

St Lawrence Road Surgery

Quality Report

17-19 St Lawrence Road
North Wingfield
Chesterfield
Derbyshire
S42 5LH

Tel: 01246 851 029

Website: www.stlawrencesurgery.gpsurgery.net

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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 St Lawrence Road Surgery on 2 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients said they were treated with compassion dignity and respect at all times.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. For example, the practice employed a care co-ordinator who was responsible for assessing the discharge

information from hospital and out-of-hours services. This information was then used to plan effective care that could reduce the risk of re admission and improve quality of life.

- 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.

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

Importantly the provider must

- Ensure that the practice has a risk assessment for legionella which is a term for a particular bacterial that can contaminate water systems in buildings .

Summary of findings

Importantly the provider should

- Ensure that all staff receive regular appraisals to allow them to identify their training needs.

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. There were procedures in place for monitoring and managing risks to patient and staff safety. However recruitment checks were not always fully completed as required

Appropriate standards of cleanliness and hygiene were followed. Staff were trained in infection control and the building was visibly clean. However there was not any risk assessment for legionella bacteria. Legionella is a term for a particular bacteria that contaminates water systems in buildings.

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents. There was a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out regular analysis of the significant events in order to identify learning opportunities. This was shared widely with all staff including the administration team in order to facilitate improvements in patient care. Arrangements were in place for staff to deal with medical emergencies.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked well with other members of the multidisciplinary teams. Clinical data showed that patient outcomes were mainly above the local and national average. We saw evidence that the practice was seeking to make improvements with their clinical coding which was said to be the reason as to why they were outliers for smoking cessation and health checks for patients who experienced poor mental health.

The practice employed a care co-ordinator following up on discharges from hospital and out of hours contacts to ensure that care and treatment needs were being met.

Good



Are services caring?

The practice is rated as good for providing caring services. Data from the national GP patient survey published in July 2015 and also from a survey by the patient participation group (PPG) showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and

Good



Summary of findings

treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Patients were satisfied with the appointment system and were able to access the GP of their choice when they needed to.

Are services responsive to people's needs?

This practice is rated as good for being responsive to people's needs. The practice had a good working relationship with the clinical commissioning group (CCG) and engaged with the commissioners in order to facilitate improvements in their practice. The practice had good facilities and services were designed and planned to meet patient requirements in the local area where individuals were not able to travel longer distances. Information about how to complain was available and we saw that staff responded promptly to issues raised.

Good



Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported and valued by the management. The practice had a number of policies and procedures to govern activity and held a range of clinical and staff meetings. There were systems in place to monitor and improve the quality of services using the data available. The practice acted upon this feedback. The patient participation group (PPG) was active, and members we spoke with told us they felt valued.

The practice had a business plan in place which clearly demonstrated ways in which the team intended to move the practice forward in the coming year.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of older patients and had a range of enhanced services. For example, the practice had a community support scheme whereby they employed a care co-ordinator to follow up patients after hospital discharge, out of hours contacts or A&E attendance. Once the patients had been identified, the practice multidisciplinary team (MDT) which included; district nurses, psychiatric nurse and social care workers met to discuss each patient in order to formulate a personalised care plan. Personalised care plans enhance standards of care that patients receive and can assist in prevention of readmission to hospital.

The practice also carried out over 75 annual health checks, assessing both physical and mental health needs, either at the practice or in their own homes. As a result of these health checks patients were then given a personalised care plan. Patients were also encouraged to bring their carer/family with them to the health checks. We saw that carers were also identified during these appointments and then signposted to the appropriate services according to their needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management. Patients were also referred to the community support scheme in order to assist in preventing unplanned admission to hospital. Patients with multiple long-term conditions were offered a longer appointment to save them from multiple attendances. Patients with diabetes were empowered to self-manage their condition by being taught how to test their own blood sugar, interpret the results and adjust their own insulin which a medicine used to stabilise blood sugars in diabetes. This personalised care can result in better control of blood sugars and therefore less risk of developing secondary complications of diabetes including heart disease. For those patients with the most complex needs, the named GP worked with relevant health and care professionals including a community matron to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Children and young patients were treated in an

Good



Summary of findings

age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of or were known to have safeguarding concerns. Immunisation rates were high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children. Vaccinations were also offered opportunistically for those families which were 'hard to reach'. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered early morning and late appointments and lunch time blood tests to accommodate personalised working needs. All patients we spoke with praised the appointment system confirming how flexible this was. Patients were able to book appointments online although the uptake for this service was low. We saw that patients were asked about how they would manage their forthcoming retirement. For example issues such as finance and how to manage time when not working were discussed at health checks and annual reviews. The practice had also subscribed to electronic prescribing which enabled flexibility for collecting medicines.

All patients could have a referral to the local food bank if this was required. The Citizens Advice Bureau also held a weekly clinic which gave individuals in the practice the chance to address any financial worries or concerns.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. All staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children. All staff including receptionists 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.

The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. We saw evidence that the practice adapted their invitation letters for annual health reviews. For example there were visual invites consisting of more pictures for those individuals with learning disabilities.

The practice worked regularly with multi-disciplinary teams in the case management of vulnerable patients. It had told vulnerable

Good



Summary of findings

patients about how to access various support groups and voluntary organisations tailored to suit individual needs. For example, we saw that there was a file which provided details of opticians and dentists who specialised in patients who may have a learning disability.

We also saw that health questionnaires were sent to a patient with learning disabilities prior to their appointment to identify new concerns. This plan was then discussed at the health check and signposted referrals to new services including physiotherapy and occupational therapy.

Appointments for travelling families were often provided at short notice where possible and this appointment could be used as an opportunity to provide any opportunistic immunisations if required.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Forty-five per cent of patients experiencing poor mental health had received an annual physical health check. This was lower than the national average and was considered to be an outlier with regards to the Quality and Outcomes Framework (QOF). The practice had identified this as a coding issue that had been corrected. Patients who had not attended for a health review were telephoned and offered a personal invitation to ensure patient safety and possible reasons for non-attendance. We were also assured that patients who had not received their annual health review at the practice had been reviewed in secondary care.

All staff including the reception team had received training in dementia care. The practice had invited a member of the team from the Alzheimer's Society to assess their waiting room and discuss with staff ways of making improvements to enhance the patient experience.

The practice regularly worked closely with the Community Mental Health Team in the case management of patients experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

We saw evidence that where patients were assessed as having a low mood during a consultation this led to depression screening. If the depression screen was positive patients were then provided with some health promotion material on how to manage depression and were also signposted where to find further support.

The practice allowed a community psychiatric nurses to book clinical rooms for clinics on an as required basis.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing well above both local and national averages. There were 127 responses out of 259 surveys that were sent out this gives a response rate of 49%.

- 99% of patients found it easy to get through to the practice by phone compared with a clinical commissioning group (CCG) average of 53% and a national average of 60%.
- 99% of patients found the receptionists at this practice helpful compared with a CCG average of 87% and a national average of 87%.
- 89% of patients with a preferred GP usually got to see or speak to that GP compared with a CCG average of 53% and a national average of 60%.
- 97% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.

- 97% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 97% described their experience of making an appointment as good compared with a CCG average of 69% and a national average of 73%.
- 87% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 84% felt they did not normally have to wait too long to be seen compared with a CCG average of 56% and a national average of 58%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. For example, all patients praised the appointment system, the reception team and described how well they were treated in relation to dignity and respect. Patients also commented positively on the cleanliness of the building

St Lawrence Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to St Lawrence Road Surgery

St Lawrence Road Surgery is situated in the Hardwick Clinical Commissioning Group (CCG) with a list size of 4,475 patients.. The practice is a teaching practice for third year and fifth year medical students. These are students undergoing a programme of medical education to become doctors.

There are several small villages in the catchment area which are isolated. North Wingfield was a mining village until the late 1960s therefore there is a high rate of respiratory disease. One of the key challenges is access to the practice from public services and transport. However data from the GP survey published in July 2015 states that patients are satisfied with their experience of care overall. The practice has an active patient participation (PPG) and engages well with the local CCG.

St Lawrence Road Surgery is a two partner practice with one salaried GP. (Two female GPs and one male GP). There is also an advanced nurse practitioner, two practice nurses and one healthcare assistant. There are two phlebotomists to collect blood samples.

There is a full complement of administration staff including a practice manager, an accounts manager, an operations manager who is also the care co-ordinator and secretary. There is one office supervisor and five administrators.

The practice hold a Personal Medical Services Contract (PMS) contract with NHS England

The practice is open Monday to Friday from 8am to 6.30pm The practice has opted out of providing out-of-hours cover to patients. These services are provided by Derbyshire Health United.

Why we carried out this inspection

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

How we carried out this inspection

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

Detailed findings

- 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)

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 2 September 2015. During our visit we spoke with a range of staff including GPs, a practice nurse and administrative staff. We also spoke with six patients who used the service. We observed how patients were being cared for and talked with carers and family members and reviewed the personal care or treatment records of patients. We also reviewed 24 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. All staff we spoke with including the reception team were able to describe a recent significant event and demonstrate that they had learnt from it. We reviewed safety records, incident reports and minutes from meetings which supported these findings and clearly demonstrated that lessons had been shared and action had been taken to improve practice. For example, an individual taking a medicine to thin their blood had become unwell and stopped eating which had caused an increased risk of bleeding. This risk had been managed immediately and the patient did not come to any harm. Following the changes all patients were advised that if they became unwell and stopped eating they must contact the practice for advice. All complaints we reviewed were dealt with in a timely manner and were also automatically treated as significant events.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard vulnerable adults and children from abuse that reflected relevant legislation and local requirements. Safeguarding policies were available to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff we spoke with could tell us who the lead member of staff for safeguarding was. The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies. The nurse, receptionists and GPs we spoke with on the day clearly demonstrated they understood their responsibilities and had received training relevant to their role. Any vulnerable adult or child deemed to be at risk of, or who had been identified with safeguarding concerns was flagged on the practice computer system.
- The practice had chaperones available. All nursing staff and administrative staff had been trained to act as a chaperone during intimate examinations and knew their

responsibilities including where to stand and how to gain consent. The care coordinator told us that nurses acted as chaperones on all occasions and that administrative staff had been trained in case of periods of high demand. We saw that nursing staff had received checks with the Disclosure and Barring Service (DBS) although administrative staff had not. 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. However we saw a risk assessment to say as to why these DBS checks had not been carried out and the manager assured us that they would carry out DBS checks as soon as possible.

- There was a health and safety policy available with a poster on display. The practice had up to date fire risk assessments and regular fire drills were carried out the last one being July 2015. All electrical equipment had been 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 number of other robust risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The senior practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken internally and we saw evidence that action was taken to address any improvements identified as a result. We saw evidence of cleaning schedules and the practice manager carried out regular checks to ensure that the standard of cleaning was effective. Hand gel was available in all the public areas for patients and staff. Hand washing posters were displayed in both staff and public toilets
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All staff we spoke with were aware of the signs and symptoms of the Ebola Virus. There was not a risk assessment in place for Legionella. Legionella is a term for a particular bacteria which can contaminate water systems

Are services safe?

in buildings.. However, we saw evidence of communication between the practice manager and the clinical commissioning group (CCG) with a view to organising this as soon as possible.

- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe. All vaccinations were stored securely at the correct temperatures, fridge temperatures were monitored and recorded daily and all stock was rotated. Other medicines were stored securely and within the correct temperatures. All blank prescriptions were stored securely and their use was monitored.
- The practice had a recruitment policy in place which set out the standards it followed when recruiting clinical and non clinical staff We reviewed three files which showed that nurses and GP professional registration was checked both at interview and was continually monitored on a regular basis to ensure patient safety. Whilst there was not any evidence of written references for two of the employees, we saw evidence of verbal recommendations based on previous conduct.
- . We saw evidence that some appraisals had already been carried out for this year. We also saw further evidence of dates and times of appraisals being arranged for those members of staff who were still awaiting their appraisals.
- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was a rota system in place for all staffing groups to ensure that enough staff were on duty. The operations manager also told us that they trained reception and administrations staff in multiple roles such as handling and processing repeat

prescriptions and secretarial duties. This ensured smooth running of the practice when staff were either unexpectedly off sick or on annual leave. From our conversations with staff they told us that they felt well supported.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff knew where to access this equipment and the evidence we saw showed that this emergency equipment was checked on a weekly basis to ensure it was working.

Staff could describe the action they would take in a medical emergency. All emergency medicines in the clinical rooms were in date and there was a comprehensive system devised by the practice nurse to record and monitor the expiry dates and batch numbers of all medicines.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. These included lack of access to the premises, loss of electricity or gas supplies, failure of the IT system and loss of medical records, amongst others.

A fire risk assessment had been undertaken. Fire safety equipment was available and maintained. All staff we asked described the procedure for safe evacuation during a fire. We also saw evidence that staff had attended fire drills.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) practice guidelines. For example, the practice had regular team meetings where patient referrals to secondary care i.e. hospitals, were reviewed and discussed to ensure staff had used evidenced based guidelines. We saw meeting minutes from July 2015, where there had been a review of prescribing practice to ensure that had been in line with nationally recognised guidelines.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results from the 2013/14 data in QOF showed the practice had achieved 98.2% of the total number of points available with an exception rate of 9.8%. However this practice was considered an outlier for smoking cessation and also for patients requiring health checks in relation to poor mental health. An outlier means the data is significantly different when compared to other practices. We asked the GP partner about this and he assured us that this issue had been investigated and had been identified as an issue with the clinical coding of the information. Performance for heart failure related indicators showed that the practice had achieved 100% of all their points, which was 0.2 % higher than the CCG average and 2.9% higher than the national average.

- Performance for palliative care related indicators showed that the practice had achieved 100% of all their points, which was the same as the CCG average, and 3.3% above the national average.
- Performance for hypertension related indicators showed that the practice had achieved 100% of their percentage points which was 13.8% above the CCG average and 11.6% above the national average. .

- Performance for COPD health related indicators showed that the practice had achieved 100% of their percentage points which was 3.9% above the CCG average and 4.8% above the national average.
- Performance for mental health related indicators showed that the practice had achieved 100% of their percentage points which was 6% above the CCG average and 7.2% above national average.

The practice could evidence quality improvement with two cycle clinical audits and all relevant staff were involved. There had been seven clinical audits completed in the last two years, all of which were completed audits where improvements had been made and monitored. For example, the practice nurse had audited her cervical smear results in order to see how many results were inadequate due to incorrect technique. There were three inadequate smears identified. As a result of this finding the nurse made every effort to improve her technique when carrying out the smear test. The follow up audit showed that her technique had improved significantly as she had not received any inadequate smear test results. The practice also participated in an audit of the use of antimicrobial medicines to ensure that they were not overprescribing. Overprescribing of antimicrobial medicines can lead to microbial resistance. Antimicrobial resistance is when microorganisms (including bacteria, fungi, viruses and parasites) are able to withstand attack by **antimicrobial** drugs, such as **antibacterial** drugs (e.g. **antibiotics**), antifungals, antivirals, and antimalarial's, so that standard treatments become ineffective and infections persist.

Recently the practice has been approved as a research practice and had planned to participate in the Helicobacter Eradication Aspirin Trial (HEAT). study, Helicobacter is a bacteria residing in the gastric tract which has the ability to cause excess acid production, potentially leading to ulcers in the stomach and intestines.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice employed an advanced nurse practitioner (ANP) who was undertaking additional training to independently prescribe medicines. The ANP already saw patients presenting

Are services effective?

(for example, treatment is effective)

with minor illness and worked closely with the GPs. The practice envisaged that the ANP would reduce some of the GPs workload, which in turn would free them up to see more patients.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.
- One GP had already been revalidated. Revalidation is the process by which licensed doctors demonstrate to the General Medical Council (GMC) that they are up to date and fit to practise and the nursing staff were fully aware and prepared for revalidation by the Nursing and Midwifery Council. Revalidation for nurses is also mandatory in order for them to remain on the Nursing and Midwifery Council Register.
- Not all staff had received an appraisal in the last year. The practice manager told us this was due to staff sickness. We saw evidence that the practice manager had arranged for staff to have their appraisals as soon as practically possible.

Coordinating patient care and information sharing

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 on-going care and treatment. For example the practice employed a care co-ordinator who was responsible for the identification of patients for the virtual ward scheme. Patients were recruited to the scheme when they had been assessed after discharge from hospital or following an out of hours consultation. The practice had 79 patients enrolled in the virtual ward scheme of which 100% had a care plan. We saw multi-disciplinary team meetings took place on a weekly basis. Between August 2014 and August 2015 77 patients who were part of the virtual ward scheme had their care plan reviewed by the multidisciplinary team.

Notes received from the out of hours service and results from tests and investigations were seen by GPs on the same day as they were received in order to identify any risks. The practice was able to share patient information

by a shared computer system. The information provided other health professionals who were not familiar with a patient with a greater insight into the health care needs of a patient.

Consent to care and treatment

Patients' consent to their care and treatment was always sought in line with legislation and guidance. Staff we spoke with fully understood the Gillick competency a test used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. We also saw evidence that Gillick competency was flagged on the practice computer system when clinicians were consulting with a minor. The practice also had an evidenced based protocol for issuing condoms with a section clearly highlighting the importance of using Fraser guidelines in decision making. Fraser guidelines are a term used to describe a child under 16 who is considered to be of sufficient age and understanding to be competent to receive contraceptive advice without parental knowledge or consent. The nurse we spoke with described how she would obtain consent from a parent prior to giving any immunisation or vaccination, with reference given to when a child was brought in by a relative.

All staff we spoke with including the reception team had a good understanding of the Mental Capacity Act 2005.

Health promotion and prevention

We saw evidence where patients had been referred to 'Live Life Better,' a local health promotion scheme where patients could benefit from advice on exercise and weight management. The practice also offered in-house advice on smoking cessation and reduction of alcohol intake. There were numerous health promotion leaflets available for patients to take away in the practice. There was a special health promotion file for those patients with learning disabilities. This contained information which signposted patients to services which specialised in the needs of patients with learning disabilities, this including opticians and dentists. We saw evidence that the practice adapted their invitation letters for annual health reviews for patients with a learning disability where appropriate. Letters were designed using more pictures in order to make them easier to understand. All

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

patients could have a referral to the local food bank if this was required. The Citizens Advice Bureau held a weekly clinic which gave individuals in the practice the chance to address any financial worries or concerns

The practice had a comprehensive screening programme. The practice's uptake for cervical screening was 81.8% which was above the CCG average of 77.5% and the national average of 74.3%. Patients who did not attend their screening were followed up individually to identify the reasons for non-attendance. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. Seventy seven point six per cent of women from the practice had attended a breast cancer screening service which was comparable with the CCG average of 75% and above the national average of 73.2%.

Childhood immunisation rates for the vaccinations given were above the CCG and national averages. For

example, childhood immunisation rates for vaccinations given to under two year olds were at 100% and the vaccination rates for 5 year olds were also 100%. The practice also offered opportunistic vaccinations for those individual families who were hard to reach. The total number of individuals aged 65 years and over in the practice who had received a flu vaccination was 88%.

Patients had access to appropriate health assessments and checks. These included health checks for all new patients and NHS health checks for patients aged 40–74. The practice also offered health checks for over 75's which is not routine practice. They had an uptake of 76% in the last year. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that all patients who attended the practice either in the reception area or whilst on the telephone were treated with dignity and respect. Staff knocked on doors prior to entry to consulting rooms to ensure privacy. Staff monitored the patient waiting area to ensure that they could see if any patient was taken ill prior to their consultation. Reception staff took calls from the public in another office which could not be overheard at reception. We noted that if a patient wanted to speak to a member of staff to discuss sensitive issues they could do this in a private room away from the reception area. The consulting rooms were equipped with curtains which assisted in preservation of dignity and respect during physical examinations. .

All of the 24 patient Care Quality Commission (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. We also spoke with two members of the patient participation group (PPG). A PPG is a group of patients registered with the surgery who have an interest in the services provided. The PPG had carried out a patient satisfaction survey during 2014/15. 250 questionnaires were sent out and 189 responses were returned. Ninety six point three percent of respondents were likely or very likely to recommend the practice to family or friends. Ninety-six point three per cent of respondents also said they were either satisfied or very satisfied with the level of clinical care they received.

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for patient satisfaction from their consultations with GPs and nurses. For example.

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.

- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 98% said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 98% said the last nurse they spoke with was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt listened to and involved in their care and treatment. In particular patients also told us they were treated as individuals and were given plenty of choice with regards to the care and treatment that was offered. The patient feedback from the comment cards we received also reflected this opinion.

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

- 98% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%
- 97% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.

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

Patients who may be in need of extra support were identified by the practice. This information was obtained from assessing patients for the virtual ward and from routine consultations. The practice had a policy for the identification of carers. We saw evidence in anonymised patient records where this policy had been implemented. The practice also had a carers register. The care

Are services caring?

co-ordinator was responsible in part for keeping this register updated. For example we saw evidence in anonymised notes that any carer identified was signposted to the appropriate services, according to their personal needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example information for patients with dementia. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. 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

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- The practice offered extra appointments to accommodate bank holidays and cover for staff on annual leave.
- There were longer appointments available for patients with learning disabilities and complex health needs.
- Short notice appointments were available when required,
- Home visits were available for appropriate patients who would benefit from these.
- The practice nurse visited housebound patients to carry out routine blood tests in order to ensure safe prescribing for medicines used to thin their blood.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was good access for those patients with a disability. A designated parking bay was adjacent to the practice entrance and the practice had a ramp and wide doors to allow for wheelchair access.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday.

Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was above local and national averages. The patients we spoke with told us they For example:

- 92% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 71% and national average of 75%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.
- 97% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 87% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried. This is above the CCG average of 82% and above the national average of 85%.

Listening and learning from concerns and complaints

The practice had a 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. The practice manager handled all complaints in the practice. Patients we spoke with knew how to make a complaint and there was clear guidance given on how to make a complaint in the practice leaflet.

The practice complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. We saw correspondence from one of the GPs responding to a complaint raised in a timely manner.

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 mission statement on the front of their patient leaflet with the ethos being to provide their patients with a caring, convenient and well organised service which responded appropriately to patient's needs. We observed that staff were motivated, engaged and enthusiastic whilst going about their duties. The practice had a supporting business plan which reflected the vision and values. For example, a new housing development had been planned in the local area. We saw correspondence the practice had with other organisations to ensure the practice would be well positioned to meet the potential increase in demand and funding if the plans were successful.

Governance arrangements

The practice had a governance framework which supported the delivery of 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. These were evidenced based and updated regularly.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks.

Leadership, openness and transparency

Staff told us that the senior leadership team were approachable and always take the time to listen to them. We witnessed this on the day of our inspection.

Regular staff team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt supported and confident in doing so. We saw minutes from the team meetings which confirmed these findings.

Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. We saw examples of staff suggestions in meeting minutes. We saw a document that highlighted the perceived strengths and weakness of the practice and the challenges that were foreseen for the future.

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

The practice proactively gained patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients with the patient participation group (PPG) patient survey in 2013/14. A PPG is a group of patients registered with the surgery who have an interest in the services provided. The practice acted on the survey by replacing a number of chairs in the waiting room to allow easier access. There had been a further survey by the PPG in 2014/15. The results that had been submitted to the practice which made some proposals for further improvements.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The practice was in breach of this regulation as they did not have any legionella assessment. Legionella is a term for a particular bacteria which can contaminate water systems in buildings.
Maternity and midwifery services	A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in place
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

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.