

Kingsway Surgery

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 Kingsway Surgery on 5 October 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 report incidents and near misses. However reporting was not always consistent and there was no system in place to disseminate learning from complaints and incidents to all staff.
- The practice was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure there are consistent processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Take action to address identified concerns with safeguarding.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

Summary of findings

- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure blank prescriptions are handled in line with national guidance.
- Ensure incoming results are dealt with in a timely way.

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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, not all incidents were recorded and lessons learned were not communicated widely enough to support improvement.
- Risks to patients were not always assessed and well managed.
- The practice had arrangements in place to effectively deal with emergencies.
- There were concerns with some areas of safeguarding.

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, however there were some gaps in training.
- There was evidence of appraisals and personal development plans for all staff, although some were overdue.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- Incoming results were not always dealt with in a timely way.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice lower than others for some aspects of care. 68% of patients surveyed said that they found the receptionists at this surgery helpful compared to 85% CCG average and 87% national average.
- 70% of patients described the surgery as good compared to 85% CCG average and 87% national average. However this was not reflected by patients who commented or were spoken to on the day of inspection.
- Patients said they were treated with compassion, dignity and respect.
- There was a strong ethos of treating patients as individuals.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said there was continuity of care, with urgent appointments available the same day.
- The practice 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.

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. The practice had a number of policies and procedures to govern activity although some required review or update.
- Regular governance meetings were held.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice sought feedback from staff and patients, which it acted on. There was a newly formed but committed patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

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.

Approximately 12% of the practice patient list were over 70. The practice offered home visits for patients who were not able to attend the surgery. Flexible appointments were also available which could be booked in advance and supported patients who relied on family members for transport. The District Nursing team visited the surgery daily and this ensured that communication regarding this patient group was maintained.

An integrated care coordinator was based in the Surgery once a week. They evaluated patients in need of additional support by means of a risk stratification tool as well as direct referrals. The senior partner met with the integrated care coordinator every 6 weeks to discuss cases. This integrated working allowed the practice to provide more holistic care to this age group.

Good



People with long term conditions

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

- The practice ran specific clinics for diabetic patients, coronary heart disease patients and patients with chronic obstructive pulmonary disease.
- The practice had access to a diabetic specialist nurse for more complex diabetic patients.
- The practice ran two international normalized ratio (INR) clinics each week to monitor patients who were taking warfarin.
- Longer appointments and home visits were available when needed.
- Patients 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.

Good



Families, children and young people

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

- Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's rate for cervical screening was 85% which was higher than the national average of 82%.
- Appointments were available outside of school hours.
- On the day appointments after school were available to enable children who had become ill at school to be seen on the same day.
- We saw 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 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. This included early morning appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients were able to send email queries to the practice.
- The practice offered the meningitis vaccine (MEN ACWY) to students who started university for the first time this year. Due to time restraints between the vaccination programme beginning and the start of the university term, the practice offered additional clinics in order to vaccinate as many new students as possible.

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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability and an annual health check. Prior to attending, the practice provided an illustrated information leaflet describing what to expect. This had been written by the practice and had been approved by the Learning Disability Liaison nurse from the CCG. In order to make patients more comfortable the health checks were booked in at quieter times during the day.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

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).

- Indicators for the care of patients experiencing poor mental health were consistently higher than the national average, for example 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the national average of 86%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia. A lead GP oversaw the care plans for dementia patients.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- In order to support patients with mental health concerns there were several different therapy services within the practice on different days of the week. Appointments were available with an **Improving Access to Psychological Therapies(IAPT)** therapist, cognitive behavioural therapist and a psychological well-being practitioner.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015. The results showed the practice was performing below local and national averages in some areas. 321 survey forms were distributed and 36% were returned.

- 53% of patients said they found it easy to get through to this surgery by phone compared to the CCG average of 68% and a national average of 73%.
- 68% of patients said they found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 77% of patients said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 88% of patients said the last appointment they got was convenient (CCG average 92%, national average 92%).

- 58% of patients described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 65% of patients usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).

This was not reflected by the patients who completed CQC comments cards prior to our inspection or by the patients we spoke with during the inspection. We received 12 comment cards which were all positive about the standard of care received although five of the cards also included negative comments which did not have a common theme. Patients said they felt the practice offered an excellent service and staff were supportive, efficient, caring, kind and listened with interest to them. Patients felt they were treated with dignity and respect.

We spoke with two patients during the inspection. Both patients said that they were happy with the care they received and thought that staff were caring, efficient and kind.

Areas for improvement

Action the service MUST take to improve

- Ensure there are consistent processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Take action to address identified concerns with safeguarding.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure blank prescriptions are handled in line with national guidance.
- Ensure incoming results are dealt with in a timely way.

Kingsway Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Kingsway Surgery

Kingsway Surgery is a seven partner practice. The practice list size is approximately 11,300 patients.

The site has limited car parking but additional parking is available on the streets near to the practice.

The practice has eight GP partners and one salaried GP who between them provide 46 sessions per week. The practice employs a practice manager, an assistant practice manager, three practice nurses and two health care assistants (HCA) as well as a team of reception and administration staff.

The practice provides GP services under a (GMS) General Medical Services contract.

The surgery is open from 8.30am until 6pm Monday to Friday. Extended hours surgeries are available and nurse appointments can be booked from 7.40am on Monday and Friday mornings with GP appointments available on Monday, Wednesday and Friday mornings from 7.40am.

The practice lies within the NHS East Leicestershire and Rutland Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice had not previously been inspected by the Care Quality Commission.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 October 2015. During our visit we:

- Spoke with a range of staff (GPs, Nursing and administrative).
- Spoke with a member of the PPG.
- Observed how patients were interacted with.

Detailed findings

- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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 a system in place for reporting and recording significant events. However this was not always consistent.

- Staff told us they would complete an incident report form that would go to the practice manager and that a review would be carried out to determine risk.
- Staff were able to give examples of incidents and were able to describe the process.
- Reviews of incidents had been completed with timescales and named responsibility of actions for completion.
- Actions and lessons learned were not disseminated to all staff in the practice.
- Annual reviews were completed and fed into appraisal process.

We reviewed safety records and two incident reports. We saw that these were completed with actions and were to be discussed at practice meeting. We saw that one incident that had occurred in March 2015 had been discussed in a practice meeting in June 2015. Another significant event we reviewed celebrated the practice coping with an emergency situation, this was to be discussed in a meeting but there were no minutes for that meeting taken. There was another incident that had been discussed at a meeting but there was no significant event form relating to that incident.

Overview of safety systems and processes

- Arrangements were in place to safeguard children 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. Any concerns by non clinical staff were to initially be discussed with the on-call GP. The local procedure policy also gave an urgent
- Children at risk were discussed in team meetings with well documented actions and responsibilities. Meetings were held with the health visitor team every six weeks.
- There was a lead member of staff for safeguarding.

- Not all staff had undertaken appropriate safeguarding training.
- However the safeguarding of vulnerable adults policy, which was not dated, did not give clear guidance for non clinical staff of who to contact or what to do.
- Not all patients at risk had been coded on the electronic patient record system which meant that staff were not alerted. For example we saw that all children had an alert added on the system however adults that were identified as vulnerable or those with a learning disability did not have alerts in order for staff to be able to identify them easily and offer care and support accordingly.
- A notice in the waiting room and in all consultation and treatment rooms advised patients that chaperones were available, if required.
- We observed most areas of the premises to be clean and tidy. We saw there were cleaning schedules were in place. Daily and weekly checklists were also in place. However there was no records to demonstrate checks of the quality of cleaning provided to ensure that it was maintained to a high standard.
- The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and improvements had been identified for action but no action plan had been completed. We did not see any evidence from meeting minutes that the findings of these audits had been discussed.
- There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.
- On the day of the inspection the cupboard in which the cleaning products were kept was unlocked. Control of Substances Hazardous to Health (COSHH) information which related to these cleaning products was available to ensure their safe use. The practice did not have a COSHH policy to provide guidance for staff.
- The practice had arrangements in place for the safe disposal of clinical waste and sharps such as needles and blades. We saw evidence that their disposal was arranged by a suitable external company.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated on 2015. Both blank prescription forms for use in printers and those for hand written prescriptions were not handled in accordance with national guidance as these were not tracked through the practice.
- All equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date which was July 2015. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, nebulisers, ear syringe equipment, blood pressure measuring devices and the fridge.

Monitoring risks to patients

There were limited arrangements in place to assess and manage risks to patients and staff safety.

- The practice had undertaken a legionella risk assessment in June 2014. However the actions identified as a result of this had not been completed. We

raised this with the practice manager and following our inspection we were told that this was being addressed and a system being put in place to test water temperatures in line with recommendations.

- We found that the practice did not have robust procedures in place to manage the risk of fire. A fire risk assessment had not been undertaken. There was only one fire drill recorded and the fire safety policy was not robust. The practice manager told us two staff members were booked on a course to carry out fire warden training.
- The practice manager told us they had carried out some risk assessments, for example relating to infection control and was aware that other risk assessments such as those relating to workplace safety still needed to be undertaken.
- 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 arrangements in place to respond to potential emergencies and major incidents.

- A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed. The plan was last reviewed in September 2015.
- Emergency medicines were easily accessible to staff in secure areas of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice did not have all the emergency equipment and medicines in one place. We spoke with the management team who told us they would review the location. The notes of the practice's significant event meetings showed that staff had discussed twomedical emergencies concerning two patients and that the practice had learned from this appropriately.

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.
- NICE guidance was discussed in clinical governance meetings for example discussion around the guidance and correct policies.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 9.3% exception reporting. Exception reporting is the percentage of patients who would normally be monitored but are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included. Data from 2014/15 showed;

- Performance for diabetes related indicators was 92.1% which was similar to the CCG average 94.9% and national average of 98.1%.
- Performance for hypertension related indicators was 100% which was better than the CCG average 97.1% and national average 88.4%.
- Performance for mental health related indicators was 100% which was better than the CCG average of 99% and national average 90.4%.
- Performance for dementia related indicators was 100% which was higher than the CCG average of 97.7% and the national average of 93.4%.

- Clinical audits demonstrated quality improvement. There had been two clinical audits completed in the last two years, both 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, the practice was looking at referrals and benchmarking them with other practices. The plan was to look at three areas, such as appropriateness, whether all investigations that could be accessed through primary care been actioned and thirdly, looking to see if the diagnosis from secondary care matched that in primary care. The results from this would then be used as a learning event for all doctors.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However we found there were gaps in training. For example not all staff had undertaken appropriate safeguarding training. There was not a clear system for monitoring clinical updates and training for nursing staff and some update training relating to immunisations had not been completed. Nursing staff we spoke with felt the practice was proactive in providing training and funding for requested relevant courses, for example phlebotomy. Nursing staff had not had an appraisal for over 12 months. The practice manager was aware of this and showed us that these were scheduled later that month.

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.

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

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.

There was a global email box which we were told was checked regularly by the assistant practice manager to ensure all results were read and filed by the appropriate clinician. However we looked at the email box on the day of our visit and saw there were 52 various results which were four days old, 33 of these were for a GP who worked part time and because of their working pattern the results could potentially be left unactioned for five days. Of the results we looked at 15 were abnormal results which had not been actioned.

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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a six weekly basis with the health visitor team and district nurses 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.

- Not all staff we spoke with had an awareness of the Mental Capacity Act 2005 and their duties in fulfilling it. Some of the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it.
- 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, where appropriate, 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, carers and those at risk of developing a long-term condition, Patients were then signposted to the relevant service.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme for 2013/14 was 85% which was above the national average of 82%. There was a process in place to follow up patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.3% to 100% and five year olds from 94% to 99.2%. Flu vaccination rates for the over 65s were 70.92%, and at risk groups 42.77%. These were also comparable to national averages of 73.24 and 52.29%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. 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 members of staff were courteous and very helpful to patients and treated people dignity and respect.

- curtains were provided in all but one of the consulting rooms in order 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.

The 12 patient CQC comment cards we received were positive about the service experienced, although five of the cards also included negative comments which did not have a common theme. Patients said they felt the practice offered an excellent service and staff were supportive, efficient, caring, kind and listened with interest to them. Patients felt they were treated with dignity and respect.

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

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

- 82% of patients said that the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 80% of patients said that the GP gave them enough time (CCG average 89%, national average 87%).
- 90% of patients said that they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 75% of patients said that the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

- 83% of patients said that the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 68% of patients said that they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients commented very positively 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.

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

- 78% of patients said that the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 74% of patients said that the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. We were told the practice also had a GP who was able to speak a number of different languages. This had reduced the need for the practice to use external translation services. We did not see any notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The staff in the practice aimed to identify all carers. They did this with information on notice boards, the new patient registration form, via prescriptions and also through contact during the flu season. The practice also identified carers if someone was collecting a prescription for someone else, the staff would ask and include a self referral

Are services caring?

form. There were also various contacts for support such as carers line, Princess Royal Trust for carers, Carers Centre, Age UK, Royal Voluntary Service, Coping with Cancer and Barnados Carefree Young Carers Services.

1.02% of the practice list had been coded as carers or patients that cared for. A random selection of these patients showed that the patients had alerts to show they were part of a vulnerable risk group but there was no alert to say that they were a carer. This meant that patients who were carers would not necessarily be given different options or support to enable them to continue with their caring role.

The new patient registration form would also identify patients such as ex-servicemen and blood donors. It gave information relating to online access to medical records and other online services for example the patient choice for electronic referrals. There was a separate registration document for 0-16 year olds which included a baseline of immunisations and vaccinations to be shared with the health visitor. The contact details were given for the school nursing service for parents.

Staff told us that if families had suffered bereavement a condolence card would be sent. The practice had a process in place to inform staff of any patients that were deceased.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice was accessible to patients with mobility difficulties as most of the facilities were all on one level.
- The consulting rooms were also accessible for patients with mobility difficulties and there were access enabled toilets and baby changing facilities.
- There was a number of waiting areas but only the main reception area had space for wheelchairs and prams.
- There was a hearing loop to assist patients who had hearing difficulties.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were available during these times. Between 8am and 8.30am and 6pm and 6.30pm an on call GP was available. Extended hours surgeries were offered with nurse appointments available from 7.40am on Monday and Friday mornings and with GP appointments available on Monday, Wednesday and Friday mornings from 7.40am.

When the practice was closed there was an answerphone instructing patients to telephone 111 or 999, as appropriate.

Patients were able to book appointments online, in person or by telephone. 50% of appointments were released on the day, with 25% prebookable up to 4 weeks in advance and 25% urgent appointments released at 10am or later in the afternoon. Telephone consultations were available in the afternoon however GPs would ring patients back during the day if requested. Nurses appointments were all prebookable with some appointments kept free for patients needing to see a nurse urgently.

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

- 57% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%.
- 53% of patients said that they could get through easily to the surgery by phone (CCG average 68%, national average 74%).
- 58% of patients described their experience of making an appointment as good (CCG average 72%, national average 74%).
- 65% of patients said that they usually waited 15 minutes or less after their appointment time (CCG average 64%, national average 65%).

The practice had reviewed their appointment system in 2015 following a patient survey in November 2014 and following consultation with the Patient Participation Group (PPG).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system such as a poster in the reception area by the main desk.
- There was a complaints procedure leaflet for patients which summarised how to make complaint. The practice had received 18 complaints between December 2014 and September 2015.

We looked at three complaints and found that they had been acknowledged and investigated with responses to complainant and apology where required. However practice meeting minutes did not show that the complaints had been discussed and that all staff had been informed of actions and lessons learned.

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 aimed to ensure the provision of a high quality, safe and effective service and environment for patients and staff and this value was shared by the staff we spoke with.
- There was a focus on treating patients as individuals rather than focussing on targets.
- The practice had a robust strategy and supporting business plans which reflected their vision and values and these were regularly discussed, monitored and reviewed. The practice were aware of and worked within, the limitations of their premises and we were told by the senior partner the premises issues were being reviewed by the CCG.
- The practice had faced challenges over the previous two years with long term sickness of GP partners.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example, each GP had an area of QOF they were responsible for which included monitoring data and ensuring staff sent out relevant letters and invites for reviews as required.
- The practice had a number of clinical policies in place to govern activity and these were available to staff within the practice. We looked at seven of these policies and procedures and found that two were out of date, for example, raised blood pressure and hypertension.
- A programme of clinical and internal audit which was used to monitor quality and to make improvements.
- There were limited arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff spoke highly of them and told us that they were approachable and always take the time to listen to all members of staff.

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

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

- Not all staff were present at the team meetings. Minutes we reviewed showed GPs, the practice manager and assistant practice manager in attendance.
- Staff told us they were supported and encouraged with training and development opportunities to improve.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues and felt supported if they did.
- Staff said they felt respected, valued and supported 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 was in the process of planning another patient survey.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a newly formed and developing PPG which met on a regular basis, had been involved in patient surveys and submitted proposals for improvements to the practice management team. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They described the management as friendly, approachable and supportive. We were told

Are services well-led?

Good 

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

that following feedback from staff administration processes had been changed. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

manager was relatively new in post and had implemented a number of new systems and processes in order to improve efficiency. The practice team was forward thinking and in discussion with other practices in the locality regarding new ways of working in order to improve outcomes for patients in the area.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17 – (1) Systems and processes must be established and operated effectively to ensure compliance. (2) (b) – assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. This was in breach of Regulation 17 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.