

Dr A J Wills & Partners

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Burwell Surgery on 28 January 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

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

The areas where the provider must make improvements are:

- Check the controlled drugs register against the physical stock at regular intervals in line with the Standard Operating Procedure.

Summary of findings

- Ensure that the practice gains consent from patients identified as carers before their information is passed on to the carers group.
- Ensure that a confidentiality agreement has been signed by the carers group and documented by the practice.
- The practice must operate robust recruitment procedures, which include undertaking any relevant checks. Ensure appropriate checks through the Disclosure and Barring Service have been completed on all of the required staff, and a risk assessment completed where necessary.

The areas where the provider should make improvement are:

- Ensure policies are reviewed by their review date.
- Ensure oxygen signs are placed on the doors off all rooms that hold it.
- Ensure staff receive their annual appraisals when due.
- Take into account the reduced shelf life of a medicine which can be stored both within a fridge and outside a fridge when it is not stored cold.
- Develop a system to track blank prescription forms through the practice in line with national guidance.

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.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a defibrillator available on the premises with adult and children's pads and oxygen with adult and children's masks. However, oxygen signs were not on the doors of the rooms where the cylinders were kept.
- Blank prescription forms for use in printers and those for hand written prescriptions were kept securely at all times, but were not tracked through the practice in line with national guidance.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. We checked a sample of controlled drugs and found discrepancies which had not been identified by staff because they had not carried out a check since August 2015 when a new register was introduced. The discrepancies were investigated immediately and were found to have been caused by a receipt entered under the wrong strength. Staff told us that this would be treated as a serious incident and recorded on the relevant form for discussion within the practice.
- We reviewed seven personnel files and found that certain recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However, the practice were using checks through the Disclosure and Barring Service (DBS) from some staff members' previous employment and the relevant risk assessments were not completed. 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.

Summary of findings

- The practice had clearly defined and embedded systems, processes, procedures and practices in place to safeguard patients from abuse.
- The practice identified patients who were carers. The information was passed to an external carers group for letters and information to be forwarded to them about future events. The practice had not ensured that the relevant consent had been gained from the carers on the list, and did not have a confidentiality agreement between the carers group and the practice. After the inspection, measures were taken to rectify this.

Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and compared to the national average.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. Some staff were overdue their appraisal this year, but historically staff had received annual appraisals within a 12 month period.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice had the lowest emergency admissions rate in their local clinical commissioning group (CCG).

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- 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?

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. Some policies were in need of review.
- 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.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- 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.
- The practice offered longer appointments for health checks for patients aged over 75.
- A GPs visited patients in local care homes and liaised with the care home managers.
- The practice provided flu clinics on weekdays and weekends in an effort to maximise the rate of vaccination in the high risk groups. The practice had organised a clinic at the local village Day Centre.
- Patients with ongoing care needs were discussed at Primary Health Care Team meetings, which took place twice a month. Patients' notes were flagged with Special Patient Notes (SPNs), which alerted medical staff accessing the notes to the nature of their difficulties and ongoing issues. This included out of hours doctors and ambulance staff. All SPNs were reviewed every three months to ensure they were still relevant. The practice also reviewed their patients in hospitals to help plan care after they were discharged.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. 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. Data from 2014/2015 showed; Performance for diabetes related indicators was 83.7%, which was below the CCG average by 5.8% and the England average by 5.5%. Performance for asthma related indicators was 100%, which was better than the CCG average by 2.4% and the England average by 2.6%.

Good



Summary of findings

- Longer appointments and home visits were available to patients when needed.
- The practice offered longer appointments for health checks for patients needing long term condition management.
- 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 GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The GPs telephoned new parents to provide support and advice.
- 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 87%, which was above the CCG and England average. The practice also used the appointment as an opportunity to consult patients about their sexual health and contraception.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had a private room available for breast feeding.
- The dispensary participated in a scheme to supply free condoms to young people who held a registration card.

Good



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).

- 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

Good



Summary of findings

and offered continuity of care. They operated extended hours on a Monday evening until 8.30pm. They offered telephone consultations during the day to patients that might not be able to access the surgery during normal hours.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered health checks to eligible patients between the ages of 40-74.
- Telephone consultations offered at flexible times.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They operated a call system to invite patients with learning disabilities in for an annual health check. They had 31 patients on the learning disability register. The practice offered all patients with learning disabilities longer appointments.
- 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.

Good



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).

- The practice carried out advance care planning for patients with dementia.
- All patients with mental health concerns were offered an annual health check. The practice offered evening appointments outside of its core hours to maximise the opportunity for the patients to attend.

Good



Summary of findings

- 96.6% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months which was 9.6% above the CCG average and 8.3% above the England average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they might have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey was published in July 2015. Results showed that the practice was performing in better than the local and national averages. 235 survey forms were distributed and 133 were returned. This represented 57% of the surveys sent out.

- 93% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 87% and a national average of 85%.
- 95% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 86% and a national average of 85%.
- 93% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 80% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Patients' described the practice as excellent, caring, respectful and that staff were knowledgeable.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and kind. We spoke with two members of the Patient Participation Group (PPG) who described the practice as patient centred and caring. The practice conducted the NHS friends and family test and had received 45 responses in the past 12 months showing that patients were extremely likely / likely to recommend the practice to other people. The practice had not received any responses from patients who would not recommend the practice to other people.

Areas for improvement

Action the service **MUST** take to improve

- Check the controlled drugs register against the physical stock at regular intervals in line with the Standard Operating Procedure.
- Ensure that the practice gains consent from patients identified as carers before their information is passed on to the carers group.
- Ensure that a confidentiality agreement has been signed by the carers group and documented by the practice.
- The practice must operate robust recruitment procedures, which include undertaking any relevant checks. Ensure appropriate checks through the Disclosure and Barring Service have been completed on all of the required staff, and a risk assessment completed where necessary.

Action the service **SHOULD** take to improve

- Ensure policies are reviewed by their review date.
- Ensure oxygen signs are placed on the doors off all rooms that hold it.
- Ensure staff receive their annual appraisals when due.
- Take into account the reduced shelf life of a medicine which can be stored both within a fridge and outside a fridge when it is not stored cold.
- Develop a system to track blank prescription forms through the practice in line with national guidance.

Dr A J Wills & Partners

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 Pharmacy Inspector, GP specialist adviser and a Practice Manager specialist adviser.

Background to Dr A J Wills & Partners

The Burwell Surgery is situated in Burwell, Cambridgeshire. The practice provides services for approximately 8100 patients. The catchment area includes Burwell, Exning, Fordham, Swaffham Prior, Reach and Swaffham Bulbeck. The practice is a training practice for doctors training to become GPs and for medical students. The practice has a dispensary attached. They hold a General Medical Services contract. The practice has three male GP partners, three female salaried GPs, one female GP registrar and three female practice nurses. They also employ one female healthcare assistant and one female phlebotomist, a practice manager, four dispensers and 12 part time reception/administration/secretarial staff.

The practice's opening times are from 8.30am until 6pm Monday to Friday, with extended hours on Monday evenings from 6.30pm to 8.30pm. The practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by Cambridgeshire out of hours service via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had an overall practice population comparable to national England average. The deprivation score was significantly lower than the average across England.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 January 2016.

During our visit we:

- Spoke with a range of staff which included; five GPs, a practice nurse, a health care assistant, the practice manager, three members of the reception/administration/secretarial team. We also spoke with patients who used the service and members of the PPG.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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 incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and we saw records of significant events dated back to 2005.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. The practice manager forwarded the alerts to the appropriate clinical staff by email and logged them in a book. Lessons were shared to make sure action was taken to improve safety in the practice. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements 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 was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 (safeguarding children and young people).

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were clinically trained staff who had received the appropriate chaperone training.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed seven personnel files and found that certain recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. However, the practice were using checks through the Disclosure and Barring Service (DBS) from some staff members' previous employment and the relevant risk assessments were not completed.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice identified patients as carers. The information was passed to an external carers group for letters and information to be forwarded to them about future events. The practice had not ensured that the relevant consent had been gained from the carers on the list and that a confidentiality agreement had been signed by the carers group and documented by the practice. After the inspection measures were taken to rectify this.

Medicines Management

We checked medicines stored in the dispensary and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature.

Are services safe?

Processes were in place to check medicines were within their expiry date and suitable for use. Expired and unwanted medicines were disposed of in line with waste regulations. One item in the emergency medicine box had a reduced shelf life if stored at room temperature, and this had not been taken account of in the log of expiry dates. Dispensary staff told us they would review this. Staff were aware prescriptions should be signed before being dispensed and all the prescriptions we saw waiting to be given out were signed. Blank prescription forms for use in printers and those for hand written prescriptions were kept securely at all times but were not tracked through the practice in line with national guidance. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. We checked a sample of controlled drugs and found discrepancies which had not been identified by staff because they had not carried out a check since August 2015 when a new register was introduced. The discrepancies were investigated immediately and found to have been caused by a receipt entered under the wrong strength. Staff told us that this would be treated as a serious incident and recorded on the relevant form for discussion within the practice. We saw that controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had completed appropriate training and records showed their competence was assessed annually. An unqualified apprentice worked in the dispensary for a few hours each week and worked under supervision on a limited range of tasks. We saw that there was a process in place to record incidents, near misses and identify trends in the dispensary and these were discussed in clinical meetings.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a schedule for testing the portable electrical equipment (PAT) annually and the PAT test was completed June 2015. Portable appliance testing is an examination of electrical appliances and equipment to ensure that they are safe to use.

- 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises with adult and children's pads and oxygen with adult and children's masks. However, oxygen signs were not on the doors of the rooms where the cylinders were kept. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan had been reviewed in January 2016.

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 551 points out of a possible 559 which was 96.8% of the total number of points available, with 6.8% 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). Data from 2014/2015 showed;

- Performance for diabetes related indicators was 83.7% which was below the CCG average by 5.8% and the England average by 5.5%.
- Performance for asthma related indicators was 100% which was better than the CCG average by 2.4% and the England average by 2.6%.
- Performance for mental health related indicators was 96.2% which was better than the CCG average by 3.8% and the England average by 3.4%.
- Performance for depression related indicators was 100% which was better than the CCG average by 9.4% and the England average by 7.7%.
- Performance for chronic kidney disease related indicators was 100% which was better than the CCG average by 3.7% and the England average by 4%.

- Performance for dementia related indicators was 88.5% which was below the CCG average by 6.6% and the England average by 6%.

Clinical audits demonstrated quality improvement.

- The practice regularly monitored data using a reflective review process and discussed and disseminated findings.
- We looked at their most recent two clinical audits where the improvements made were implemented and monitored. For example; an audit of the screening of patients with gestational diabetes (diabetes in pregnancy) who had received annual diabetes screening post birth. The practice searched their clinical system for the patients and identified how many had received the appropriate tests and had a recall on their notes. Personal letters were sent to the patients who were overdue. The audit was discussed at clinical meetings and re-audited three months after the initial audit was completed with a positive result.
- 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 safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, such as those reviewing patients with long-term conditions. 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 on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of their practice development. Staff had access to appropriate training to meet their needs and to cover the scope of

Are services effective?

(for example, treatment is effective)

their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Some staff were overdue their appraisal this year but historically staff had received annual appraisals within a 12 month period.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring 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, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that 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 had received training on, and 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 mental capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records' audits. Minor surgery consent forms were signed and scanned onto the computer and an information sheet and feedback form were given to the patient.

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 family planning, sexual health, smoking cessation and weight advice. Patients were signposted to the relevant service either internally (with a GP or nurse) or to an external provider for services not offered by the practice.
- The practice had notices up about chlamydia testing and all their patients aged 15-24 years were encouraged to have chlamydia testing as appropriate.
- The dispensary participated in a scheme to supply free condoms to young people on production of a registration card.
- The practice's uptake for the cervical screening programme was 87%, which was above the CCG average and the England average by 5.2%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.5% to 100% with a CCG range from 95.1 to 100% and five year olds from 93.6% to 97.9% with a CCG range from 92.6% to 97.2%.
- Flu vaccination rates for the over 65s were 75.13% with the National average of 73.24%, and at risk groups 51.52% with a National average of 50.27%.

Are services effective? (for example, treatment is effective)

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

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They operated a call system to invite patients with learning disabilities in for an annual health check. They had 31 patients on the learning disability register. The practice offered all patients with learning disabilities longer appointments. The practice had completed annual health checks for eight patients up to the date of the inspection who were registered with

learning disabilities and eleven were booked in to have their health check completed. They were actively encouraging the remaining patients to attend with letters. If the practice received no response they were, where necessary, contacted by telephone. Figures for the year 2014/2015 showed that the practice had 32 patients on the register and they were all offered a health check. Of those, 28 patients had received a health assessment and of the remaining four patients, one patient declined, two patients did not respond to the invite and the fourth patient left the practice two months after being placed on the register. The practice wrote to the patients and spoke to the local learning disability specialist nurse to encourage the patients to attend.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very 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 room to discuss their needs.
- A private room was available for breast feeding.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 91% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 90% said the last nurse they saw or spoke with was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.

Care planning and involvement in decisions about care and treatment

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

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

- 92% 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%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 80% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

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

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 150 patients on the practice list as carers. Carers information was available on the practice website and on the new patient registration form. A new carers protocol/form was then completed showing the patient who was cared for and the patient who was a carer. Nurses and GPs doing dementia reviews also tried to capture the information. Written information was available to direct carers to the various avenues of support available to them, and a poster was displayed in the

waiting room. A member of staff from the practice was associated with a local carers group in her spare time which organised social events and pamper sessions as well as advice and support.

The GPs carried out home visits to patients nearing the end of their life outside of their normal working hours.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The GPs telephoned new parents to ensure they were happy and well. This gave the patient the chance to raise any concerns or queries and gave them the assurance that they were supported by their GP.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended surgery hours' on a Monday evening until 8.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for reviews of patients with a learning disability, long term conditions and for patients aged over 75.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- A GP partner regularly visited patients in local care homes and liaised with the home managers.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Nursing staff held the Warwick Diploma in Diabetes care.

Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday. Extended surgery hours were offered on a Monday evening between 6.30pm and 8.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people on the same day that needed them. The practice offered 12 minute appointments as standard but extended appointments were offered as necessary.

Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was above the local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 93% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 78% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 61% and national average of 59%.
- 71% said they usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 64% and the national average of 65%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had acted on feedback from patients by changing the appointment times from 10 minutes to 12 minutes due to appointments running late to ease waiting times for patients.

Listening and learning from concerns and complaints

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

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

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled, and 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. For example, a complaint received regarding how the cancellation of an appointment after the patient arrived late was communicated. A response letter was sent apologising for the inconvenience and discussed with the necessary persons.

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 mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients. The practice had business plans which reflected the vision and values.

Governance arrangements

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

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

Leadership and culture

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

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

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- 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.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to develop the practice, and 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) and through surveys, a suggestion box and complaints received. There was an active PPG which met 6 monthly. They sent yearly patient surveys and submitted proposals for improvements to the practice management team. Some suggested by the PPG that have been implemented included; a push button main entrance door for ease of access, new washable flooring

Are services well-led?

Good 

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

in reception, removal of one of the benches in the waiting room for the use of wheelchair users and displaying photographs of the clinical staff members in reception.

- The practice conducted the NHS friends and family test and had 45 responses showing extremely likely / likely to recommend the practice to other people with no responses showing people would not recommend the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff we spoke with provided us examples of where the practice had supported them to improve their professional practice, for example; the nursing staff attended the Warwick course for Diabetes management (the Warwick course provides the practical knowledge and skills necessary to provide an effective and efficient service for people with diabetes). Nursing staff also spoke of having had protected time for their professional revalidation.

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

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 practice did not follow their own procedures for checking controlled drugs.

This was in breach of regulation 12 (2) (g) the proper and safe management of medicines; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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:

The provider did not have an effective recruitment process in place. Staff were employed without relevant back ground checks being carried out and risk assessments should be in place for all staff in roles who the practice deem not to need a Disclosure and Barring (DBS) check.

This was in breach of regulation 19 (2) of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

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:

This section is primarily information for the provider

Requirement notices

The practice did not ensure that consent was gained from patients identified as carers before their information was passed on to the carers group. A confidentiality agreement had not been signed by the carers group and documented by the practice.

This was in breach of regulation 17 Good Governance (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.