

Pound House 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 the Pound House Surgery on 28 October 2016. 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. Opportunities for learning from internal incidents were maximised.
- Some risks to patients who used services were assessed and managed. However, not all reasonable steps were taken to assess and mitigate risks in relation to receiving and responding to patient safety alerts, Disclosure and Barring Checks, tracking and storing blank prescriptions, and maintenance and record keeping for the premises.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However, not all staff had received training updates in a timely fashion.

- Exception reporting rates were relatively high for heart failure and osteoporosis compared to CCG and national averages. The practice had taken a number of measures to try and reduce exception reporting rates.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding practice:

- The practice had developed a comprehensive strategy to further identify and improve outcomes for patients with dementia. The practice provided dementia

Summary of findings

screening, referrals to other services, and information about support organisations. The practice had conducted 335 dementia assessments since April 2016 and this resulted in 72 diagnoses of dementia. One GP and a member of reception staff were dementia champions and they had developed information packs for patients with dementia and their families. The practice had provided staff with training about dementia and identified and implemented measures to ensure the practice and environment were more dementia friendly. QOF figures for 2015 to 2016 showed that 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 85% and national average of 84%.

The areas where the provider must make improvement are:

- Complete required actions identified in the fire risk assessment, such as undertaking and documenting an electrical installation check for both premises.

- Ensure that appropriate building checks and maintenance are undertaken and documented for both premises to include gas safety checks.

The areas where the provider should make improvement are:

- Ensure staff receive DBS checks appropriate to their role or that appropriate assessments are undertaken to determine whether these are required and to identify and mitigate risks.
- Ensure that there are adequate systems for receiving and actioning all patient safety alerts.
- Embed systems to ensure that the location of all blank prescriptions is comprehensively tracked and that all blank prescriptions are stored securely.

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



- Most risks to patients who used services were assessed and managed. However, not all reasonable steps were taken to address risks in relation to receiving and responding to all patient safety alerts, Disclosure and Barring Service checks, tracking and storing blank prescriptions, and the premises.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again where appropriate.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the CCG and national averages. Exception reporting rates were relatively high for heart failure and osteoporosis compared to CCG and national averages. The practice had taken a number of measures to try and reduce exception reporting rates.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were not effective systems to ensure that all staff had undertaken relevant training updates.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for some 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. For example, in identifying changes to the premises to meet patient need.
- Feedback from patients about the appointment system was mixed. Some patients reported that it was not always easy to obtain an appointment. However, the practice reviewed the appointment system on a weekly basis and adapted availability to meet patient need.
- 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 to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 a governance framework, but this did not always ensure patient safety or high quality care. Not all reasonable

Good



Summary of findings

steps were taken to address risks in relation to receiving and responding to all patient safety alerts, Disclosure and Barring Service checks, tracking and storing blank prescriptions, and the premises.

- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.
- The practice provided home visits to a local residential home for older people.
- The practice had developed and delivered a programme to prevent falls and referred patients to appropriate sources of support.

Good



People with long term conditions

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

- GPs and nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- QOF indicators for patients with diabetes were comparable to CCG and national averages. The practice had adapted their diabetes template in line with NICE guidance and to support personalised care planning and provided a comprehensive model of diabetes care.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice rate of diagnosing patients with atrial fibrillation was one of the highest in the CCG in 2015 to 2016. Audit results showed that no patients with atrial fibrillation had experienced a stroke since June 2014.
- The practice provided an enhanced programme for patients who had experienced heart failure. This involved the provision of education, medical treatment, and written care plans.

Good



Summary of findings

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 average for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- In 2014-5 the practice's uptake for the cervical screening programme was 86%, which was slightly higher than the CCG average of 84% and the national average of 82%. These percentages remained the same in 2015 to 2016.
- The practice offered chlamydia screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



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 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 had access to NHS health checks for patients aged 40–74. The practice showed us that they provided a high percentage of NHS health checks compared to CCG percentages.
- The practice offered early morning and early evening appointments for working patients who could not attend during normal opening hours.
- The practice provided Saturday flu clinics to encourage access for working patients who could not attend during usual opening hours.

Good



Summary of findings

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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and provided appointments to patients from a residential home for people with learning disabilities.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

- In 2014-15, 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 86% and national average of 84%. In 2015-16, 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 85% and national average of 84%.
- The practice had developed a comprehensive strategy to further identify and improve outcomes for patients with dementia. The practice provided dementia screening, referrals to other services, and information about support organisations. One GP and a member of reception staff were dementia champions and they had developed information packs for patients with dementia and their families. The practice had provided staff with training about dementia and identified and implemented measures to ensure the practice and environment were more dementia friendly.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- Performance for mental health related indicators was similar to the national average. In 2014-2015, the percentage of patients

Good



Summary of findings

diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 90% compared to the CCG average of 89% and national average of 88%. For 2015-16, results for mental health related indicators were also comparable to CCG and national averages.

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages, and for some results higher than local and national averages. Two hundred and forty four survey forms were distributed and 123 were returned. This represented 2% of the practice's patient list.

- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Comments were that staff were kind, compassionate, and supportive. One comment was that it could be difficult to get an appointment, but the four other comment cards mentioning appointments were positive about appointment availability.

We spoke with 11 patients during the inspection. All 11 patients made positive comments about the care they received and thought staff were approachable, committed and caring. Nine patients told us on the day of the inspection that they were able to get appointments when they needed them and get appointments with a preferred GP, but two patients said that they experienced difficulty in obtaining appointments. Four of the patients that we spoke with said that they would like appointments to be longer. All of the eleven patients we spoke with told us they felt listened to and involved in decision making about the care and treatment they received.

Pound House 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 GP specialist adviser and an Expert by Experience. Experts by Experience are people with experience of using health services that take part in inspections to review patients' experiences.

Background to Pound House Surgery

The Pound House Surgery is located in Wooburn Green, Buckinghamshire and is part of NHS Chiltern Clinical Commissioning Group. There is a branch surgery called the Orchard Surgery which is located in Bourne End, Buckinghamshire. Both sites share a patient list and have the same telephone number and staff work at both sites.

The Pound House Surgery resides in a converted building and there is parking available. There are five consulting rooms and one treatment room and appointments are offered on the ground floor. The Orchard Surgery resides in a converted building and there is free parking available. Appointments are offered on the ground and first floors. There is no lift available, but patients with mobility difficulties are offered appointments on the ground floor.

The practice has approximately 7,200 registered patients. The practice has patients from varying age groups with a slightly higher proportion of patients aged between 45 and 65. The area in which the practice is located is placed in the tenth least deprived decile. In general, people living in more deprived areas tend to have a greater need for health

services. According to the Office for National Statistics and information provided by the practice, the practice catchment area has a high proportion of patients from a White British background.

There are six GP partners, two of whom are male and four of whom are female. GPs working at the practice provide approximately 26 sessions per week in total. One GP was currently on leave. The practice employed two female nurses, one health care assistant, and one phlebotomist (a phlebotomist is someone who takes blood samples from patients). The practice manager is supported by a reception manager, and a team of administrative and reception staff. The practice provides teaching to medical students, and GPs and nurses in training.

The Pound House Surgery is open between 8am and 1pm and 2pm to 6.30pm Monday to Friday. The Orchard Surgery is open between 8am and 1pm and 3pm to 6.30pm Monday to Wednesday and 8am to 1pm on Thursday and Friday. When the practice is closed the telephone answering message provides emergency numbers and patients can access the Out of Hours Service via NHS 111 service.

Services are provided via a General Medical Services (GMS) contract (GMS contracts are a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

Services are provided from the following main location and the branch practice, and patients can attend any of the two practice premises. We visited both premises during this inspection.

Pound House Surgery (the main practice)

8 The Green

Wooburn Green

Buckinghamshire

Detailed findings

HP10 0EE

The Orchard Surgery (the branch practice)

Station Road

Bourne End

SL8 5QE

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 October 2016. During our visit we:

- Spoke with five GPs, one nurse, the practice manager, one receptionist, and two members of administrative staff.
- Spoke with 11 patients who used the service.
- Observed how patients were being cared for.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 19 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written or verbal apology and where appropriate were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared on a weekly basis and action was taken and monitored to improve safety in the practice. For example, a significant event had been recorded where a patient required emergency treatment. As a consequence, the practice had conducted a role play of this scenario attended by three doctors, one nurse, one health care assistant, and nine non-clinical staff members. As a result, areas for improvement were identified and action points and changes in protocol were undertaken to assist all staff groups in responding at all stages of emergency. These actions were disseminated to staff by email so those not in attendance could learn from the analysis. A staff questionnaire was completed before and after the role play and results demonstrated improved staff confidence level in resolving future emergencies. The practice had scheduled a series of further role plays to help improve staff awareness of how to respond to other types of medical emergency.

The practice received safety alerts from a number of organisations and took steps to record these, disseminate them, implement changes, and review that actions had been conducted. However, the practice had not received

alerts from the Medicines and Healthcare Products Regulatory Agency since April 2015. On the day of the inspection the practice signed up to receive these alerts and immediately developed an action plan to ensure that all previous alerts would be followed up within 48 hours. We saw records of a meeting which demonstrated that the practice had begun to take steps to rectify this issue.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe, but not all reasonable steps were taken to mitigate risks:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. The practice policy stated that all staff should receive annual child safeguarding training. All GPs were trained to child protection or child safeguarding level 3, with the exception of one trainee GP. Nurses had received safeguarding children level two training. Reception and administrative staff and the health care assistant had received child safeguarding training level 1. All staff had undertaken training in safeguarding vulnerable adults.
- Notices in the waiting areas, consulting rooms, and treatment rooms advised patients that chaperones were available if required. The practice reported that all staff who acted as chaperones were trained for the role. The practice told us that nurses undertook chaperoning duties. However, records indicated that two nurses had not received Disclosure and Barring Service (DBS) checks, although applications for these had been submitted. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The practice had contracted an external company to clean the premises. We saw that there were daily cleaning schedules in place. The

Are services safe?

practice cleaning and decontamination policy stated that information should be provided about required cleaning methods. However, there was not information available about which cleaning fluids should be used for each task. The practice immediately contacted the cleaning company and requested that this information be made available. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There were infection control protocols in place and staff had received up to date training. Infection control audits were undertaken and action was taken to address improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. There was not a comprehensive system for recording details of boxes of blank prescriptions received into the practice or for logging their location when they were transferred to the branch surgery. There were records indicating that prescriptions had been allocated to printers within the practice, but these were not always signed by staff. The practice took steps to rectify this on the day of the inspection. The practice business continuity plan stated that blank prescriptions were kept off site in a locked box. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills and fire equipment checks. Most staff had up to date fire safety training. Two GPs were due to receive an update. The practice told us that the fire risk assessment from October 2015 had advised an electrical installation check, but that the practice did not have records of one having been carried out. They told us that they had obtained a quote and were arranging for this to be conducted in November 2016. Portable 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 told us that the last gas safety checks for both sites had taken place in 2015. It was not possible to see the gas safety certificates on the day of the inspection. The practice told us that a date had been arranged for these checks to be further updated. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. The practice had sent water samples for legionella testing and the report stated that there was no legionella detected (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training, with the exception of two members of reception staff who had undertaken training in 2014 and 2015.
- The practice had a defibrillator available on the premises and oxygen with adult and child masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2014-15, the practice had achieved 98% of the total number of points available, compared to the CCG average of 97% and national average of 95%. In 2015-16, the practice had achieved 98% of the total number of points available, compared to the CCG average of 98% and national average of 95%.

In 2014-15 the practice rate of exception reporting was 6% compared to the CCG average of 8% and national average of 9%. In 2015-16 the practice rate of exception reporting was 5% compared to the CCG average of 8% and national average of 10%. 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).

Exception reporting for some clinical indicators was higher than the CCG and national averages. In 2014-15, the practice rate of exception reporting for osteoporosis was 33% compared to the CCG average of 15% and national average of 13%. In 2015-16 rates of exception reporting for one indicator relating to patients taking a particular medicine for osteoporosis were 33% compared to the CCG average of 8% and national average of 12%. Rates of

exception reporting for an indicator relating to patients taking a different medicine for osteoporosis were 22% compared to the CCG average of 17% and national average of 17%.

In 2014-15, the practice rate of exception reporting for the primary prevention of cardiovascular disease was 50% compared to the CCG average of 30% and national average of 30%. Exception reporting for this indicator had reduced to 0% in 2015-16. In 2015-16 the practice rate for one indicator relating to a particular medicine for heart failure was 28% compared to the CCG average of 16% and national average of 16%.

The practice told us that they had taken a number of measures to reduce exception reporting. For example, they would recall patients for appointments on multiple occasions using telephone calls, letters, and text messages. They also provided face to face reminders if patients attended consultations for another reason. The practice also made contact with other health professionals such as district nurses to determine whether relevant health checks were provided externally.

This practice was not an outlier for any QOF (or other national) clinical targets.

- Performance for 2014-15 diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91% compared to the CCG average of 90% and national average of 88%. For 2015-16, overall results for diabetes related indicators were 95% which was comparable to the CCG average of 95% and national average of 90%. The practice provided personalised care planning and a comprehensive model of diabetes care in line with NICE guidance.
- Performance for mental health related indicators was similar to the national average. In 2014-15, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 90% compared to the CCG average of 89% and national average of 88%. For 2015-16, results for mental health related indicators were comparable to CCG and national averages.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last 12 months, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit had been conducted in January 2016 to determine whether patients with pneumonia had received a particular assessment to determine the most appropriate location for treatment to take place. Results were that none of the ten randomly selected patients who were included in the audit had received the assessment. The practice had reviewed results at the practice meeting and added an alert to the computer system to prompt GPs to conduct the assessment. We saw evidence that the practice had completed a second audit cycle in September 2016 which demonstrated that assessment had been carried out for all relevant patients.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, information governance, basic life support, and equality and diversity.
- The practice could demonstrate how they provided role-specific training and updating for staff. For example, for those reviewing patients with long-term conditions such as asthma and dementia.
- The practice told us that staff administering vaccines and taking samples for the cervical screening programme had received training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to some training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. There were not effective systems to ensure that all staff had undertaken relevant training updates.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs, and strategies to prevent avoidable admissions to hospital were discussed. The practice peer reviewed all potential referrals to other services to determine whether any further assistance could be provided by the practice before the referral was made.

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. Clinical staff and the practice manager had undertaken recent Mental Capacity Act training, with the exception of one GP. All GPs except one had completed Deprivation of Liberty Safeguards training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were provided with support by practice staff or signposted to the relevant service.

In 2014-15 the practice's uptake for the cervical screening programme was 86%, which was higher than the CCG average of 84% and the national average of 82%. These percentages remained the same in 2015-16. There was a policy to offer telephone, letter, and face to face 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. 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 result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer and to receive chlamydia screening if appropriate. The percentage of eligible patients screened for bowel cancer in last 30 months was 62% compared to the CCG average of 60% and national average of 58%. The practice sent reminder letters to patients who did not attend bowel screening appointments to encourage uptake. The percentage of eligible patients screened for breast cancer in the last three years was 76% compared to the CCG average of 76% and national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to CCG averages and higher than national averages. For example, childhood immunisation rates for

the vaccines given to under two year olds ranged from 96% to 99% and five year olds from 95% to 100%. Childhood immunisation rates for the CCG for vaccines given to under two year olds ranged from 95% to 97% and five year olds from 93% to 98%. National childhood immunisation rates for the vaccines given to under two year olds ranged from 73% to 95% and five year olds from 81% to 95%. Where children did not attend a letter reminder was sent.

The practice was proactive about inviting patients to attend for flu immunisations and we saw signs displayed in the waiting area. Saturday clinics were provided to encourage access for patients who could not attend for flu immunisations during usual opening hours. The GPs, nurses, health care assistant, attended these clinics to provide opportunistic appointments for other health conditions if required.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Where patients did not attend for health checks, telephone and letter reminders were provided. The practice provided us with information indicating that they provided a high percentage of health checks compared to CCG figures, with an uptake of more than 60% of eligible patients.

The practice showed us data which indicated that the prevalence of patients with atrial fibrillation was one of the highest in the CCG in 2015-16. The practice told us that this was because they were proactive in identifying patients with this diagnosis. They showed us that they had conducted an audit in relation to NICE guidelines for atrial fibrillation. Results showed that no patients with atrial fibrillation had experienced a stroke since June 2014.

The practice provided an enhanced programme for patients who had experienced heart failure. This involved interventions such as the provision of education, medicine, written care plans.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- 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.
- Arrangements were in place to ensure confidentiality when patients were using self-service health screening machines.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG) and received written feedback from one further PPG member. Feedback was positive about the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

All of the eleven patients we spoke with 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. However, four of the patients that we spoke with said that they would like more consultation time during appointments. Patient feedback from the comment cards we received was positive. We also saw that care plans were personalised.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available for patients with a range of health conditions.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support services was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 173 patients as carers (2% of the practice list). The practice used the

register to provide carers with written information to direct carers to the various avenues of support available to them. The practice had developed a carers' information pack which provided comprehensive information.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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. For example, in making changes to the premises to meet patient need.

- The practice offered early morning and early evening appointments for working patients and school children who could not attend during normal opening hours.
- The practice offered a seasonal flu immunisation clinic on some Saturdays for patients who could not attend during usual opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, hearing loops and translation services available.
- The practice had facilities at each site which enabled patients to conduct health screening in areas including blood pressure, height, weight, anxiety, depression, asthma, smoking, diet, alcohol, and physical activity. Results were then sent to GPs for review and follow up as appropriate.
- The practice had developed and delivered a programme to prevent falls. The practice stated that 141 patients had a falls assessment since April 2016. Patients were then provided with treatment for any underlying health conditions and / or referred to other health, social care, or voluntary services as appropriate. One GP had delivered a community presentation to provide information about falls with a physiotherapist and occupational therapist and written an article which had been published in a local magazine.
- The practice had developed a comprehensive strategy to further identify and improve outcomes for patients with dementia. The practice provided dementia

screening, referrals to other services, and information about support organisations. The practice had conducted 335 dementia assessments since April 2016 and this resulted in 72 diagnoses of dementia. One GP and a member of reception staff were dementia champions and they had developed information packs for patients with dementia and their families. The practice had provided staff with training about dementia and identified and implemented measures to ensure the practice and environment were more dementia friendly. QOF figures for 2015 to 2016 showed that 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 85% and national average of 84%.

- Patients with no fixed abode could register at the practice.
- There were baby changing facilities available.
- There was a sign in the reception area inviting patients to request information in an accessible format if required.
- The practice provided visits to residential homes for patients with learning disabilities and to patients living in nursing homes.

Access to the service

The Pound House Surgery was open between 8am and 1pm and 2pm to 6.30pm Monday to Friday. The Orchard Surgery was open between 8am and 1pm and 3pm to 6.30pm Monday to Wednesday and 8am to 1pm on Thursday and Friday. When the practice was closed the telephone answering message provided emergency numbers. There was also a doorbell at the practice so receptionists could provide assistance if necessary when the practice was closed. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and telephone consultations were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and higher in some areas.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 73%.

Nine patients told us on the day of the inspection that they were able to get appointments when they needed them and obtain appointments with their preferred GP. However, two patients said that they experienced difficulty obtaining appointments when needed. The practice told us that they reviewed appointment availability every week in order to ensure that appointment availability met patient need. We saw that the practice had completed a workshop as a team to think of and implement ways that access to appointments could be improved. The practice told us that following previous patient feedback they released same day appointments both for the morning and afternoon sessions.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The reception staff had access to a protocol which advised them of questions to ask patients to help determine whether an emergency response, routine appointment, same day appointment, telephone consultation, or home visit were required. Receptionists had the facility to contact GPs for advice and GPs conducted further assessment of clinical need when offering appointments. In cases where the urgency of need was so great that it would be

inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website and in paper copy.

We looked at 14 complaints received in the last 12 months and found that these were satisfactorily handled. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. The practice discussed complaints as they arose and at weekly meetings. For example, when a complaint was received about a telephone consultation not being provided in the specified timescale, this was discussed promptly with staff, different options for telephone consultations discussed, and it was agreed that staff would aim to provide appointments in the agreed timeframes.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values. This was to improve the health, well-being and lives of patients at the practice.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored through discussion at meetings.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, not all risks relating to the practice were fully mitigated.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was not a system to ensure that all staff had undertaken appropriate update training in a timely fashion.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, not all reasonable steps were taken to address risks in relation to receiving and responding to all patient safety alerts, Disclosure and Barring Service checks, tracking and storing blank prescriptions, and the premises.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support for staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal or written apology
- The practice 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.

- Staff told us the practice held regular team meetings.
- There were also specific meetings for GPs, nurses, reception staff, and administrative staff. A GP had been allocated to each staff group to provide support and advice where appropriate.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG told us that the practice had changed their telephone number to a local rate telephone number following feedback.
- The practice had gathered feedback from staff through staff surveys and generally through staff meetings,

Are services well-led?

Good 

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

appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, in response to feedback about communication difficulties between staff, the practice had invited an external consultant to facilitate a series of staff meetings at the practice. As a result of staff discussions a communication charter was developed to improve methods of communication between staff.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had developed and implement a strategy to further support patients with dementia and their families.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Risks to patients were not always assessed and mitigating actions were not taken. Actions identified in the fire risk assessment, had not been undertaken, such as an electrical installation check for both premises. Not all checks relating to the premises had been undertaken and documented for both premises, such as the gas safety check. There were not effective systems to ensure that all staff had undertaken relevant training updates.