

South Street Surgery

Quality Report

83 South Street, Bishops Stortford, Hertfordshire.

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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	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Requires improvement 
Are services responsive to people's needs?	Requires improvement 
Are services well-led?	Requires improvement 

Summary of findings

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Overall summary

We carried out an announced inspection of South Street Surgery on 21 May 2015. This was a comprehensive inspection under Section 60 of the Health and Social Care Act (2008) as part of our regulatory functions. The practice achieved an overall rating of requires improvement. Specifically, we found the practice to be good for providing effective services. We found it to be requiring improvement for safe, caring, responsive and well-led. Consequently, it requires improvement for providing services for older people; people with long-term conditions; families, children and young people; working age people; people whose circumstances may make them vulnerable and people experiencing poor mental health.

Our key findings were as follows:

- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.

- We saw patients receiving respectful treatment from staff. Patients felt they were seen by supportive and helpful staff. Patients reported feeling satisfied with the care and treatment they received.
- The practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness.
- The practice acted upon best practice guidance and completed clinical audit to further improve patient care.
- The management and meeting structure ensured that appropriate clinical decisions were reached and action was taken.
- Some systems designed to assess the risk of and to prevent, detect and control the spread of infection were lacking or not fully implemented. Some waiting room carpets were not clean.
- Patients' privacy, including during consultations was infringed. Conversations held at reception and in consultation rooms could be overheard.

Summary of findings

- Appointments, including those required in an emergency were available, although there could be a considerable wait for pre-bookable appointments. The waiting time to be seen once in the practice could also be long.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented and audited. Ensure all areas of the practice are clean. Staff should be trained in relation to infection control processes and procedures.
- Ensure that patient privacy is maintained during consultations and at reception.

- Take steps to reduce the waiting time for pre-bookable appointments and the wait for patients to be seen once in the practice.

In addition the provider should:

- Ensure that all staff have sufficient time to complete the training relevant to their roles.
- Ensure that all staff employed are supported by receiving appropriate supervision and appraisal.
- Ensure that all staff have a clear knowledge and understanding of the safeguarding processes in place, including their own responsibilities and the role of the lead.

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 safe. There were incident and significant event reporting procedures in place and action was taken to prevent recurrence of incidents when required. The structure of management communications ensured that staff were informed about risks and decision making. Systems were in place to identify and respond to concerns about the safeguarding of adults and children. A system was in place to check all medicines and receive and store vaccinations at the required temperature. Medicines were stored securely and within their expiry dates. Systems to ensure that all staff employed at the practice received the relevant recruitment checks were in place. Arrangements were in place for the practice to respond to foreseeable emergencies. However, some systems to maintain the appropriate standards of cleanliness and protect people from the risks of infection were lacking. Some waiting room carpets were not clean.

Requires improvement



Are services effective?

The practice is rated as good for effective. The practice reviewed, discussed and acted upon best practice guidance to improve the patient experience. There was a programme of clinical audit at the practice to further improve patient care. The practice provided a number of services designed to promote patients' health and wellbeing. The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working at the practice. Clinical staff were aware of the process used at the practice to obtain patient consent and were informed about the requirements of the Mental Capacity Act (2005). A schedule was in place and gradually being completed to ensure the skills, abilities and development requirements of staff were appraised.

Good



Are services caring?

The practice is rated as requires improvement for caring. On the day of our inspection, we saw staff interacting with patients in reception and outside consulting rooms in a respectful and friendly manner. There were a number of arrangements in place to promote patients' involvement in their care. Throughout the period of our inspection, patients told us they felt listened to and included in decisions about their care. Accessible information was provided to help patients understand the care available to them. However, due to the limited size and design of the waiting and reception areas patients' privacy, including during consultations was infringed. Conversations held at reception and in consultation rooms could be overheard. Senior

Requires improvement



Summary of findings

staff were aware of the issues created by their current premises and were making reasonable efforts to relocate, but no suitable measures were in place to overcome the issues at the current location.

Are services responsive to people's needs?

The practice is rated as requires improvement for responsive. There were services targeted at those most at risk such as older people and those with long term conditions. Some additional access to services for those who found attending in normal working hours difficult was available. Methods were available for patients to leave feedback about their experiences. The practice demonstrated it responded to patients' complaints and where possible, took action to improve the patient experience. The premises and services were not adapted to meet the needs of people with disabilities. However, senior staff were aware of the issues created by their current premises and were making reasonable efforts to relocate. Appointments, including those required in an emergency were available, although there could be a considerable wait for pre-bookable appointments. The results of patient feedback showed this was of concern to them.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for well-led. Staff felt engaged in a culture of openness and consultation. The management and meeting structure ensured that clinical decisions were reached and action was taken. There was a process in place for identifying and managing risks and ensuring these were acted upon. The practice sought feedback from patients and staff. Staff were supported by management and a system of policies and procedures that governed activity. However, the governance arrangements at the practice were not fully embedded and the practice was not yet safe, caring and responsive.

Requires improvement



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 requires improvement for the population group of older people because some of the processes and procedures at the practice were not safe, caring, responsive or well-led. However, the practice offered personalised care to meet the needs of older people in its population. Older patients had access to a named GP, a multi-disciplinary team approach to their care and received targeted vaccinations. A range of enhanced or patient register services were provided such as those for patients with dementia and end of life care. The practice was responsive to the needs of older people offering home visits including the provision of flu vaccinations.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the population group of people with long term conditions because some of the processes and procedures at the practice were not safe, caring, responsive or well-led. However, the practice provided patients with long term conditions with an annual review to check their health and medication needs were being met. All newly diagnosed patients with diabetes were referred appropriately. They had access to a named GP and targeted immunisations such as the flu vaccine. There were GP and nurse leads for a range of long term conditions.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the population group of families, children and young people because some of the processes and procedures at the practice were not safe, caring, responsive or well-led. However, systems were in place for identifying and protecting patients at risk of abuse. There were six to eight week post natal checks for mothers and their children. Programmes of cervical screening for women over the age of 25 and childhood immunisations were used to respond to the needs of this patient group. A full range of contraceptive and family planning services were available at the practice.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the population group of working age people (including those recently retired and students) because some of the processes and procedures at the practice were not safe, caring, responsive or well-led. However, the practice offered online services such as appointment booking and

Requires improvement



Summary of findings

repeat prescriptions. The practice encouraged feedback and participation from patients of working age through the virtual patient participation group (an online community of patients who work with the practice to discuss and develop the services provided). There was some additional out of working hours access to meet the needs of working age patients with extended opening hours every Saturday from 8.00am to 11.00am. Routine health checks were also available for patients between 40 and 74 years old.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the population group of people whose circumstances may make them vulnerable because some of the processes and procedures at the practice were not safe, caring, responsive or well-led. However, the practice held a register of some patients living in vulnerable circumstances including those with learning disabilities. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice maintained a register of patients who were identified as carers and additional information was available for those patients. There was a carers' champion at the practice. Clinical staff knew how to recognise signs of abuse in vulnerable people and were aware of their responsibilities in raising safeguarding concerns.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the population group of people experiencing poor mental health (including people with dementia) because some of the processes and procedures at the practice were not safe, caring, responsive or well-led. However, the practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Patients experiencing dementia also received a specialised care plan and an annual health check. There was a GP lead for mental health at the practice. Where necessary, the practice referred patients to one of several local counselling services. Maximum monthly prescriptions were available for patients experiencing poor mental health including those with suicidal tendencies to limit the amount of medicines they had available to them at any one time.

Requires improvement



Summary of findings

What people who use the service say

During our inspection, we spoke with 11 patients, reviewed four comment cards left by them and spoke with three representatives of the patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided.

Patients told us that the care and treatment they received at the practice were good. They said they felt staff were respectful, helpful and supportive. They told us they felt listened to by the GPs and involved in their own care and treatment. The friends and family test results from

February 2015 showed that 77.2% of respondents were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

However, a theme among the patients we spoke with or who left comments for us was that both the wait for a pre-bookable appointment and the wait to be seen once at the practice were too long. This was also reflected in the responses to the practice's own patient survey for 2014/2015 and the national GP survey for 2014.

Areas for improvement

Action the service **MUST** take to improve

Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented and audited. Ensure all areas of the practice are clean. Staff should be trained in relation to infection control processes and procedures.

Ensure that patient privacy is maintained during consultations and at reception.

Take steps to reduce the waiting time for pre-bookable appointments and the wait for patients to be seen once in the practice.

Action the service **SHOULD** take to improve

Ensure that all staff have sufficient time to complete the training relevant to their roles.

Ensure that all staff employed are supported by receiving appropriate supervision and appraisal.

Ensure that all staff have a clear knowledge and understanding of the safeguarding processes in place, including their own responsibilities and the role of the lead.

South Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP, practice nurse and practice manager acting as specialist advisers.

Background to South Street Surgery

South Street Surgery provides a range of primary medical services from premises at 83 South Street, Bishops Stortford, Hertfordshire, CM23 3AP. It is both a teaching and training practice. The practice serves a population of approximately 20,300. The area served is significantly less deprived compared to England as a whole. The practice population is predominantly white British with communities of Asian and Central and Eastern European patients. The practice serves an above average population between the ages of 10 to 19 and 40 to 54 and a slightly lower than average population between 60 and 79.

The full clinical staff team includes five male and five female GP partners, four salaried and two locum GPs, three trainee GPs, seven practice nurses and two healthcare assistants. The team is supported by a practice manager, a business support coordinator, an operations supervisor, an administration team supervisor and 28 other administration, reception and secretarial staff.

Why we carried out this inspection

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

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

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.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection visit on 21 May 2015. During our inspection we spoke with a range of staff including six GP partners, one locum GP, five nursing and healthcare assistant staff, the practice manager, the business support coordinator and members of the reception and administration teams. We spoke with 11 patients and three representatives of the patient participation group (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff

Detailed findings

interacted with patients. We reviewed the practice's own patient survey and four CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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

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

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

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

Are services safe?

Our findings

Safe track record

The staff we spoke with demonstrated an understanding of their roles in reporting incidents and significant events and were clear on the reporting process used at the practice. The senior staff understood their roles in discussing, analysing and reviewing reported incidents and events.

Once each quarter the practice's clinical meeting was dedicated for senior staff to review and take action on all reported incidents and events. The minutes of the meetings we looked at demonstrated this last happened in March 2015. The staff we spoke with who attended the clinical meeting were all able to recount the details of recent incidents and events discussed. Details of any discussions and decisions made in those meetings were made available to all staff through a range of team conversation with senior staff and other staff and practice meetings.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and taking action on significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. We looked at examples of how the procedure was used to report incidents and significant events relating to clinical practice and other issues. From our conversations with staff and our review of meeting minutes we found that incidents and events were discussed at clinical meetings which included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. We saw that the practice maintained a log of all incidents and events which included a record of the action taken to prevent recurrence.

Safety alerts were reviewed by and distributed to the relevant staff by the business coordinator and practice manager. The staff we spoke with displayed an awareness of how safety alerts were communicated and told us they were receiving those relevant to their roles. They were able to give examples of recent alerts relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

There were systems in place for staff to identify and respond to potential concerns around the safeguarding of vulnerable adults and children using the practice. We saw the practice had safeguarding policies in place and one of the GP partners was the nominated lead for safeguarding issues. All of the clinical staff we spoke with demonstrated a clear knowledge and understanding of their own responsibilities, the role of the lead and the safeguarding processes in place. However, some of the reception staff were less knowledgeable. From our conversations with them and our review of training documentation, we saw that most staff had received safeguarding and child protection training at the level specific to their roles.

We looked at the details of some recent safeguarding concerns raised at the practice. We saw the practice response was well documented and included details of the relevant GP's involvement. All the relevant agencies were informed and involved. Identifying symbols were used on the patients' notes to inform staff they were considered to be at risk.

Medicines management

The risks to patients from the unsafe use and management of medicines were minimised and controlled. A system was in place to order and check all medicines and receive and store vaccinations at the required temperature. The checks included daily monitoring of the temperature at which the vaccines were stored. All of the staff we spoke with were aware of the system in place and how to use it. We checked the medicines and vaccines and found them to be stored securely at the appropriate temperature and within their expiry dates.

Cleanliness and infection control

Hand wash facilities, including hand sanitiser were available throughout the practice. The records we looked at showed that staff had access to a comprehensive policy on infection control issues. There were appropriate processes in place for the management of sharps (needles) and clinical waste.

A Legionella risk assessment completed at the practice in April 2015 identified some risks including water temperatures being outside the acceptable range and a lack of water temperature monitoring at the practice. At the time of our inspection, the practice had not yet developed and implemented an action plan to rectify the concerns.

Are services safe?

Some systems to maintain the appropriate standards of cleanliness and protect people from the risks of infection were lacking. The practice had a nominated lead for infection control issues. However, the lead had not received infection control training in accordance with the practice's own requirements and demonstrated little understanding of her role and responsibilities. Our review of the practice's training records showed that 21 staff had completed infection control training in accordance with the practice's own requirements and 38 staff had not.

A documented comprehensive audit of cleanliness and infection control issues at the practice was not available. We saw that spot checks were completed by the practice manager and infection control lead, but these only covered basic areas such as the provision of hand washing signs and the presence of clinical waste bins.

We saw that waiting room carpets were badly stained and not completely clean. During our observations we saw that medical consumables used for urine testing were left in dedicated hand washing sinks. Many of the hand wash sinks at the practice did not meet the required specification (specification requires they have mixer taps and no plug).

Equipment

Patients were protected from the risk of unsuitable equipment because the practice had procedures in place to ensure the equipment was maintained and fit for purpose. We looked at documentation which showed the practice completed annual checks on its equipment. This included the calibration of medical equipment to ensure the accuracy of measurements and readings taken. All of the equipment we saw during our inspection appeared fit for purpose. All portable electrical equipment was routinely tested.

Staffing and recruitment

The staff we spoke with understood what they were qualified to do and this was reflected in how the practice had arranged its services. The practice had calculated minimum staffing levels and skills mix to ensure the service

could operate safely. The staffing levels we saw on the day of our inspection met the practice's minimum requirement and there was evidence to demonstrate the requirement was regularly achieved.

We looked at five staff records. They contained evidence that the appropriate recruitment checks were undertaken prior to employment. All clinical staff at the practice and any non-clinical staff risk assessed as requiring one had received, or were in the process of receiving a criminal records check. All of the checks had been completed within the past three years.

Monitoring safety and responding to risk

From our conversations with staff and our review of documentation we found the practice had a system in place to ensure that all staff received safety alerts. The business coordinator and practice manager received and distributed safety alerts to the relevant staff. The clinical meeting was used for senior staff to review and take action on all reported incidents and events. Details of any discussions and decisions made in those meetings were made available to all staff through a range of team conversation with senior staff and other staff and practice meetings.

Arrangements to deal with emergencies and major incidents

The practice had procedures in place to respond to emergencies and reduce the risk to patients' safety from such incidents. We saw that the practice had a continuity and recovery process in place. The documented plan covered the emergency measures the practice would take to respond to any loss of premises, records and utilities among other things. The relevant staff we spoke with understood their roles in relation to the contingency plan.

There was documentary evidence to demonstrate staff at the practice had completed cardiopulmonary resuscitation (CPR) training. We looked at the emergency medical equipment and drugs available at the practice including oxygen and a defibrillator. All of the equipment and emergency drugs were within their expiry dates. Documented checks on the equipment were available and completed regularly.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice reviewed, discussed and acted upon best practice guidelines and information to improve the patient experience. A system was in place for National Institute for Health and Care Excellence (NICE) quality standards to be distributed and reviewed by clinical staff. The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.

We saw that the practice had used QOF information to review all patients with diabetes where the results of a specific blood test were raised. From this, the practice learned that patient notes were being incorrectly coded. This was rectified so the GPs were better able to recognise persistent raised levels from this blood test in each patient and start the relevant treatment. As a result, at the time of our inspection visit, all of the patients on the diabetes register were receiving the appropriate treatment.

A coding system was used to ensure the relevant patients were identified for and allocated to a chronic disease register and the system was subject to checks for accuracy. Once allocated, each patient was able to receive the appropriate management, medication and review for their condition.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audits. Clinical audits are a way of identifying if healthcare is provided in line with recommended standards, if it is effective and where improvements could be made. Examples of clinical audits included those on antibiotic prescribing and the monitoring of patients on an immunosuppressive medicine. We found the data collected from both audits had been analysed and clinically discussed and the practice approach was reviewed and modified as a result.

For example, the audit on the monitoring of patients on an immunosuppressive medicine in July 2014 had reviewed 40 patients. Of those, seven were identified as having missed some or all of the necessary blood monitoring tests. The

practice removed the medicine from the repeat prescriptions list and sent patients reminders about their blood tests. The audit was repeated on 42 patients in August 2014 where the amount of patients missing the necessary blood monitoring tests had reduced from 17.5% of the total to 7%.

Effective staffing

From speaking with staff and our review of documentation we found that staff received an appropriate induction when joining the service. Where applicable, the professional registrations and revalidations of staff at the practice were up-to-date and as part of this process, the relevant bodies check the fitness to practise of each individual.

There was a mixed response from staff when discussing their appraisals and supervision. Some of the staff we spoke with said they had received an annual appraisal of their performance and competencies and some had not. Where these had been completed, we looked at some examples and saw that there was also an opportunity for staff to discuss any training requirements.

From our review of documentation, we saw there had been a notable gap in the completion of staff appraisals in the few years before our inspection. Some staff had not received an appraisal since 2011. However, the practice had already identified this issue and a schedule was in place and gradually being completed to ensure all staff were fully appraised in 2015. Of the 14 staff we checked, five appraisals were completed in May 2015 and a further six were scheduled for June 2015.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. We saw that a system was in place for such things as patient blood and radiology results to be received electronically and for pathology reports to be received by letter. These processes allowed for patients requiring follow up to be identified and contacted. All the staff we spoke with understood how the system was used.

The practice held various multi-disciplinary team meetings to discuss the needs of complex patients. This included those with end of life care needs. Monthly meetings were attended by a GP partner and district and local hospice nurses to discuss palliative care (end of life) patients. The

Are services effective?

(for example, treatment is effective)

lead GP partner for patients with learning disabilities met with representatives of the local learning disability team throughout the year. We saw that the issues discussed and actions agreed for each patient were recorded.

Information sharing

The practice used several processes and electronic systems to communicate with other providers. For example, there was a system in place with the local out of hours provider to enable patient data to be shared in a secure and timely manner. An electronic system was also in place for making referrals through the Choose and Book system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

From our conversations with staff and our review of training documentation we saw that most clinical staff at the practice had received some Mental Capacity Act (MCA) training. None of the reception or administration staff had received this training and this was reflected in their very limited understanding of this subject. From our conversations with clinical staff we found that patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). When interviewed, clinical staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity. They demonstrated an understanding of the MCA and its implications for patients at the practice. Clinical staff were also aware and demonstrated a good understanding of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).

Health promotion and prevention

We saw that all new patients at the practice were offered a health check. This included a review of their weight, blood

pressure, smoking and alcohol consumption. Routine health checks were also available for all patients between 40 and 74 years old. For the 2014/2015 year, 158 of the eligible patients had been assessed. A further 495 patients had been sent an offer of a health check with no response received. The practice recognised the uptake figure was low. However, we were aware that this was the fifth year of a five year check period and for the previous four years the practice's performance in this area was good. For the final year of the period, the practice was dealing with the group of eligible patients who were declining their invitations hence the low uptake rate.

We saw that the practice operated patient registers and nurse led clinics for a range of long term conditions (chronic diseases). The GP partners shared the lead roles with nominated nurses for patients with diabetes, chronic heart disease and chronic obstructive pulmonary disorder (COPD) among others.

The practice maintained a register of all patients with learning disabilities. However, of the 98 patients on the register, only 48 had received a health check in the past year at the time of our inspection. The figure improved considerably for patients experiencing dementia. Of the 146 patients on the dementia register, 115 had received their health check in the past year.

We found that the practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness. We saw various health related information was available for patients in the waiting area.

The practice had participated in targeted vaccination programmes for older people and those with long term conditions. These included the shingles vaccine for those aged 70 to 79, and the flu vaccine for people with long term conditions and those over 65. The practice had 2,997 patients aged over 65. Of those, 2,330 (77.7%) had received the flu vaccine in the 2014/2015 year.

Six nurses at the practice were qualified to provide and carry out cervical screening. They had all completed or were booked to complete their update training. A seventh nurse was in training and not providing cervical screening until the training was completed. A system of alerts and recalls was in place to provide cervical screening to women aged 25 years and older. At the time of our inspection there was a 77.6% take up rate for this programme over the past five years (3,933 of 5,066 eligible patients).

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection visit we saw that staff behaviours were respectful and professional. We saw examples of patients receiving courteous and helpful treatment from the practice reception staff. We saw the clinical staff interacting with patients in the waiting area and outside clinical and consulting rooms in a friendly and caring manner. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We found that doors were closed during consultations.

However, due to the limited size and design of the waiting and reception areas, it was possible to clearly overhear conversations between patients and staff at reception and in consultation rooms. We overheard many consultations, including hearing the results of a patient examination given in a consultation room behind a closed door. We also overheard many conversations at the reception desk including all the personal details, medical condition and required medicines of a patient in reception. There were no measures in place to reduce the likelihood of people overhearing patient consultations from the waiting areas.

From speaking with senior staff we found discussions on relocating the practice had been on-going for some time. One attempt to move was denied permission from the relevant authority. We saw documents that demonstrated the practice was still negotiating a move to new premises. Senior staff were aware of the issues created by their current premises and were making reasonable efforts to relocate. However, no effort had been made to overcome the issues at the current location.

We spoke with 11 patients on the day of our inspection, all of whom were positive about staff behaviours and the good care and treatment they felt they received. Four patients completed CQC comment cards to provide us with feedback on the practice. All of the responses received about staff behaviours were positive. They said staff were respectful, supportive, kind and helpful and treated them with dignity and respect. The results of the practice's own patient survey completed between November 2014 and January 2015 showed that 92.8% of the 181 respondents felt that reception staff were polite and helpful.

Care planning and involvement in decisions about care and treatment

The practice had made suitable arrangements to ensure that patients were involved in, and able to participate in decisions about their care. The 11 patients we spoke with said they felt listened to and had a communicative relationship with the GPs and nurses. They said their questions were answered by the clinical staff and any concerns they had were discussed. We also read comments left for us by four patients. Of those who commented on how involved they felt in their care and the explanations they received about their care, all of the responses were positive.

The results of the national GP survey for 2014 showed that 75.7% of respondents felt the GPs at the practice were good or very good at involving them in decisions about their care. The national average was 74.6%. The GPs were considered to be good or very good at showing care and concern by 78.1% of patients, close to the national average of 82.7%.

Patient/carer support to cope emotionally with care and treatment

All patients receiving palliative care were discussed at monthly multi-disciplinary team meetings. From speaking with staff, we found that all the GP partners sent condolence cards to the family of each deceased patient with the team's sympathy and an invitation to approach the practice for support. The GP partners told us they would also telephone close family members with an offer of support. The senior staff we spoke with knew of the availability of several local counselling services and the practice referred patients requiring such support to them.

Patients in a carer role were identified where possible. The practice maintained a register of 268 patients who identified as carers. This information was mainly sourced from patients upon registering with the practice or during their consultations with the GPs. Staff told us those patients on the register had access to services such as home visits and immunisations provided at home if necessary. We saw information aimed at carers displayed in the waiting areas on dedicated noticeboards. This gave details of the local support available and of the practice's own carers' champions (two members of the reception team nominated as the first point of contact for carers in the

Are services caring?

practice). We saw that a carers' week was schedule to be held from 8 to 14 June to assist in raising awareness among patients of the services and support available for carers at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. As part of this, each relevant patient received a specialised care plan and multi-disciplinary team monitoring. At the time of our inspection, 346 patients (1.7% of the practice's patient population) were receiving such care. There was also a palliative care register of 49 patients at the practice with regular multi-disciplinary meetings to discuss those patients' care and support needs.

Smoking cessation services including advice were provided at the practice by trained healthcare assistants. At the time of our inspection, over the previous year smoking cessation services were offered to 917 of the 2,172 known smokers in the practice patient population. Of the 59 patients accepting intervention, all had received advice or referral from the practice at the time of our inspection.

We saw that patients with diabetes received six monthly health checks at the practice. All newly diagnosed patients with diabetes were referred to the Diabetic Education Programme and also for diabetic eye screening.

The practice maintained a register of 146 patients with dementia who received a specialised care plan and a named GP. At the time of our inspection, 78.7% of patients on the register had attended for their annual health checks. The practice also maintained a register of patients with learning disabilities and provided annual health checks to those patients.

The practice had a patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided. From our conversations with PPG members and our review of some PPG meeting minutes and the 2014/2015 annual report, it was clear the group was very engaged with the practice.

Tackling inequity and promoting equality

We saw that all staff at the practice were required to complete equality and diversity training. However, at the time of our inspection, 19 staff members had completed the training and 40 had not. We saw that clinical services were provided on the ground and first floors. There was no lift at the practice. The staff we spoke with said patients with disabilities including mobility issues were seen in the ground floor consulting rooms where possible. However, this relied largely on each patient notifying the practice of their needs when making an appointment. The most recent fire assessment completed at the practice in December 2014 stated that in the event of fire, patients were able to retreat from the practice within a safe period of time as long as patients with disabilities were only seen on the ground floor. During our inspection, we saw one patient with considerable mobility issues attempting to navigate the stairs with the aid of a walking stick following her appointment on the first floor of the practice. The patient was clearly having difficulty doing so.

We found that the premises were not sufficient to meet the needs of people with disabilities including those with mobility issues. From speaking with senior staff we found discussions on relocating the practice had been on-going for some time. One attempt to move was denied permission from the relevant authority. We saw documents that demonstrated the practice was still negotiating a move to new premises. Senior staff were aware of the issues created by their current premises and were making reasonable efforts to relocate.

An external telephone translation service was available to the practice. The records we looked at demonstrated the translation service had been used by three Hungarian speaking patients between February and April 2015. We saw the practice website could be translated into 63 languages. From speaking with staff we found that some GPs at the practice spoke languages other than English including Polish, Turkish and Arabic. These GPs were able to translate for patients from those communities.

Access to the service

On the day of our inspection we checked the appointments system and found the next routine bookable appointment to see a GP was available within 24 hours. However, we noted these appointments were with trainee GPs. The next available routine bookable appointment with one of the three GP partners whose schedules we checked was 19 working days away. Dedicated telephone consultation

Are services responsive to people's needs?

(for example, to feedback?)

appointment slots were still available on the day of our inspection. We saw that the appointments system was structured to ensure that GPs were able to complete home visits between the morning and afternoon surgeries.

Urgent cases could be seen on the same day in the sit and wait clinic operated by the practice. This enabled patients to arrive at the practice without an appointment between 8am to 10.30am and 2pm to 4pm. Any patient arriving between those times would be seen at some point in that session by the GPs allocated to the sit and wait clinic.

Information was available to patients about appointments on the practice website. This included how to book appointments through the website. Patients were able to make their repeat prescription requests at the practice or online through the practice's website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out of hours (OOH) service was provided to patients.

We saw there was a standard process in place for the practice to receive notifications of patient contact and care from the out of hours provider. We saw evidence that the practice reviewed the notifications and took action to contact the patients concerned and provide further care where necessary.

As well as being open from 8.00am to 6.00pm (with phones diverting to the out of hours provider at 6.30pm) Monday to Friday, the practice had extended opening for bookable appointments from 8.00am to 11.00am every Saturday. This allowed some additional access to services for those who found attending in normal working hours difficult.

During our inspection, we spoke with 11 patients and read the comments left for us by four patients. All of the patients who commented on the appointments system and access to the practice said it was a reasonable system as long as they were flexible. A theme from their responses to us was that both the wait for a pre-bookable appointment and the wait to be seen once at the practice were too long.

Results from the NHS England GP patient survey in 2014 showed that only 37.8% of patients felt they didn't have to wait too long to be seen at the practice. This was considerably below average when compared to the rest of England (57.8%). Only 39% of patients felt their experience of making an appointment was good. This was also considerably below average when compared to the rest of England (73.8%).

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. During our inspection we saw there was a complaints procedure available and 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. A display informing patients of how to complain about the practice and its services was available in the waiting areas. A leaflet containing information on how to complain was available from reception and through the practice's website. All of the staff we spoke with were aware of the process for dealing with complaints at the practice. During our inspection we spoke with 11 patients. They were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at the practice's records of complaints from May 2014 onwards. We saw examples of when the complainants were contacted to discuss the issues raised. As a result, the practice had agreed actions to resolve the complaints to their satisfaction. We saw that where necessary, actions were taken and the complainants formally responded to in writing in accordance with the practice's own procedure.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

From speaking with staff and our review of documentation, we found the practice had a vision contained within its statement of purpose to deliver excellence in the quality of care and treatment provided to its patients.

The strategy used by the practice was formalised. The strategy for the 2014/2015 year was to focus on joined up working with other practices (creating a federation of local practices) and relocating the practice to a more appropriate and suitable premises. Ad hoc but regular strategic meetings attended by the GP partners and the practice manager were used to discuss, implement and monitor the strategy throughout the year. Our review of the minutes of the strategy meeting in April 2015 showed that the targeted strategic areas were discussed in detail. The minutes demonstrated that senior staff were aware of the issues created by their current premises and were making reasonable efforts to relocate.

Governance arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure. They understood that the GP partners were the overall decision makers strongly supported by the practice manager. Much of the routine practice decision making was delegated to the weekly business excellence committee of three GP partners and the practice manager. All staff contributed to practice processes and issues through a schedule of staff team and practice management meetings.

The practice had a system of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we looked at during our inspection were regularly reviewed and up to date. However, procedures and systems in relation to cleanliness and infection control were not yet fully embedded at the practice. The practice did not have suitable measures in place to protect patients' privacy during consultations and at reception. Following survey and other feedback, the practice had not made appropriate improvements to the quality of service by assessing and evaluating the information provided by service users. Therefore the practice was not yet fully safe, caring and responsive.

The practice had arrangements for identifying, recording and managing risks. All risks were discussed and action was taken to reduce the risk of recurrence.

Leadership, openness and transparency

There was a clear leadership structure at the practice which had named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with diabetes, chronic heart disease and dementia among others. There were also nurse led clinics for cervical cytology, family planning and travel immunisation and nominated nurse leads for such things as infection control. With the exception of infection control, the leads showed a good understanding of their roles and responsibilities. All staff knew who the relevant leads were.

Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns. All the staff we spoke with said they felt fortunate to be part of a committed team.

From our conversations with staff and our review of documentation, we saw there was a regular schedule of meetings at the practice for individual staff groups and multi-disciplinary teams to attend. Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss issues at the meetings. They said they felt their views were respected and considered.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had mechanisms in place to listen to the views of patients and those close to them. The practice had a patient participation group (PPG) of 22 members of which a core of approximately 10 met every eight weeks. The PPG is a group of patients who work with the practice to discuss and develop the services provided. There was also an online virtual patient participation group (vPPG) known as FOCUS. The vPPG is an online community of patients who work with the practice to discuss and develop the services provided. We saw that through meetings or emails the groups were able to feedback their views on a range of practice issues. We spoke with three members of the PPG who said the group had very good and open working relationships with practice staff. They said the PPG was treated as a valuable resource by the practice.

Are services well-led?

Requires improvement 

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

We saw the PPG was integral in developing the practice's last patient survey. The PPG also reviewed comments and suggestions made by patients using the box available at the practice. We noted it had also recently been agreed that the PPG would review anonymised versions of all the complaints received at the practice.

The practice had distributed its last patient survey between November 2014 and January 2015 and responses were received from 181 patients. This included questions on staff behaviours and access to the practice. The results showed that patient opinion was divided on how easy it was to get through to the practice on the telephone. Patient feedback on staff behaviours was good with 92.8% agreeing reception staff were polite and helpful. Most of the written feedback left by patients focussed on the length of wait for appointments. We saw that the PPG's annual report from March 2015 had used the feedback from the patient survey to agree one of its areas of focus for the 2015/2016 year being a review of the appointments booking system.

The staff we spoke with said the schedule of various practice and staff group meetings provided them with an opportunity to share their views on the practice.

Management lead through learning and improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. This included access to target days for learning on set topics. Non-clinical staff also said their development was supported. However, there was no schedule of protected learning time for staff to complete essential training. We saw that some of the essential training was poorly completed by staff. Some of the staff we spoke with said they were completing the training in their own time.

From our review of documentation, we saw there had been a notable gap in the completion of staff appraisals in the few years before our inspection visit. Some staff had not received an appraisal since 2011. However, the practice had already identified this issue and a schedule was in place and gradually being completed to ensure all staff were fully appraised in 2015.

A system was in place for senior staff to review and action all reported incidents, events and complaints. The evidence we reviewed demonstrated that all incidents and events were discussed. This included discussion on how the incidents could be learned from.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: We found that the registered person had not protected people against the risk of infection because some systems designed to assess the risk of and to prevent, detect and control the spread of infection were lacking, or did not meet specification. We found that some areas of the premises were not clean. This was in breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect How the regulation was not being met: We found that patients' privacy was not protected during consultations and at reception. This was in breach of Regulation 10 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	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

Treatment of disease, disorder or injury

Patients reported that the waiting time for pre-bookable appointments and the wait to be seen once in the practice were too long. The practice had not made appropriate improvements to the quality of service as a result of assessing and evaluating the information provided by service users.

This was in breach of Regulation 17 (2) (a) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.