staff of all recent patient deaths. From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. A condolence card produced by the practice specifically for their use was sent to the recently bereaved.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. (Enhanced services are those that require a level of care provision above what a GP practice would normally provide). As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 301 patients (2.8% of the practice's patient population over 18) were receiving such care.
- There were longer appointments available for patients with a learning disability.
- There were 72 patients on the practice's learning disability register at the time of our inspection. Of those, 30 (42%) had accepted and received a health review in the past 12 months.
- Home visits were available for older patients and patients who would benefit from these.
- There were six care homes in the practice's local area. For most of these, the GPs visited as and when required to ensure continuity of care for those patients. For two of the homes for residents with increased needs there was a scheduled GP ward round once each week.
- Patients were able to receive travel vaccinations available on the NHS. Patients were referred to other clinics for vaccinations only available privately.
- There were accessible toilet facilities for all patients, a hearing loop was provided and translation services including British Sign Language (BSL) were available.
- There was step free access to the main entrance. The main waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. A working lift was provided to the first floor.
- There were six week post-natal checks for mothers and their children.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.
- Counselling services were available for patients with mental health issues and there was a GP lead for those patients. An NHS counsellor was based at the practice every Tuesday morning. Patients could access this service to obtain psychological and emotional counselling and advice through referral from the GPs. Patients were referred as required to mental health trust well-being workers based elsewhere.

Access to the service

The practice was fully open (phones and doors) from 8.30am to 1pm and 2pm to 6.30pm Monday to Friday. Between 1pm and 2pm daily the doors were closed and phones switched to voicemail and patients directed to emergency numbers if required. There were 27 hours of extended opening each month (just over six hours each week) at various times on various days depending on the GP available. However, this always included the second Saturday of each month from approximately 9am to midday. Appointments were available from 8.30am to 12.30pm and 3.15pm to 5.45pm daily, with slight variations depending on the doctor and the nature of the appointment. In addition to GP pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was considerably above local and national averages.

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 86% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 81% of patients said they always or almost always saw or spoke to the GP they preferred (CCG average 62%, national average 59%).

Most of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. Three of the eight patients we spoke with

Good

Are services responsive to people's needs?

(for example, to feedback?)

said there could be a wait in the surgery beyond their appointment times to see the GP. However, they also said this was tolerable to them as they knew they wouldn't be rushed during their time with the GP.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

Listening and learning from concerns and complaints

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

- A complaints procedure was available and adhered to.
- There were two designated responsible people who handled all complaints in the practice. These were the practice manager and one of the GP partners.
- We saw that information was available to help patients understand the complaints system. The practice's complaints procedure was detailed on its website and in a complaints leaflet available from reception.

We looked at the details of eight complaints received since October 2015. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience. For example, following one complaint the practice reviewed and changed its appointment booking protocol. As a result, patients who attended the practice from 8am (when the doors opened) were able to book same day appointments before these were available to patients by telephone from 8.30am. Previously patients who attended the practice were asked to wait until the phone lines opened so as not to disadvantage those patients.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a statement of purpose detailing its aims and objectives. These included delivering high quality healthcare, maintaining a strong team ethos and responding quickly to changing health demands and needs.
- All of the GP partners and the practice manager attended an annual general meeting in June 2016 to review the needs of the practice, identify areas for development and set the strategic direction of the practice for the year ahead. Areas discussed included the overall staffing structure and individual staff workloads and responsibilities. The fortnightly partners' meeting attended by the GP partners and the practice manager was used to monitor the strategic direction of the practice throughout the year.

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. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff.
- There was an understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- There was a limited programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

During our inspection we found that the processes in place for the monitoring, review and recording of patients receiving some higher risk medicines were insufficient or poorly adhered to. Also, the process for the management and review of results received from secondary care services was lacking. However, senior staff at the practice took immediate and comprehensive action to ensure there were no imminent risks to the health, safety and welfare of the relevant patients.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

The provider 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). 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 safety incidents:

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

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

- There was a regular schedule of meetings at the practice for multi-disciplinary teams and all staff to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. 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.

Are services well-led?

Good

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

- There were named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with respiratory conditions, diabetes, learning disabilities, mental health issues and dementia. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

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

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

The practice had gathered feedback from patients through the Patient Participation Group (the PPG is a community of patients who work with the practice to discuss and develop the services provided) and through complaints received. The PPG met regularly and its main focus at the time of our inspection was to plan and deliver a patient survey before developing more specific objectives for the future.

The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment. The results from January to April 2016 showed that of the 408 respondents, 377 were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

The practice had gathered feedback from staff through meetings and discussions. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a GP training practice and maintained high standards for supporting its trainees. One of the GPs was a qualified GP trainer and another GP was an associate trainer.

The practice team was forward thinking. Following initial discussions at the annual general meeting in June 2016, the practice was to hold a dedicated meeting in November 2016 to discuss and review the structure of the appointments system. This was to ensure the practice could meet patient demand, including any future demand created by a new housing development in its catchment area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found that the registered person had not fully protected people against the risk of inappropriate or unsafe care and treatment. Eleven patients were prescribed Methotrexate without the appropriate monitoring. One patient was prescribed Lithium without the appropriate monitoring. Seventeen percent of patients with Atrial Fibrillation not on an anticoagulant medicine for whom Warfarin should be considered were not recorded as being prescribed it or having the reasons they were not receiving it stated. Some results received for patients through the practice's pathology results system were not appropriately dealt with. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.