Ashingdon Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ashingdon Medical Centre on 3 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Data showed patients outcomes were above national averages in all areas.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Risks to patients were not all assessed and well managed.

The areas where the provider must make improvement are:

- Conduct practice specific risk assessments for health and safety and legionella.

In addition the provider should:

Summary of findings

- Encourage the identification of patients who are carers.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were not all assessed and well managed, practice specific risk assessments for health and safety and legionella had not been carried out.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and compared to the national average.
- Staff assessed 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible in a variety of sources.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice and the branch surgery had undergone recent renovation to improve facilities for patients.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- There was a governance framework which supported the delivery of good quality care. However, this did not include monitoring or identifying risk as there were not adequate risk assessments in place for health and safety or legionella.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- All staff had received appraisals.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above average. For example, 93% of patients with COPD had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015); this was higher than the national average of 90%.

People with long term conditions

Good

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

- The advanced nurse practitioner had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performance for diabetes was above average, for example 94% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015), this was above the national average of 88%.
- 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.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- 77%of patients diagnosed with asthma, on the register, had an asthma review in the preceding 12 months that included an assessment of asthma control using the three RCP questions (01/04/2014 to 31/03/2015). This was comparable to the national average of 75%.
- 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.
- 88% of women aged 25 to 64 years old had a cervical screening test performed in the preceding five years (01/04/2014 to 31/03/2015), this was higher than the national average of 82%.

Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours were offered to allow patients who worked to access appointments.

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.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including patients with poor mental health and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice proactively offered health checks and reviews for patients with a learning disability.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 8%.
- The practice performed above average for all mental health indicators. Exception reporting was high for these indicators due to the relatively low number of patients diagnosed with poor mental health and dementia on the practice list.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 296 survey forms were distributed and 123 were returned. This represented a 42% completion rate.

- 96% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%.
- 91% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 84% and a national average of 85%.
- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 75% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Comments were very positive about staff, both clinical and non-clinical, having caring attitudes, the time taken to talk to patients and the treatment received.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. They felt the practice continued to improve and to offer a very good standard of care.

Areas for improvement

Action the service MUST take to improve

- Conduct practice specific risk assessments for health and safety and legionella.

Action the service SHOULD take to improve

- Encourage the identification of patients who are carers.

Ashingdon Medical Centre

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, a practice manager specialist advisor and a pharmacist specialist advisor.

Background to Ashingdon Medical Centre

Ashingdon Medical Centre is located in a residential location within Ashingdon, Essex. At the time of inspection, the practice had a list size of approximately 2,900 patients which had grown gradually by about 200 patients in the last year. In addition to the main practice there is also a branch surgery called The Dome, located in a residential caravan park. The main practice has recently been developed to improve access, to gain an extra treatment room, to improve infection prevention and control and to improve lighting and the general condition of the building. The branch surgery has also undergone some building work to improve the facilities.

The practice has a larger than average population aged 45 and over, with a smaller than average population aged 44 and under. The practice did not have any registered patients living in care homes.

There are two male GPs, a female advanced nurse practitioner and a female healthcare assistant. There is a practice manager, a dispenser and five administrative/ reception staff.

The practice has recently begun offering teaching facilities for medical students who attend the practice for two week placements.

The practice is open from 8am to 7pm Monday, Tuesday and Thursday. The practice is open from 8am to 6.30pm on Wednesday and from 7.30am to 7pm on Friday.

Appointments are offered from 9am to 12pm on Monday to Thursday and from 7.30am to 12pm on Friday. Appointments are then offered from 3pm to 6pm on Monday and Wednesday to Friday and from 3pm to 7pm on Tuesday.

Weekend appointments are also offered at the practice through the local GP Alliance, this service is provided by other GPs.

The branch surgery offers appointments from 12pm to 2pm on Monday and Wednesday. It is open from 12pm to 2pm on Friday but this is with a receptionist only and appointments are not available.

During the inspection, we visited the branch surgery but as it was closed we did not speak to any patients at this location.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 3 March 2016. During our visit we:

- Spoke with a range of staff including GPs, an advanced nurse practitioner, the practice manager, the dispenser and administrative staff.
- We spoke with patients who used the service and members of the patient participation group.
- Observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events, the outcome of which was routinely discussed at staff and clinical meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, clinical staff identified patients affected by patient safety alerts and determined what actions were necessary to protect them.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Clinical staff held regular meetings to discuss any patients at risk. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- Notices in the waiting room and on the doors of treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The advanced nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Clinical waste was stored in a suitable lockable container; however this container was not secured and was kept in an area accessible to the public. We discussed this with the practice who told us this would be addressed immediately.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use. The advanced nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the GPs for this extended role.
- The branch surgery offered a dispensing service and were signed up to the Dispensing Service Quality Scheme. One member of staff was trained to provide this service; we were told that the GP would conduct checks prior to a patient receiving their prescription.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Requires improvement

Are services safe?

- 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.

Monitoring risks to patients

Risks to patients were not all assessed or well managed.

- There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice did not have practice specific risk assessments in place to monitor the safety of staff and patients within the practice with regards to health and safety and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and locum staff were brought in if required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room and at the branch surgery.
- There was a defibrillator and oxygen with adult and children's masks available at the main practice. These items were not available at the branch surgery; a risk assessment had been carried out regarding the need for a defibrillator and the risk was deemed as low. We discussed the need for oxygen at the branch surgery and this was ordered immediately.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the main practice and the branch surgery and all staff knew of their location. All the medicines we checked were in date.

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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date; information was distributed by the practice manager to all staff affected. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014/2015 showed the practice achieved 99% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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 CCG and national average. For example, 94% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months (01/04/2015 to 31/03/2015), this was higher than the national average of 88%
- 90% of patients with hypertension had their last blood pressured reading in the preceding 12 months as 150/90mmHg or less (01/04/2014 to 31/03/2015), this was higher than the national average of 84%.
- Performance for mental health related indicators was better than the CCG and national average, some of these indicators did show high levels of exception reporting, however this was explained by a the practice having a low number of patients with mental health problems.

Clinical audits demonstrated quality improvement.

- We saw three completed clinical where improvements made were implemented and monitored. For example, an audit was carried out to look at the type of antibiotics being prescribed for urinary tract infections. As a result of the audit, patients were prescribed more suitable antibiotics.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for the advanced nurse practitioner who was responsible for reviewing patients with long-term conditions. The advanced nurse practitioner administered vaccinations and taking samples for the cervical screening programme and had received specific training which had included an assessment of competence. The advanced nurse practitioner also administered vaccinations and could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attendance at peer reviews and discussion at clinical 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 scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or the advanced nurse practitioner assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the advanced nurse practitioner.

The practice's uptake for the cervical screening programme was 88%, which was better than the national average of 82%. There was a policy to offer written, text and telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. All immunisation rates for vaccines offered by the practice were 100%. The advanced nurse practitioner told us any missed appointments were immediately followed by a telephone call to rearrange.

We were shown data for flu vaccination rates for the year 2015/2016. The immunisation rate for the over 65s was 75%, and at risk groups 48%. These were above national averages. The immunisation rates for pregnant women and children were also above national averages. At the time of inspection this data had not been verified.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. These were conducted by the healthcare assistant with support from the GPs and the advanced nurse practitioner. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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. Staff had taken the time to get to know their patients and were able to communicate well to put patients at ease.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service, a professional atmosphere and staff were helpful, caring and treated them with dignity and respect at all times.

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

Results from the national GP patient survey, published in January 2016, 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:

- 88% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG of average 84% and the national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 95% 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 on the comment cards we received was also positive and aligned with these views.

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

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 90% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had only identified 0.4% of the practice list as carers. There was a poster in the waiting

Good

Are services caring?

area to encourage carers to identify themselves, patients were also asked at health checks. 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, the practice sent them a sympathy card and offered advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Tuesday evening and a Friday Morning for working 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- In-house phlebotomy services were available to all patients twice a week.
- External counselling providers used the premises to offer appointments to patients in the locality.
- There was access for disabled patients and there was translation services available.
- There was not a hearing loop in place but the reception desk was due to be replaced with new screens and an integrated hearing loop.
- The main practice and the branch surgery had undergone renovations within the last year to improve facilities for patients.

Access to the service

The practice was open from 8am to 7pm Monday, Tuesday and Thursday. The practice was open from 8am to 6.30pm on Wednesday and from 7.30am to 7pm on Friday.

Appointments were offered from 9am to 12pm on Monday to Thursday and from 7.30am to 12pm on Friday. Appointments were then offered from 3pm to 6pm on Monday and Wednesday to Friday and from 3pm to 7pm on Tuesday.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Weekend appointments were also offered at the practice through the local GP Alliance, this service was provided by other GPs.

The branch surgery was open and offers appointments from 12pm to 2pm on Monday and Wednesday. It was open from 12pm to 2pm on Friday but this was with a receptionist only and appointments were not available.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone compared to the CCG average of 69% and the national average of 73%.
- 83% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 65% and the national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them and that the appointment system had been constantly improving.

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 on the practice website and on a poster in the waiting area.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, they were dealt with in a timely way and there was openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints, these lessons were shared at staff meetings and action was taken as a result to improve the quality of care.

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 vision to deliver high quality care to enhance the quality of life of their patients.

- Staff shared this vision and discussed the practice's aims and objectives at staff meetings.
- The practice did not have a formal strategy or business plan in place.

Governance arrangements

The practice had a 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 and shared by all staff.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

However, the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were insufficient.

Leadership and culture

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The GPs were visible in the practice and staff told us they were approachable; they adopted an open door policy and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- The practice held meetings for all staff every two months, in addition to clinical meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at staff meetings or on an ad-hoc basis and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by everyone within the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff were encouraged to undertake continuous learning and were supported to do this by the practice manager and the lead GP.

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 some feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Staff were very proactive at engaging with patients when they attended the surgery to gain feedback and ensure patient satisfaction. There was an active PPG which met annually, both the PPG and the practice were keen to develop this further.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 **The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They did not have practice specific risk assessments in place for health and safety or legionella.** **This was in breach of regulation 12 (2)(a)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**