

Dr Sarah Bond and partners

Quality Report

Kingsclere Medical Practice
North Street
Newbury
Hampshire
RG205QX

Tel: 01635296000

Website: www.kingscleremedicalpractice.nhs.uk

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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 Dr Sarah Bond and Partners on 7 June 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks, cleaning checks and securing treatment and consulting rooms when not in use.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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.

- Data showed patient outcomes were comparable to the national average. Although some audits had been carried out, we saw limited evidence that audits were driving improvements to patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- 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 recruitment arrangements include all necessary employment checks for all staff.

Summary of findings

- Ensure actions are identified and acted upon as a result of recommendations of infection control audits and cleaning checks of treatment and consulting rooms are recorded.
- Ensure consulting rooms remain secure when not in use. This includes ensuring vaccine fridges are locked and keys removed, maintaining security of the room which contains the controlled drugs key cabinet, as well as ensuring smart cards are removed and prescription paper removed from computers and printers when rooms are not in use.

The areas where the provider should make improvements are:

- Consider how to monitor and restrict unauthorised access to staff only areas.
- Review arrangements for communicating with patients who are hard of hearing or who use hearing aids.

- Consider recording full records of significant events including actions resulting from clinical discussions.
- Consider coding all patients known to be vulnerable adults on the practices electronic records system and maintaining an up to date vulnerable adult risk register.
- Consider creating an action plan around recommendations from the results of the Legionella risk assessment.
- Review the arrangements for demonstrating why a Disclosure and Barring Service (DBS) check has not been carried out prior to a member of staff commencing employment.
- Review personnel files to ensure they contain evidence that a DBS check has been carried out when relevant.

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, Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The practice had a process for recording when specialist equipment was cleaned but did not have a system in place to record and evidence cleaning had taken place in treatment and consulting rooms.
- The practice did not have an action plan in place to address issues identified in their infection control audit.
- Treatment and consulting rooms were not locked when unoccupied. Blank prescription forms, smart cards and refrigerated vaccines were left unsecured in these rooms.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey mostly showed that 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, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- 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. Some patients told us that there could be long waits for booking an appointment.
- 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. The practice recorded verbal and written complaints.

Are services well-led?

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

Good



- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management.
- 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.
- The practice had systems in place to identify and manage risk however; these were not always managed robustly. For

Summary of findings

example, for oversight of the safe management of medicines; governance of daily activities such as infection control, access, significant event records and patient record system coding for vulnerable adults.

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 was rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice performed in line with the Clinical Commissioning Group (CCG) and national averages for conditions commonly found in older people. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 89%, which was comparable to the CCG average of 83% and national average of 84%.

Good



People with long term conditions

The practice is rated as good for people with long term conditions.

- The percentage of patients with diabetes whose last average blood glucose reading was acceptable was 83%, which is better than the Clinical Commissioning Group (CCG) and national averages of 78%. Exception reporting for diabetes indicators was 7%, compared to the CCG average of 14% and national average of 12%.
- 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 GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for 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. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- 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 82%, which was comparable to the Clinical Commissioning Group average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had a playroom alongside the waiting area for young children.

Working age people (including those recently retired and students)

The practice is rated as good for 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.
- Patients could book appointments via the telephone or online system.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice had an arrangement in place to see patients at the practice that had no fixed abode.
- The practice had a register for vulnerable children, however not for those identified as vulnerable adults.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 90%. This was comparable to the national average of 90% and Clinical Commissioning Group average of 91%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 233 survey forms were distributed and 125 were returned, which was a response rate of 54%. This represented about 2% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.

- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were mostly positive about the standard of care received. Comments related to the quality of care received from GPs, feeling valued and listened to as a patient and the ease of getting an appointment. One patient commented that patient care could be variable and that there were difficulties in getting appointments.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr Sarah Bond and 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 GP specialist adviser.

Background to Dr Sarah Bond and partners

Dr Sarah Bond and Partners (also known as Kingsclere Medical Practice) is located at North Street, Newbury, Hampshire, RG20 5QX. The practice provides services under a NHS General Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG). The practice has approximately 5500 registered patients.

The practice population has a slightly higher than average elderly population (19% are aged over 65 compared to a CCG and national average of 17%). There is a lower than average age of under 18s registered at the practice of 19%, compared with the CCG and national average of 21%. The practice population is predominantly White British with only 2.5% of registered patients being an ethnicity other than White British. The practice is a dispensing practice dispensing medicine to approximately 50% of its patients. The building is owned by NHS Property Services.

The practice has two GP partners and two salaried GPs which is equivalent to just under 3.5 full time GPs. One of the GPs is male. One of the GP partners is currently on long term absence leave until June 2016. The GPs are supported by two practice nurses (equivalent to just over 1.5 full time nurses) and two health care assistants as well as a phlebotomist. The clinical team are supported by a management team including secretarial, dispensing and administrative staff.

The practice reception and phone lines are open between 8.30am and 6.30pm Monday to Friday. The practice operated an emergency telephone answering service from 8am to 8.30am and 1pm to 2pm daily. Extended hours appointments are offered on a pre-bookable basis from 6.30pm to 8pm every Monday. Morning appointments with a GP are available between 9am and 1pm daily. Afternoon appointments with a GP are available from 3pm to 6pm daily (Monday evening appointments are available until 8pm).

Dr Sarah Bond and Partners have opted out of providing out-of-hours services to their own patients and patients are requested to contact the out of hours GP via the NHS 111 service.

The practice offers online facilities for booking of appointments and for requesting prescriptions.

We have not previously inspected Dr Sarah Bond and Partners.

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.

Detailed findings

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 7 June 2016. During our visit we:

- Spoke with six members of staff which included the practice manager, administration staff, practice nurses and GPs. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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 living 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 incident recording 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, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw some evidence that lessons were shared and action was taken to improve safety in the practice. For example, a flu vaccine was administered twice to the same patient. The practice had logged this as a significant event and we saw evidence that this was reviewed by the practice in May 2016. An action was identified to discuss the event further with the community nursing team.

The practice had created a summary sheet to record clinical and non-clinical significant events. The practice manager told us that recording of significant events was an area that the practice needed to develop. We were told the practice updated the spreadsheet each time a significant event was reported and discussed them at meetings. The practice explained that since January 2016 they had identified a minute taker at the meetings to record action points as a result of significant events. However, the significant event above was logged in May 2016. There were no actions on the spreadsheet for the practice to evidence that the discussions with the community team had occurred.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nursing staff were trained to level two and we noted that nursing staff were due to undertake level three training in July 2016. The practice held monthly meetings with the health visitors where safeguarding issues were discussed for patients under five years old. The practice had identified 15 children currently on their risk register. The practice did not code vulnerable adults on their records system and did not maintain a vulnerable adult risk register, which potentially placed patients at risk of harm. The practice had identified this for improvement.
- The practice had a chaperone policy and a chaperone information poster was displayed in the waiting area. 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.
- We observed the premises to be clean and tidy. The practice had a procedure in place to show what needed to be cleaned on a daily basis or monthly basis. However, the practice did not have a recording process in place to evidence that these checks had been completed in line with the schedule. We saw evidence that the specialist equipment such as ear syringes were cleaned regularly and recorded. 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

Are services safe?

place and staff had received up to date training. Annual infection control audits were undertaken. However, there was no action plan to demonstrate how recommendations from the February 2016 audit would be implemented. The practice told us that they had not created one yet. The infection control audit had identified several areas for improvement, for example areas for improvement included: three members of staff did not know how to contact the clinical commissioning group infection control team for advice; and not all staff had received infection control training.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not keep patients consistently safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The vaccine fridge was locked and located in the treatment room. We observed that the key was left in the fridge door and that the door to the treatment room was not always locked when not in use.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads stored securely and there were systems in place to monitor their use. However, we observed that consulting rooms had been left unlocked and the printers in the rooms had blank prescription paper in them. We also noted that a member of staff had left a smart card in a computer when the room was unoccupied. Access to the consulting room corridors was directly off of the waiting area and not restricted from public access.
- The practice told us that information governance update training was planned but had to be postponed due to staff sickness. The practice had booked in a Lunch and Learn session on information governance for all staff for the end of June 2016.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing

medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process.

Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). The practice dispensed medicine to approximately 2600 patients.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs. The controlled drugs cabinet was kept locked. Keys were kept in a separate key cupboard off of reception. On the inspection day we found this room unlocked and the key cabinet also unlocked, the practice could not demonstrate that the medicines were held securely. Administration staff told us that the reception and dispensary was always manned by a member of staff.
- We reviewed four personnel files and found that two of the four staff did not have a copy of their DBS check in their file and there was also no risk assessment in the absence of a DBS. The rest of the files contained evidence to show appropriate recruitment check had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and 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. We saw some examples where the managers had identified potential risks such as some equipment that had not been recorded such as PAT tested and raised these with NHS property services.

Are services safe?

- The practice had identified that one fire extinguisher did not have a test sticker on it and the practice had reported this for further action. 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). NHS Property Services had a Legionella risk assessment conducted by an external company in April 2016. The practice was still awaiting their copy of the report at the time of our inspection.
- 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 enough staff were on duty.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Arrangements to deal with emergencies and major incidents

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

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 registered manager and practice manager held an electronic copy of the business continuity plan off-site. The practice also had a box stored in the reception office which contained important documents, including the business continuity plan, which could be taken off site in an emergency.

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The GPs attended regular education events organised by the local Clinical Commissioning Group (CCG).

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 98% of the total number of points available. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was better than the national average. For example, 89% of patients with diabetes on the register had a blood pressure reading within an acceptable range compared to the CCG average of 75% and national average of 78%.
- Performance for mental health related indicators was similar to the national average. For example, 90% of patients with a diagnosis of schizophrenia, bipolar affective disorder or other psychoses had an agreed care plan in comparison to the CCG and national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits completed in the last two years. We saw two examples of audits that had been completed and actions recorded to make improvements.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice conducted an audit on prescribing pain relief medicine. The practice identified a number of patients who were on repeat prescriptions but had not requested medicines over the past four months and therefore had their repeat prescription stopped. As a result of the audit the practice had begun to develop a template on their electronic records system to record when the pain relief medicine was first prescribed; this was still in progress at time of inspection. The practice now also provided information about driving whilst on this medicine and recorded in the patient notes discussion about the risk of dependency in long term usage.

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. This 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. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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 practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- A member of staff with key responsibilities had been off on long term sick. Their key responsibilities were being covered by the other key members of staff at the practice.

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.
- 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 professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation and dietary advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82% which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's data was above average in comparison to CCG and national averages. For example, 79% of females registered at the practice aged 50-70 were screened within six months of invitation in comparison to the CCG average of 77% and national average of 73%. 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.

Childhood immunisation rates for the vaccines given were comparable to CCG averages of 76% to 98% for vaccines given to patients under two years of age and 91% to 98% of five year olds. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 76% to 100% and five year olds from 93% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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. However, conversations taking place in the consultation rooms could be overheard from outside the door. Patients had free access to the consultation room corridors.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All but one of the nine 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. One patient said that the level of service and care they experienced varied depending upon which staff were working, but did not clarify which staff these were.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

Are services caring?

- 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 72 patients as

carers (1% of the practice list). Volunteers from a local support group for carers visit the practice regularly to provide information and support to patients who were also carers. Written information was available to direct carers to the various avenues of support available to them.

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. All staff at the practice were notified and future appointments are cancelled. An alert was added to family members notes to inform practice staff that there has been a recent bereavement.

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 pre-bookable appointments from 6.30pm to 8pm Monday evenings aimed at patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available. The practice had hearing loop equipment but this was not in use and stored in the staff room. It was therefore not readily accessible to patients who required it.
- British Sign Language interpreters were available to pre-book for patients who had hearing difficulties.
- The practice registered homeless patients as temporary patients in order for them to receive treatment.
- Patients with a care plan were offered the opportunity to book a 30 minute appointment slot if they required or requested it.
- The practice gave an example of supporting patients with additional needs. For example, a patient had a poor compliance rate of taking their medicines due to a lack of understanding and low literacy levels. The practice colour coded the patient's medicine to help aid compliance.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 9am to 1pm and 3pm to 6pm daily. Extended hours appointments were offered on Mondays, from 6.30pm to 8pm. In addition to

pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice operated an emergency telephone answering service from 8am to 8.30am and 1pm to 2pm daily.

Results from the national GP patient survey showed that patients satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

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

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 such as via an electronic information screen in the waiting area and on the practice website.

The practice had received 13 complaints in the last 12 months and documented these in a complaints summary. The summary detailed outcomes and implementation of learning as a result of each complaint. We looked at an example of one complaint in more detail and found that this was satisfactorily handled in line with the practice's complaints policy. Complaints were reviewed in a timely and transparent manner. Verbal and written complaints were documented and any actions arising from the complaint were acted upon.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient had complained about difficulties in getting the medicines on their prescription. The practice

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

wrote to the patient to explain their policy. The patient contacted the practice to discuss their difficulties further. As a result of this discussion the practice made changes to their process and notified GPs and dispensing staff that

patients who had multiple medicines on a single prescriptions could collect part of their prescription whilst they waited for non-stocked items to be delivered to the dispensary.

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 which was displayed in the waiting areas 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.
- The practice told us that it had been difficult to plan for the next 12 months as one GP partner was on long term absence. The practice had recently appointed a salaried GP.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, these were not always consistently managed. For example, systems and processes in place did not demonstrate that areas for improvement had been fully actioned, such as those relating to infection control and security in the building.

Leadership and culture

On the day of the inspection staff at the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients raised the issue of limited dedicated patient parking at the practice. The PPG had undertaken significant work to try and source funding for additional car parking, however, this was unsuccessful.

Are services well-led?

Good 

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

- The PPG spoke about not being sure about what their responsibilities were and what information they were allowed to know or ask of the practice and therefore would not know if the practice was withholding information.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would

not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, stock cards were implemented for each type of vaccine as a result of a suggestion from a staff member. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The registered provider did not have suitable systems and processes in place to ensure care and treatment was provided in a safe manner.• Vaccine fridge stock was not kept secure when treatment rooms were not in use.• Prescription printer paper was stored in the printers in an unlocked room when unoccupied.• Security of the controlled drugs cabinet was not maintained in that the keys were stored in an unlocked cabinet. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• There was a lack of formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.• Infection control procedures were not implemented in line with practice policy or as a result of recommendations from audits. Cleaning checks of treatment and consulting rooms were not recorded.

This section is primarily information for the provider

Requirement notices

- Treatment and consulting rooms were not kept secure during periods of non-use. This included not removing smart cards from the computer when leaving the room unoccupied.

Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance