

The Pump House Surgery

Quality Report

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Date of inspection visit: 11 October 2016
Date of publication: 11/04/2017

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?	Good	
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 Pump House Surgery. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Incidents were investigated and learning had been identified but there was a lack of evidence to demonstrate that this learning had been cascaded to relevant staff.
- There were no practice specific standard operating procedures in place for the dispensary service offered by the practice; however medicine errors and near misses were being reported, analysed and lessons learnt embedded into practice.
- We saw that national patient safety and medicine alerts were received, reviewed and actioned appropriately. However some staff were not aware of a recent alert and the documentation of initialling the alert once read; several alerts had one signature.
- There was a bespoke standard operating procedure in place for the dispensary.
- Infection control audits were undertaken and actions identified dealt with in a timely way.
- Families who suffered bereavement received personalised follow up care from the GP that had most contact with the family in the last weeks of care.
- 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.
- There was some evidence of quality improvement activity including clinical audit. However the conclusions of the audits did not identify where improvements could be made.

Summary of findings

- Patients were supported, treated with dignity and respect. Patients were encouraged and supported to be involved as partners in their care.
- 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; however the lessons identified and actions to be taken were not sufficiently documented to ensure the improvements had been actioned.
- Patients said they were able to access the right care at the right time; appointments were managed to take account of patient's needs, including those with urgent needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had identified a low number of patients who were carers.
- There was a system in place for infection control but issues identified as areas for improvement had not been actioned. There had been no infection control audit as required by guidance.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider should make improvement are:

- Ensure that the learning from the investigation of safety incidents and complaints is shared with relevant staff and documented.
- Identify a lead staff member to oversee infection control.
- Improve the identification of patients who are carers.

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 good for providing safe services and improvements must be made.

Good



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were thorough but there was a lack of evidence to demonstrate that the learning had been shared with relevant staff.
- We saw that national safety alerts were received, reviewed and actioned appropriately.
- There was practice specific standard operating procedures in place for the dispensary service offered by the practice. The practice was signed up to the Dispensary Services Quality Scheme; medicine errors and near misses were reported, analysed and lessons learnt were being shared with relevant staff.
- Infection control audits had been completed and actions identified; however the practice had not identified a lead staff member for this speciality.
- We reviewed a range of personnel files and found that all of the appropriate recruitment checks had been undertaken for all staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The practice had adequate arrangements in place for dealing with emergencies.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation. This included during assessment, diagnosis, when patients needed to be referred to other services and when managing people's chronic or long-term conditions, including patients identified to be in the last 12 months of their life.

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the CCG and national average.
- There was some evidence of quality improvement activity including clinical audit but it required strengthening.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff were proactive in supporting patients to live healthier lives. For example smoking cessation advice was available from the nursing staff.

Are services caring?

The practice is rated as good for providing caring services.

- Patients were supported, treated with dignity and respect. Patients were encouraged and supported to be involved as partners in their care.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and 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.
- Written information was available in the waiting area to direct carers to the various avenues of support available to them. The practice had only identified 0.7% of its patients as carers. there were patient that identified themselves as a carer on registration. Carers identified were offered health checks and flu immunisation.
- Families who suffered bereavement received bespoke personalised follow up care from the GP that had most contact with the family in the last weeks of care.

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.

Good



Summary of findings

- Patients said they were able to access the right care at the right time; appointments were managed to take account of patient's needs, including those with urgent needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. Complaints were recorded and investigated but action taken as a result of analysis was not recorded and there was no evidence that learning from complaints had been shared with staff.

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.
- 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.
- When something went wrong, patients received a sincere and timely apology and were told about any actions taken to improve processes to prevent the same happening again.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice encouraged and valued feedback from patients, the public and staff.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice patient list included residents living in eight care homes locally.
- Phlebotomy services were provided within the practice five days a week.
- Dispensing services were provided for patients living more than one mile away from the practice.
- The practice had processes in place for monitoring prescriptions that were not collected from the dispensary.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Flu vaccinations were offered on home visits.
- The practice participated in the Avoiding Unplanned Admissions Enhanced Service. The practice contacted patients shortly after discharge and after attendance at an emergency department. We reviewed the care plan of a patient in this category and found it was well written.
- All eligible patients were offered the shingles vaccination.
- Regular meetings were held with the palliative care nurses, district nurses and community matron.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Annual reviews of these patients were carried out by the practice nurses.
- Phlebotomy services were provided within the practice five days a week.
- Dispensing services were provided for patients living more than one mile away from the practice.
- The practice had processes in place for monitoring prescriptions that were not collected from the dispensary.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- Patients received 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.

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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Child immunisation performance data was comparable to the CCG.
- 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. Weekly clinics were held at Halsted hospital for the health visitors and midwives.
- The practice offered postnatal checks and eight- week baby checks. We saw a copy of the letter sent to new mothers that included a new birth registration form and an invitation to visit the practice for the child health clinic.
- Same day appointments were available for children and those with serious medical conditions.
- The practices uptake for the cervical screening programme was 90%, which was above the national average of 82%.

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 including appointments, prescriptions and summary care records.
- Telephone consultations were available each day for those patients who had difficulty attending the practice due, for example, to work commitments.

Good



Summary of findings

- The practice offered a full range of health promotion and screening that reflects the needs for this age group.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice registered students as temporary patients.
- 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.

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.
- 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.
- The practice had processes in place for monitoring prescriptions that were not collected from the dispensary.
- The practice gained written consent for relatives to share their medical information and treatment planning for patients diagnosed with memory loss or dementia.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities 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).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Information leaflets were available in the waiting area.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 224 survey forms were distributed and 117 were returned. This represented a 38% completion rate.

- 82% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 77% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86% and a national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 32 comment cards with mostly positive comments about the care received. Patients described staff as friendly, polite and helpful, and care they had received was high. However there were two comment cards that reported poor access to appointments.

During our inspection we spoke with four patients. They told us they were satisfied with the care and treatment they received. We also spoke with a member of the Patient Participation Group (PPG) who were also registered patients. A PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. They said they were satisfied with the standards of care they received.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Ensure that the learning from the investigation of safety incidents and complaints is shared with relevant staff and documented.

- Identify a lead staff member to oversee infection control.
- Improve the identification of patients who are carers.

The Pump House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and was assisted by a GP specialist advisor.

Background to The Pump House Surgery

Pump House Surgery is a dispensing practice located in the village of Earls Clone in Essex. The practice has a list size of 8,000 patients from Earls Clone and the surrounding area. The practice has parking available for staff and patients and provides access for disabled patients. The practice serves a larger than average population of females aged 45 to over 80 years and males 50 to over 80 years. There is a predominately smaller than average population aged 34 years and under.

There are three GP partners; two male and one female, they also have a minor illness nurse that is able to prescribe medications and assist with home visits. There are three practice nurses and two health care assistants. There is a practice manager and a team of administrative staff including medical secretaries and receptionists. There is a dispensary manager with a team of dispensing assistances. The practice dispenses medicines to 3,300 of their patients, which represents 43% of their list.

The practice is open between 8.30am and 6.30pm, the phone lines open at 8am; the surgery is closed for lunch from 1pm-2pm but the phone lines remain open Monday to Friday. Appointments are available from 8.20am to 6.20pm daily.

When the practice is closed patients are signposted to call 111 for out of hours care. This service is provided by the walk in centre in Colchester. The out of hour's service operates from 6.30pm to 8 am Monday to Thursday and from 6.30pm Friday to 8am on Monday and all bank holidays and is provided by care UK.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, practice manager and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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 a system in place for reporting and recording significant events.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were thorough but documentation lacked evidence of how the learning from significant events had been shared with relevant staff.

Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency (MHRA) alerts, the National Institute for Health and Care Excellence (NICE) guidance and through the Central Alerting System (CAS). This enabled staff to understand risks and gave an accurate overview of safety.

We saw that alerts were received; reviewed and actioned but we found that the system in place was not always effective. MHRA alerts were printed and kept in a file for all staff to initial once they had read it; however in many cases there was only one initial. This did not demonstrate that all GPs had been made aware of the alert. We saw that patients' medicines were reviewed and changed where required. Alerts were kept and accessible to staff to refer to as needed. We noted that an alert sent to GP practices on 16 September 2016 about a product recall was not in the file. We discussed this with the GPs and they were not aware of the alert. However we saw evidence that dispensary staff had checked their supplies but there was no evidence that a search of patient records had been undertaken to identify patients affected by this alert so that their medicine could be changed. .

Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- 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. There was a lead GP for

safeguarding who was trained to level three. Staff spoken with and records reviewed evidenced appropriate levels of training and knowledge of actions to be taken.

- Notices in the waiting rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A dedicated lead member of staff for infection control had not been identified. There was an infection control protocol in place and nursing staff had received up to date training. Infection control audits were undertaken and actions identified dealt with in a timely way.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice ensured patients were kept safe (including obtaining, prescribing, recording, handling, storing and security). The practice was participating in prescribing audits initiated by the local CCG medicine management teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there was a process in place to audit and track their use.
- The practice operated a dispensing service for patients living more than one mile away from a chemist. The practice also operated home delivery services for patients who were not able to attend the surgery. We saw evidence that recording and reviewing errors and near misses were documented, investigated and lessons learnt were cascaded to relevant staff in the dispensary. Medicines were stored securely and in line with temperature requirements.
- We reviewed five personnel files and found had been undertaken for all staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

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 with a poster in reception which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is the name of a particular bacterium which can contaminate water systems in buildings and may cause illness).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Patients had positive outcomes because they received effective care and treatment that met their healthcare needs. Patients care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation. This included during assessment, diagnosis, when patients needed to be referred to other services and when managing people's chronic or long-term conditions, including patients identified to be in the last 12 months of their life.

- 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.
- Records showed that the practice ensured 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). The most recent published results from 2015/2016 showed the practice achieved 97% of the total number of points available, with 7% 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). Data from 2015/2016 showed;

- Performance for diabetes related indicators was in line with or above national averages. For example, 95% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (01/04/2015 to 31/03/2016) compared to the CCG average of 85% and the national average of 88%.
- 82% of patients with hypertension had their last blood pressure reading measuring 150mmHg or less, in the preceding 12 months (01/04/2015 to 31/03/2016),

compared to the CCG average of 82% and the national average of 83%. The practice exception rate was 4% which was in line with the CCG and national average of 4%.

- Performance for mental health related indicators was above national averages. For example, 96% of patients with schizophrenia, bipolar affective disorder and other psychoses have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) compared to the CCG average of 89% and the national average of 88%. The practice exception rate was 6% which was below the CCG average of 17% and below the national average of 10%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 82% which was comparable with the CCG average of 84% and below the national averages of 83%. The practice exception rate was 4% which was below the CCG average of 8% and below the national average of 7%.
- We saw details of two clinical audits completed in the last two years, these were completed audits; however there was a lack of evidence to evidence that areas for improvement had been identified and actioned. The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- An audit of minor surgery ensured that all patients understood and gave consent to the procedures and that all samples were sent, checked and reviewed for any adverse results. This was a single cycle audit.

Effective staffing

Staff were qualified and we saw evidence they had the skills they needed to carry out their roles effectively and in line with legislation and best practice. The learning needs of staff were identified and training was put in place to meet these needs. Staff were supported to maintain and further develop their professional skills and experience.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff were supported to deliver effective care and treatment, including through meaningful and timely supervision and appraisal: all staff had received an appraisal within the last 12 months and described the impact this has had on their practice. Clinical staff were supported through the process of revalidation, this may include support being offered to address any concerns or areas for development identified in appraisals. There was a clear and appropriate approach for supporting and managing staff when their performance was identified as poor or variable
- Staff received regular update training throughout their employment this included: safeguarding, fire safety awareness, basic life support and information governance.
- The practice had a system in place for managing under performance across all staff groups, regardless of seniority.

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.

- When patients received care from a range of different staff, teams or services, we were told and saw minutes on how this was coordinated. All relevant staff, teams and services were involved in assessing, planning and delivering patients care and treatment. Staff worked collaboratively to understand and meet the range and complexity of their patient's needs.

- This process included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- When patients that required referrals to other services, the staff told us how they took into account the individual needs and circumstances and were clear about the ongoing care arrangements and expected outcomes were discussed and documented. When patients were referred, discharged or transitioned to a new service all information that was needed to deliver their ongoing care was appropriately shared in a timely way.
- Regular meetings were held with the palliative care nurses, district nurses and community matron.

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 and the Children Acts 1989 and 2004.
- 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. The process for seeking consent was appropriately monitored

Supporting patients to live healthier lives

Patients were supported, treated with dignity and respect. Patients were encouraged and supported to be involved as partners in their care. The practice also 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 diet and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the nursing staff and appointments for this service could be booked at any time.

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

The practice uptake for the cervical screening programme was 90%, which was above the national average of 82%. There was a policy to offer three written reminders for patients who did not attend for their cervical screening test. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was comparable to CCG data for the majority of immunisations where comparative data was available. For example:

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example:

- The percentage of childhood PCV booster vaccinations given to under five year olds was 97% compared to the CCG percentage of 96%.
- The percentage of childhood MMR vaccinations given to under two year olds was 98% compared to the CCG percentage of 95%.

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 that were carried out by health care assistants. 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 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.

All of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The patient participation group (PPG) at the practice was active and the minutes of the meetings were displayed on the practice website. This showed how areas for improvement had been identified and acted upon.

Comment cards highlighted that staff at the practice responded with compassion to requests for help and provided support to patients when required; they also told us that patients were satisfied with the care provided by the practice and that their dignity and privacy was respected.

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

- 88% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 81% 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

Patients told us they felt involved and encouraged to be partners 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 were also positive and aligned with these views.

Results from the national GP patient survey, published in July 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 81% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Are services caring?

Staff told us that translation services were available if required for patients who did not have English as a first language. The practice had in-house translation for nine languages including Polish and Punjabi.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and on their web site informed patients how to access a number of local and national support groups and organisations.

Staff recognised and upheld the importance of patient's privacy and dignity. Staff told us they would challenge behaviour and practices that fell short of this. Staff worked hard at developing a trusting relationship with their patients

Written information was available in the waiting area to direct carers to the various avenues of support available to them. The practice had only identified 0.7% of its patients. There were no systems in place to identify patients that became carers after initial registration. Those carers identified were offered health checks and flu immunisation.

Staff told us that if families had suffered bereavement, the GP who has the most recent contact would contact them. This call was either followed by a patient consultation or advice was given 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. Services were planned and delivered in a way that meets the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services provided.

- Home visits were available for older patients and patients that had been identified as requiring them.
- The practice patient list included residents living in eight care homes locally.
- Same day appointments were available for children and those with serious medical conditions.
- Phlebotomy services were provided within the practice five days a week.
- Dispensing services were provided for patients living more than one mile away from the practice.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice participated in the Avoiding Unplanned Admissions Enhanced Service. The practice contacted patients shortly after discharge and after attendance at an emergency department. We reviewed the care plan of a patient in this category and found it was well written.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and longer appointments were available if required.
- The practice had a recall system to ensure continuity of care for the disease management of all long term conditions. For example, medicine and annual reviews.
- 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.
- Same day appointments were available. Telephone consultations were available each day for those patients who had difficulty attending the practice due, for example, to work commitments.

- On-line services included; appointment bookings, prescription requests, Summary Care Records.
- The practice had processes in place for monitoring prescriptions that were not collected from the dispensary.
- The practice gained written consent for relatives to share their medical information and treatment planning for patients diagnosed with memory loss or dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Information leaflets were available in the waiting area.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- 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.

Access to the service

The practice opening hours were Monday to Friday 8.30am to 1pm and 2pm until 6.30pm. Appointments were from 8am to 12pm and from 2.30pm to 6.20pm.

The practice same day appointments were triaged and urgent access was offered through telephone or face to face consultations. Urgent appointments could be booked by telephone or in person to the surgery from 8am to be offered an appointment or telephone consultation. The patient would be dealt with by the duty GP.

Routine appointments could be made by phone, on line or by visiting the practice up to four weeks in advance. The practice offered online booking for appointments and requesting prescriptions. The practice also offered home visits if required.

The practice had opted out of providing out-of-hours services to their own patients and referred them to the Out of Hours service via the NHS 111 service.

Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was mostly in line in comparison to local and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.
- 82% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and the national average of 73%.
- 62% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 59% and the national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- There was a designated responsible person who handled all complaints in the practice.

- We saw that information regarding making a complaint was available on a poster in the waiting area this information was also available on the practice website and in the patient leaflet.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint; they told us that they would feel confident to report any concerns should they arise.

The practice had received one written complaint and six verbal complaints in the last 12 months. We found that these had been dealt with in a timely way and there was openness and transparency with dealing with the complaint. We saw that patients received a sincere and timely apology and were told about any actions taken to improve processes to prevent the same happening again. Improvement actions following the complaint were not routinely recorded and there was no process for staff to be informed of the outcomes.

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 promoted the delivery of high-quality person-centred care. The staff aimed to deliver high quality care and promote good outcomes for patients. Their statement of purpose was available for patients to see on the main website and in the patient leaflet. All staff shared this objective and prioritised patient care.

Governance arrangements

The practice had an overarching governance framework to support the delivery of the strategy and good quality care but in some areas it required strengthening.

- There was a clear staffing structure and staff spoken with were aware of their own roles and responsibilities.
- Policies held within the practice were not practice specific and some staff spoken with did not have a clear understanding of policies and protocols that were relevant to their role. We found that the infection control policy had been written without the input from the infection control nurse.
- A comprehensive understanding of the performance of the practice was maintained in relation to the quality outcomes framework (QOF).
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

There were minutes recorded for clinical meetings, however these did not always reflect improvement actions identified from learning opportunities

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The leadership was knowledgeable about issues and priorities for the quality and sustainability of services within their demographics; they understood what the challenges were and had plans to address them. They told us they prioritised safe, high quality and compassionate care. Staff told us the all senior staff were approachable and always took the time to listen to them.

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 training for all 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:

- Patients received a sincere and timely apology and were told about any actions taken to improve processes to prevent the same happening again.
- The practice kept written records of verbal interactions as well as written correspondence.
- Staff told us the practice held weekly or monthly team meetings however there were no practice meetings where all teams would meet. The weekly meetings were predominantly GP meetings but were attended by the practice manager who would cascade relevant information to other staff verbally as there were no minutes of these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues on an ad-hoc basis and felt confident in doing so and felt supported if they did.

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

- The practice encouraged and valued feedback from patients, the public and staff.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had made some suggestions about improvements that could be made at the practice, which had been implemented; for example, they had suggested that the last evening appointment be at 6.20 pm instead of 5.50pm this had been implemented.
- The NHS friends and family test results for September 95% said they were extremely likely or likely to recommend the practice to friends and family.
- The practice had gathered feedback from staff through staff meetings and informal discussions. Staff told us

Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management; for example, reception staff had asked for additional lockable storage behind the reception desk; the practice had agreed to provide this and had involved staff in designing storage which would suit their needs.

- The practice had gathered feedback from staff through appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management on an ad-hoc basis but there were no meetings open to all staff members.

During the course of our inspection, we found that the partners and management were aware of the changing practice population, and continually reviewed and considered the practice's structure to ascertain the most effective way to meet the needs of its patients.

The practice looked to the future and anticipated changes and responded to these proactively, for example in relation to future housing developments and how this would impact on the practice list size, as well as the future retirement of GPs. Recruitment of GPs was continuous rather than reactive, as although the practice had a stable workforce, it was aware and responsive to future changes.

Continuous Improvement