

# Dr A S Whitaker & Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Whitaker & Partners on 31 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. There was however no procedure in place to manage national medicines safety alerts and controlled drugs were not managed in accordance with the relevant legislation.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment although not always with their choice of GP. There were 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, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour (i.e. any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it).
- The practice had proactively sought feedback from patients and had an active patient participation group.

# Summary of findings

- Patients' confidentiality was respected however conversations at the reception desk could be overheard.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvements are:

- The storage of controlled drugs are managed in accordance with the relevant legislation.
- Put in place a procedure to manage national medicines safety alerts.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure appraisals are documented.

In addition the provider should:

- Review and update policies and guidance so they are fit for purpose and all staff are aware of their content.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- The practice mostly had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, with the exception of managing controlled drugs.
- There was an effective system in place for reporting and recording significant events.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice did not have a system in place to ensure national medicine safety alerts were effectively managed.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe for example references had not been taken up nor had identity checks been made prior to employment.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.

**Good**



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect. Discussions at the reception desk can be overheard by others in the waiting area however confidentiality was maintained.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- Patients said they found it easy to make an appointment although not always with their choice of GP. There were urgent appointments available the same day.
- People could access appointments and services in a way and at a time that suited them. Repeat prescriptions could be ordered and appointments booked online. Telephone appointments were available and there was extended opening hours on Monday and Tuesday.
- The branch surgery was open Tuesday 9am -11am and Thursday 11.30am – 2pm.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.

Good



## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. .

Good



# Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments were available for older people when needed, and this was acknowledged positively in feedback from patients.

Good



### People with long term conditions

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

- All patients with complex needs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



# Summary of findings

## **Working age people (including those recently retired and students)**

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

## **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 those with a learning disability.
- Longer appointments were offered for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients had been told 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).

- Nationally reported data from 2014/2015 showed 71% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared to the CCG average 75% and the national average 77%.
- 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 advanced care planning for patients with dementia.



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published January 2016 show 254 survey forms were distributed and 126 were returned. This was 1.9% of the practice list. The results show the practice was performing similar or above the local CCG and national averages in most areas.

- 77% found it easy to get through to this surgery by phone compared to the CCG average of 68% and a national average of 73%.
- 92% found the receptionists at this surgery helpful compared to the CCG average 85%, national average 87%.
- 59% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average 51%, national average 60%.
- 95% said the last appointment they got was convenient compared to the CCG average 93%, national average 92%.

- 82% described their experience of making an appointment as good compared to the CCG average 70%, national average 73%.
- 73% usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average 63%, national average 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards all of which were positive about the standard of care received.

We spoke with four patients during the inspection. All four patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- The storage of controlled drugs are managed in accordance with the relevant legislation.
- Put in place a procedure to manage national medicines safety alerts.

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure appraisals are documented.

### Action the service **SHOULD** take to improve

- Review and update policies and guidance so they are fit for purpose and all staff are aware of their content.

# Dr A S Whitaker & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Inspector and included a GP specialist advisor, a practice nurse specialist advisor and a CQC pharmacist specialist.

## Background to Dr A S Whitaker & Partners

Dr Whitaker & Partners occupy premises which are in a Grade 2 listed building in Brigg, North Lincolnshire and a branch surgery in Broughton. They have a General Medical Services (GMS) contract and also offer enhanced services, for example; extended hours, childhood vaccination and immunisation scheme, influenza and pneumococcal immunisations, facilitating timely diagnosis and support for people with dementia, learning disabilities, minor surgery, rotavirus and shingles vaccinations and reducing unplanned admissions. They are a dispensing practice which means they may supply medicines to people who do not live near a pharmacy.

There are 6707 patients on the practice list and the majority of patients are of white British background. The proportion of the practice population in the 65 years and over age group is higher than the England average. The practice population in the 45-49 and 85+ years age groups is higher than the England average. The practice scored eight on the deprivation measurement scale. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is lower to the England average (the practice is 15.1 and the England average is 23.6).

The practice has three female and two male doctors and is a partnership with four partners. There is one salaried GP. There are two practice nurses, two health care assistants and one Phlebotomist. There is a practice manager, a practice finance manager and seven receptionists/dispensing staff.

The practice is open Monday and Tuesday 8am to 8pm, Wednesday to Friday 8am to 6.30pm. Appointments are available Monday to Friday 9.00am to 11.00am and 2.00pm to 5.30pm. Open surgeries were held weekday mornings 9am to 10.30am. Extended hours surgeries were offered 6.30pm to 7.30pm on Monday and Tuesday. Urgent appointments were also available for people that needed them.

Patients requiring a GP outside of normal working hours are advised to contact NHS 111.

## Why we carried out this inspection

We inspected this service as part of our 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 March 2016. We did not inspect the branch surgery at this inspection.

During our visit we:

- Spoke with a range of staff including GPs, the practice manager, nurses, health care assistants, pharmacy staff, receptionists and administration staff and we spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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)

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. The practice did not have a system to ensure national medicine safety alerts were implemented.

When there are unintended or unexpected safety incidents, people 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 some clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room 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 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 clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection control 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. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed for people who did not live near a pharmacy and this was appropriately managed. Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines), however some were past their review date and others had not been signed by the relevant staff. Prescriptions were signed before being dispensed and there was a robust process in place to ensure that this occurred.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary and we saw records showing all members of staff involved in the dispensing process had received appropriate training and ongoing assessments of their competency.
- The practice dispensed a small number of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place SOPs that set out how they were managed, although some were past their review date and did not reflect current practice. For example, procedures for checking dispensary stock was fit for use were not being followed. The storage and destruction arrangements for controlled drugs were inadequate; the practice told us they would cease dispensing medicines requiring safe custody following our visit.
- Expired and unwanted medicines were disposed of according to waste regulations. Staff did not routinely check stock medicines were within expiry date and fit for use as recommended in current guidance and set out in their SOPs. Dispensary staff told us about

## Are services safe?

procedures for monitoring prescriptions that had not been collected, and there was a system in place for the management of repeat prescriptions for high risk medicines.

- Staff kept a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary) and we saw dispensing errors were also appropriately recorded. These were discussed at team meetings, and learning shared to prevent recurrence. There was no system in place to manage medicines safety alerts; we asked to see records relating to a recent drug recall but we were told staff were unaware of the alert or any action taken in response to it.
- We checked medicines stored in the treatment rooms, doctors bags, and medicine refrigerators and found they were stored securely with access restricted to authorised staff. There were adequate stocks of emergency medicines, oxygen, and a defibrillator, and there was a procedure in place to manage these.
- Vaccines were administered by nurses using directions which had been produced in line with legal requirements and national guidance, however some of the directions had not been signed by the nurses who were using them.
- Blank prescription forms were handled in accordance with national guidance and the practice kept them securely. A procedure was in place to track prescription forms through the practice.
- We reviewed four personnel files and found that the practice had not complied with its recruitment policy when recruiting staff. For example, there was no evidence that references had been taken up nor had identity checks been made. The practice had checked qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety with the exception of monitoring medication safety alerts and staff checks. There was a health and safety policy available with a poster in the reception office. 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 also had a variety of other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator and oxygen with adult and children's masks available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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).

Results from 2014/2015 showed the practice achieved 99% of the total number of points available. Practices can exclude patients which is known as 'exception reporting', to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. The practice exception reporting rate was 13.7% which was higher than both the local CCG and the national average.

- Performance for diabetes related indicators was similar to the CCG and national averages (practice average 89%, national average 84%)
- Performance for mental health related indicators was similar to the national average (practice average 92%, national average 89%)

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included amending the recall protocols for patients with diabetes.

### Effective staffing

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

- The practice had an induction checklist for newly appointed non-clinical members of staff that 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 had been undertaken, for example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during meetings, peer support, appraisals, and facilitation and support for the revalidation of doctors. We were told staff were having regular appraisals however no records were available.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.



# Are services effective?

## (for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people 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 monthly 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 practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives and carers. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 93% to 98%.

The practice offered the enhanced service of the shingles vaccine. Patients had access to appropriate health assessments and checks.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that 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
- Patients' confidentiality was respected however conversations at the reception desk could be overheard.

All of the 44 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average 88% and the national average 87%
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average 94% and the national average 95%
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the national average 85%
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the national average 91%

- 95% said they found the receptionists at the practice helpful compared to the CCG average 85% and the national average 87%

### Care planning and involvement in decisions about care and treatment

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

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the national average 82%
- 89% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 79% said the last nurse they saw was good at involving them in decisions about their care compared to the national average 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 support groups and organisations. The practice had identified 1.6% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them and carers are encouraged to register with a local carers' support centre that attends the practice monthly.

## Are services caring?

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

# 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.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with extended hours on Monday and Tuesday until 7.30pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 90% of patients were satisfied with the practice's opening hours compared to the national average of 73%.

- 97% patients said they could get through easily to the surgery by phone compared to the national average 73%.
- 93% patients described their experience of making an appointment as good compared to the CCG average 71% and the national average 73%.
- 65% patients said they usually don't normally have to wait too long to be seen compared to the CCG average 58% and the national average 58%.

The practice provided and hosted services for the wider community which reduced the travel to the local general hospital. For example, minor surgery.

### 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 as a leaflet and on the website.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints 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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Some policies were not up to date and needed reviewing.
- Clinical and internal audit were used to monitor quality and to make improvements but there was no planned programme of audits.
- There were robust arrangements for identifying, recording and managing risks and issues and implementing mitigating actions.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the partners and practice manager. All staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.

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

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

It had gathered feedback from patients through an in-house patient survey, the patient participation group (PPG) and through surveys and complaints received. There was a PPG which met on a regular basis and submitted proposals for improvements to the practice. For example, the PPG had expressed concerns about the poor decorative condition of the front door and the practice had added this to their maintenance plan.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have suitable arrangements in place to ensure staff followed policies and procedures about managing medicines.</p> <p>The provider did not have suitable arrangements in place to consult national recognised guidance about delivering safe care and treatment and implement this as appropriate.</p> <p>Regulation 17(2)(d)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that the information specified in Schedule 3 was available for each person employed. In addition, they had not established effective recruitment and selection procedures.</p> <p>Regulation 19(2)</p>