

Grange Street Surgery

Quality Report

2 Grange Street, St Albans, Hertfordshire.

AL3 5NF.

Tel: 01727 833550

Website: www.grangestreetsurgery.co.uk

Date of inspection visit: 20 January 2016

Date of publication: 06/04/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Grange Street Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grange Street Surgery on 20 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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 that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented.
- Ensure that health and safety and fire safety risk assessments are completed and that any issues identified are resolved.

Summary of findings

- Ensure a plan of action to control and resolve risks identified by the Legionella risk assessment is completed and that the Legionella Management policy is adapted to the specific needs and requirements of the practice.
- Ensure that a business continuity plan is in place so that a service could be maintained in the event of a major incident.

The areas where the provider should make improvements are:

- Ensure that all staff employed are supported by a formal induction process, are receiving appropriate supervision and appraisal and completing the essential training relevant to their roles.
- Ensure that the practice adheres to current guidance and national standards by including a defibrillator in its emergency equipment or completing a risk assessment as to why one is not required.
- Ensure that at least one piece of photographic proof of identification is included in the personnel file of each member of staff.

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.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and truthful information. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- Some systems designed to assess the risk of and to prevent, detect and control the spread of infection were lacking or not fully implemented. The nominated infection control lead was unfamiliar with their role and infection control audit was not sufficiently completed.
- Systems and processes to address risks were not always implemented well enough to ensure patients and staff were kept safe. Health and safety and fire risk assessments were not completed. Some areas of risk identified by the Legionella risk assessment were not dealt with. The practice did not have a comprehensive business continuity plan in place to respond to major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff. A programme was in place to ensure all staff were appraised by March 2016.

Summary of findings

- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey from January 2016 showed patients rated the practice higher than local and national averages for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey from January 2016 showed patients rated the practice better than local and national averages for most aspects of access to the practice. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice 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.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The virtual patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- Older people had access to targeted immunisations such as the flu vaccine.
- GPs and nurses completed regular visits to local nursing homes to ensure continuity of care for those patients.

Good



People with long term conditions

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

- There were nurse led clinics for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the CCG and national averages. The practice achieved 83% of the points available compared to the CCG average of 91% and the national average of 89%.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- 76% of patients with asthma, on the register, had a review in the preceding 12 months. This was comparable to the CCG average of 76% and the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84% which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.

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.
- The practice offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was additional out of working hours access to meet the needs of working age patients. There was extended opening from 7am every Tuesday and from 8.30am to 10.30am one in every four Saturdays.

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

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Additional information was available for patients who were identified as carers and there was a nominated staff lead for these patients.
- A community navigator (a source of advice and practical support relating to health and social well-being) was based at the practice once each month.

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).

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG average of 85% and the national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national averages. The practice achieved 89% of the points available compared to the CCG average of 96% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- There was a GP lead for mental health.
- Mental health trust well-being workers and NHS counsellors were based at the practice every week.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing above local and national averages in most areas. There were 243 survey forms distributed and 119 were returned. This represented just over 1% of the practice's patient list.

- 93% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 98% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).

- 95% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 83%, national average 78%).

We asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards. We also spoke with seven patients during the inspection. From this feedback we found that patients were very positive about the standard of care received. Patients said they felt staff were friendly and caring and that their privacy and dignity was respected. They told us they felt listened to by the GPs and involved in their own care and treatment. Comments about getting through to the practice on the phone and access to appointments were all positive.

Grange Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a GP acting as a specialist adviser.

Background to Grange Street Surgery

Grange Street Surgery provides a range of primary medical services from its premises at 2 Grange Street, St Albans, Hertfordshire, AL3 5NF.

The practice serves a population of approximately 9,500 and is a training practice. The area served is less deprived compared to England as a whole. The practice population is predominantly white British. The practice serves an above average population of those aged from 0 to 9 and 30 to 49. There is a considerably lower than average population of those aged from 15 to 29.

The clinical team includes two male and three female GP partners, one male locum GP, two female trainee GPs, four female practice nurses and one female healthcare assistant. The team is supported by a practice manager and 13 other administration, reception and secretarial staff. The practice provides services under a General Medical Services (GMS) contract.

Grange Street Surgery is staffed with the phones lines and doors open from 8.30am to 6.30pm Monday to Friday. There is extended opening from 7am every Tuesday and from 8.30am to 10.30am one in every four Saturdays. Appointments at Grange Street Surgery are available from approximately 8.30am to 11.45am and 4pm to 6.30pm

daily, with slight variations depending on the doctor and the nature of the appointment. An out of hours service for when the practice is closed is provided by Herts Urgent Care.

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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 20 January 2016. During our inspection we spoke with a range of staff including four GP partners, one trainee GP, one practice nurse, the practice manager and members of the reception and administration team. We spoke with seven patients and two representatives of the virtual patient participation group (the vPPG is an online group of patients who work with the practice to discuss and develop the services

Detailed findings

provided). We observed how staff interacted with patients. We reviewed four CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- The staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of significant events. These were managed consistently over time.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following the mislabelling of a sample bottle, the practice identified areas of their procedures and protocols which could be improved and this work was completed. All nurses were required to confirm their review and understanding of the updated procedures.

When there were unexpected safety incidents, patients received reasonable support, adequate information and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, some of the practice's systems and processes designed to keep patients safe were insufficient.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. GPs were trained to an appropriate level to manage safeguarding concerns. However, most other clinical and non-clinical staff had not received the appropriate training. A programme was in place to ensure all staff completed the training.

Despite this, all the staff we spoke with demonstrated a knowledge and understanding of their responsibilities. Where there had been recent safeguarding concerns, staff demonstrated they followed agreed protocols.

- Notices around the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, the DBS check for one nurse could not be located. The practice responded immediately by submitting a new application for the nurse to be checked again.
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the practice was visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. One of the nurses was the infection control clinical lead. However, the lead was unfamiliar with their role and had not received any specific or enhanced training for the role. There was an infection control protocol in place requiring all staff to complete infection control training on an annual basis. However, from our conversations with staff and our review of documentation it was clear most staff had not completed the training. Despite this, the staff we spoke with demonstrated an awareness of infection control processes relevant to their roles. An undated infection control audit was completed at some point in 2015. Many sections of the audit were incomplete and where actions were required there was no plan in place to resolve the issues identified.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there was a system in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable healthcare assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.

Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, satisfactory evidence of conduct in previous employment, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we saw that most of the files we looked at lacked one or more pieces of photographic proof of identification.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a consequence of abnormal results.

Monitoring risks to patients

In some cases, where risks to patients were identified, there were insufficient processes in place to ensure these were assessed and well managed.

- Some procedures in place for monitoring and managing risks to patient and staff safety were insufficient. There was a health and safety policy available which required all staff to complete health and safety training. Our review of records showed that most staff had not completed the training. A programme was in place to ensure all staff completed the training. From our conversations with staff and our review of documentation we found that no health and safety or fire risk assessments were completed at the practice. However, there were records to show that such things as the fire alarm, fire equipment and emergency lighting were regularly serviced and tested. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a Legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The assessment completed in May 2012 identified many areas of critical (very high) risk. We saw documents that showed some work had been completed to reduce some of those risks. In particular, the practice's water tanks had been replaced. However,

many risk areas had not been dealt with. The Legionella management policy implemented as a result of the risk assessment was a generic policy that had not been adapted to the specific needs and requirements of the practice.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place across all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- Most staff had received basic life support training. However, five non-clinical staff were yet to complete this. A programme was in place to ensure all staff completed the training.
- The practice had emergency oxygen available on the premises. However, we saw that the oxygen wasn't recorded as being checked in line with the other emergency medicines and equipment. There was a risk that when used, the oxygen would not be fit for purpose. The practice took immediate action on this and demonstrated it had checked the oxygen was fit for purpose and included it in the emergency medicines checks. The practice did not have a defibrillator or a risk assessment in place as to why one was not necessary.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The senior staff we spoke with told us that until the plan was developed there were no formal or informal arrangements with other providers in the event of an emergency that prevented the practice operating properly.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as clinical risk assessments and audits the practice monitored that these guidelines were followed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 95% of the total number of points available, with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 83% of the points available compared to the CCG average of 91% and the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was in line with the CCG and national averages. The practice achieved 84% of the points available, with 3% exception reporting, compared to the CCG and national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national averages. The practice achieved 89% of the points available compared to the CCG average of 96% and the national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years. All of these were full cycle (repeated) audits where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice completed an audit on the appropriate prescribing of certain antibiotics. By analysing the results and modifying its approach to prescriptions for these medicines, the practice improved its adherence to guideline standards and reduced the inappropriate prescribing of these antibiotics.

Effective staffing

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

- The practice had an informal induction programme for all newly appointed staff. It covered such topics as basic introductions to practice processes and procedures and working with a more experienced member of staff for a set period of time (shadowing).
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate role specific training to meet their learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. At the time of our inspection the system of appraisals was behind schedule, but a programme was in place to ensure all staff were appraised by March 2016.
- At the time of our inspection there were gaps in the completion of some essential training (training that

Are services effective?

(for example, treatment is effective)

each staff member is required to complete in accordance with the practice's own requirements). From our conversations with staff we found that this had not affected their knowledge and understanding in those areas. A programme was in place to ensure that all staff completed the required training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act (2005).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their smoking cessation. Patients were signposted to the relevant services when necessary.
- A smoking cessation clinic was provided by one of the nurses and a specialist smoking cessation adviser was based at the practice once each week.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and five year olds from 95% to 98%.

The practice participated in targeted vaccination programmes. This included the flu vaccine for children, people with long term conditions and those over 65. The practice had 1,761 patients aged over 65. Of those 1,340 (76%) had received the flu vaccine in the 2014/2015 year.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

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

The four patient Care Quality Commission comment cards we received were positive about the service and staff behaviours experienced. The patients we spoke with said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the virtual 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 patients needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 97% said the GP gave them enough time (CCG average 88%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).

- 96% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above average when compared to local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. A signing interpreting service was also available and staff knew how to access this.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting rooms informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 132 patients on the practice list as carers. Written and online (through the practice website) information was available to direct carers

Are services caring?

to the various avenues of support available to them. One of the administration staff was the practice's carers' lead responsible for providing useful and relevant information to those patients.

We saw that the practice maintained a record of all recent patient deaths and these patients were also discussed at

the weekly practice meeting. From speaking with staff, we found that each GP was responsible for approaching recently bereaved patients individually. The GPs we spoke with said they would always attempt to telephone the family of each deceased patient offering an invitation to approach the practice for support.

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.

- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. DESMOND is an NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition.
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. Enhanced services are those that require a level of care provision above what a GP practice would normally provide. As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 164 patients (just over 2% of the practice's patient population over 18) were receiving such care.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- GPs and nurses completed regular visits to local nursing homes to ensure continuity of care for those patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible toilet facilities for all patients and translation services were available. As there was no lift in the premises, the practice provided a spare consultation room on the ground floor for those patients who requested it or who were identified as requiring it.
- The ground floor waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.

- Counselling services were available for patients with mental health issues and there was a GP lead for those patients. A mental health trust well-being worker was based at the practice every Wednesday. Patients could self-refer to this service. An NHS counsellor was available every Tuesday. Patients could access this service to obtain psychological and emotional counselling and advice through referral from the GPs. A community navigator (a source of advice and practical support relating to health and social well-being) was based at the practice once each month.
- There were six week post-natal checks for mothers and their children.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. The practice offered extended opening from 7am every Tuesday and from 8.30am to 10.30am one in every four Saturdays. Appointments were available from approximately 8.30am to 11.45am and 4pm to 6.30pm daily, with slight variations depending on the doctor and the nature of the appointment. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was better than local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 93% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 77% of patients said they always or almost always saw or spoke to the GP they preferred (CCG average 63%, national average 59%).

The patients we spoke with or who left comments for us were very positive about access to the practice and appointments. They said they were able to get appointments when they needed them.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- A complaints procedure was available and adhered to.
- There was a designated responsible person who handled all complaints in the practice. This was the practice manager.

- We saw that information was available to help patients understand the complaints system. The practice's complaints procedure was detailed on its website. A practice leaflet including a section on the complaints process was available in reception.

We looked at the details of six complaints received since April 2015. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice reviewed its procedures and updated its staff appropriately following a patient having their online appointment cancelled in error.

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.

- From our conversations with staff we found the overarching principle of the practice was to provide a high quality of service and continuity of care in the best interests of patients.
- The practice had a documented statement of purpose which included their aims and objectives.
- The weekly practice meeting attended by the GP partners and the practice manager was used to discuss, implement and monitor the direction of the practice throughout the year. This allowed the practice's strategy to evolve and develop over time and the records of these meetings formed the practice's strategic plan.

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, with the exception of the infection control lead, staff were aware of their own roles and responsibilities. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- There was a basic programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. However, there were exceptions such as the infection control audit where there was no plan in place to resolve the issues identified.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The partners were visible in the practice and staff told us

they were approachable and always took the time to listen to all members of staff. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

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

When there were unexpected safety incidents:

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

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

- There was a schedule of meetings and protected learning time at the practice for multi-disciplinary teams and all staff to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings or informally and felt confident in doing so and supported if they did. The practice closed for one afternoon every three months for clinical staff to attend external training and locality days and other staff to meet for discussions, updates and internal training.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There were some examples of named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with learning disabilities and mental health issues. There were also nurse led clinics for patients with asthma and chronic obstructive pulmonary disease. With the exception of infection control, the leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were. The practice ethos was to have a minimal amount of clinical leads so that all clinical staff remained equally trained and skilled across a whole range of conditions.

Are services well-led?

Good 

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

- Systems of staff appraisal and essential training (training that each staff member is required to complete in accordance with the practice's own requirements) were in place. However, at the time of our inspection both were behind schedule, but a programme was in place to ensure all staff were appraised and appropriately trained by March 2016.

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

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

- The practice had gathered feedback from patients through the virtual patient participation group (the vPPG is an online community of patients who work with the practice to discuss and develop the services provided) and through surveys and complaints received. There was a core membership of the vPPG eager to engage with the practice. The group assisted in analysing the results of the last practice patient survey and submitted proposals for improvements to the practice management team. For example, the practice had distributed its last patient survey in December 2014. From the responses received, the vPPG had worked with the practice to develop priority areas including improving patient access to the practice by phone. We found the practice had installed a new telephone system in April 2015 to assist in providing improved access for patients.
- The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and

treatment. The results from December 2015 showed that eight of the nine respondents were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

- The practice had gathered feedback from staff through meetings, informal discussions and appraisals. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a GP training practice and maintained high standards for supporting its trainees. The feedback we received during our inspection was that the GP trainees felt very well supported by the GP partners and the practice as a whole.

The practice management demonstrated forward planning. Through strategic monitoring and planning the practice ensured seamless transition when GPs left the service. After the recent departure of a part-time salaried GP and the planned departure of a part-time GP partner, the practice had merged the posts to create a new full-time GP partner post. The interviews had taken place and the practice hoped to have the successful candidate in post before the departure of the part-time GP partner in March 2016.

We saw the practice was proactively engaging with the virtual patient participation group to strengthen its involvement in discussing and developing the services provided. We saw a letter sent to the vPPG members in November 2015 inviting them to make suggestions to identify priority areas of work for 2016. As part of this, the practice was keen to encourage the vPPG to run another patient survey wholly designed by them.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found that the registered person had not protected people against the risk of infection because some systems designed to assess the risk of and to prevent, detect and control the spread of infection were lacking, or did not meet specification.</p> <p>The infection control lead was unfamiliar with their role and had not received any specific or enhanced training for the role. Staff were not completing infection control training in adherence with the practice's protocol. The infection control audit was insufficiently completed and there was no plan in place to resolve the issues identified.</p> <p>This was in breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found that the registered person had not protected people against the risk of inappropriate or unsafe care and treatment because systems designed to assess, monitor and mitigate the risks relating to the health and safety and welfare of patients and staff were insufficient.</p> <p>No health and safety or fire safety risk assessments were completed at the practice. No action was taken to reduce or eliminate many areas of high risk identified in the practice's Legionella risk assessment. The Legionella</p>

This section is primarily information for the provider

Requirement notices

Management policy was not adapted to the specific needs and requirements of the practice. There was no business continuity plan in place to ensure a service could be maintained in the event of a major incident.

This was in breach of Regulation 17 (1) and (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.