

Drs. Allen & Gee

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 Harston surgery on 18 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments with a GP were available on the same day.

- Information about services and how to complain was available and easy to understand.
- 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.

The areas where the provider must make improvements are;

- Make arrangements to monitor out of date controlled drugs in line with regulations until they are disposed of.
- Put in place a robust process for monitoring the security of medicines at the remote collection points.

The areas where the provider should make improvement are;

Summary of findings

- Make arrangements to track blank prescriptions through the practice in line with national guidance.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Annual infection control audits were undertaken and the infection prevention and control leads liaised with the local infection prevention teams to keep up to date with best practice.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Access was restricted, the keys held securely and there were arrangements in place for the destruction of controlled drugs. However the practice did not comply with regulations as they did not record out of date controlled drugs in their register and include them in regular stock checks.
- A delivery service was provided for housebound patients, and medicines were packed into compliance aids for those who found it difficult to manage their medicines. The practice had arranged for several shops to act as collection points. There were procedures in place to make sure that prescriptions were delivered safely to the shops but procedures for monitoring the safe management of medicines at these collection points were not robust.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were in line with the average for the locality and the England average.

Summary of findings

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice had a lower than average number of emergency admissions per 1000 population.

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 generally higher than others for several aspects of care.
- The practice had identified 275 patients on the practice list as carers. Carers forms were available on the practice website and also on the new patient registration form. Carers were signposted to various support groups and offered support by the clinical staff.
- 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.

- Patients said that urgent appointments with a GP were available on the same day.
- The practice offered "extra doctor" appointments to ensure every patient could be seen the same day if required.
- All the patients with unplanned hospital admissions were called by a clinician within 72 hours of discharge and their care plan updated.
- Practice staff reviewed the needs of their 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

- 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.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active with 12 members. They were not available on the day of the inspection.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had close ties with the neighbouring practices which ensured reciprocal unforeseen staff shortage support could be accessed.

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.

Good



- 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 reception staff were aware of patients without transport and booked appointments to suit their needs.
- The practice offered health checks for patients aged over 75.
- They offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.
- The practice offered a delivery service for medications dispensed from the practice for housebound patients, and medicines were packed into compliance aids for those who found it difficult to manage their medicines. The practice had arranged for several shops to act as collection points.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified. 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. Data from 2014/2015 showed; Performance for asthma related indicators was 100%, which was better than the CCG average by 2.4% and the England average by 2.6%. Performance for dementia related indicators was 96.2% which was above the CCG average by 1.2% and the England average by 1.7%. Performance for diabetes related indicators was 92.6%, which was below the CCG average by 6.9% and the England average by 6.6%.
- Longer appointments and home visits were available to patients when needed.
- The practice offered health checks for patients who needed long term condition management.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held flu vaccination clinics in the community for patients who could not attend the practice.

Families, children and young people

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

Good



- 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. Safeguarding meetings were held every month and safeguarding was a standing agenda for the weekly GPs meetings.
- Immunisation rates were comparable to the CCG average for the standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80.2%, which was below the CCG and England average by 1.6%.
- The practice had notices up in the waiting room about chlamydia screening and all their patients aged 15 to 24 years were encouraged to have chlamydia testing as appropriate. Forms and testing kits were available.
- 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.
- The practice had a private room available for breast feeding.

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).

Good



- 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. They offered telephone consultations during the day to patients that might not be able to access the surgery during normal hours.

Summary of findings

- The practice offered online booking services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered the NHS health check programme for patients between the ages of 40-74.
- The practice offered a Travel clinic which included being a yellow fever centre, sexual health support, diet and weight management and smoking cessation which were offered by the nursing staff.
- The waiting room had an area where the patient could do their own health checks which included a machine which took their blood pressure and scales to measure their weight.

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. They operated a system to invite patients with learning disabilities in for an annual health check. The practice had completed annual health checks for all 13 patients registered with learning disabilities this year, and had actively encouraged their patients to attend with letters. If the practice received no response they contacted patients by telephone.
- The practice regularly visited patients in the local learning disabilities home and liaised with the home manager.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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).

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia. 89.7% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average by 5.4% and the England average by 5.7%.
- All patients with mental health concerns were offered annual health checks.
- 91.3% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their record in the preceding 12 months which was above the CCG average by 4.3% and the England average by 3%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they might have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey was published in January 2016. Results showed that the practice was performing better than the local and national averages. 236 survey forms were distributed and 136 were returned. This represented 58% of the surveys sent out.

- 93% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 86% and a national average of 85%.
- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 80% and a national average of 78%.
- 80% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 87% 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 27 comment cards, 23 cards were all positive about the standard of care received, three cards had both positive and negative comments which included the dispensary being busy and difficulty seeing a preferred GP. One card had all negative comments relating to a certain member of staff. Patients we spoke with on the day of the inspection stated they did not find it difficult to get an appointment with a preferred GP and that prescription and medications were dealt with in a timely manner. Patients' described the practice as brilliant, caring, friendly and efficient.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. Members of the Patient Participation Group (PPG) were not available on the day. The practice gathered feedback by conducting the NHS Friends and Family Test, a patient survey, they monitored NHS choices and had a suggestion box in the waiting room.

Areas for improvement

Action the service **MUST** take to improve

- Make arrangements to monitor out of date controlled drugs in line with regulations until they are disposed of.

- Put in place a robust process for monitoring the security of medicines at the remote collection points.

Action the service **SHOULD** take to improve

- Make arrangements to track blank prescriptions through the practice in line with national guidance.

Drs. Allen & Gee

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 Pharmacy Inspector, a GP specialist adviser and a Practice Manager specialist adviser.

Background to Drs. Allen & Gee

Harston Surgery is situated in Harston, Cambridgeshire. The practice provides services for approximately 6500 patients. They currently hold a General Medical Services contract having recently transitioned from a Personal Medical Services contract. The practice has two male GP partners and two female salaried GPs. The practice regularly has medical students training there. The team also includes two female practice nurses and two phlebotomists, one male and one female. They also employ a practice manager and a team of dispensary/reception/administration/secretarial staff. The practice dispenses to 95% of the patients registered with them.

The practice's opening times are from 8.30am until 6pm Monday to Friday. The practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by Urgent Care Cambridgeshire via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had a higher than average practice population aged over 45

and a lower than average practice population aged between 15-44 compared to national England average. The deprivation score for the area was less than the average across England.

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 18 February 2016.

During our visit we:

- Spoke with a range of staff which included; three GPs, two practice nurses, the practice manager, three members of the dispensary team and two members of the reception/administration/secretarial team. We also spoke with four patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Safeguarding meetings were held monthly and it was a standing agenda for the weekly GPs meetings and the practice provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nursing staff were trained to safeguarding level 3 (safeguarding children and young people).
- A notice in the waiting room, consultation rooms and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure

and Barring Service check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurses were both infection prevention and control clinical leads to ensure that there was always a lead present at the practice. They liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. There was a needle stick injury policy with information posters in the clinical rooms. Sharps boxes were signed and dated and clinical waste was disposed of in the correct manner. The practice used disposable curtains for privacy in the clinical rooms and these were changed every 6 months and the date recorded on them. Hand washing signs were by all the sinks in the practice.
- There were regular practice meetings to discuss significant events including when there were prescribing incidents or dispensed errors. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- 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 and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe 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.

Medicines Management

We checked medicines stored in the dispensary and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate

Are services safe?

temperature. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a failure. Staff were aware prescriptions should be signed before being dispensed. In some circumstances prescriptions were not signed before they were dispensed but staff were able to demonstrate that a process was followed to minimise risk. Blank prescriptions were stored securely but the system in place to monitor their use did not provide a complete audit trail. Following our visit the practice revised this procedure so that they could track prescriptions through the practice in line with national guidance. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Access was restricted, the keys held securely and there were arrangements in place for the destruction of controlled drugs. However the practice did not comply with regulations as they did not record out of date controlled drugs in their register and include them in regular stock checks. The practice had written procedures for the production of prescriptions and dispensing of medicines and their practice reflected this. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had appropriate qualifications and an annual assessment of competence. We saw that there was a process in place to record incidents in the dispensary to minimise the chance of similar errors occurring again. A delivery service was provided for housebound patients, and medicines were packed into compliance aids for those who found it difficult to manage their medicines. The practice had arranged for several shops to act as collection points. There were procedures in place to make sure that prescriptions were delivered safely to the shops but procedures for monitoring the safe management of medicines at these collection points were not robust. The driver was employed by the practice and obtained signatures on delivery to patient homes. The driver checked the prescriptions held at the collection points and brought back any that had been there for more than two weeks and repeat prescription requests which had been left by patients at the shops. A record was kept of prescriptions sent to the collection points but no signature on collection was obtained. Practice letters to patients were also sent via this route. Fridge items were identified, but there was no check on whether they were refrigerated on arrival at the collection point. There was an agreement with the collection point that they would act as a remote

collection point and treat prescriptions confidentially, but there was no information on the document to say which shop it related to, who signed it, and no requirements around secure storage. The practice has since taken steps to ensure the procedure is well documented and robust.

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 the reception area 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 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 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 and a panic button on the telephone.
- All staff received annual basic life support training and there were emergency medicines available. The emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

Are services safe?

- The practice had a defibrillator available on the premises with adult and children's pads and oxygen with adult and children's masks. A first aid kit and accident book was available.
- 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 people's 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. The most recent published results were 513 points out of a possible 559 which was 92% of the total number of points available, with a low exception reporting of 5% (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 2014/2015 showed;

- Performance for heart failure related indicators was 100% which was above the CCG average by 4.2% and the England average by 2.1%.
- Performance for asthma related indicators was 100% which was above the CCG average by 2.4% and the England average by 2.6%.
- Performance for dementia related indicators was 96.2% which was above the CCG average by 1.2% and the England average by 1.7%.
- Performance for atrial fibrillation related indicators was 100% which was above the CCG average by 1.2% and the England average by 1.5%.
- Performance for mental health related indicators was 92.3% which was below the CCG average by 0.1% and the England average by 0.5%.

- Performance for depression related indicators was 90% which was below the CCG average by 0.6% and the England average by 2.3%.
- Performance for diabetes related indicators was 82.6% which was below the CCG average by 6.9% and the England average by 6.6%.
- Performance for cancer related indicators was 90.9% which was below the CCG average by 7.7% and the England average by 7%.
- Performance for Hypertension related indicators was 84.6% which was below the CCG average by 13.5% and the England average by 13.2%.
- Performance for chronic kidney disease related indicators was 78.1% which was below the CCG average by 13.7% and the England average by 16.6%.

The above average elderly demographic of the practice meant there was a higher prevalence of disease which required specific medications.

The practice had a lower than average number of emergency admissions per 1000 population.

Clinical audits demonstrated quality improvement.

- The practice regularly monitored data using a reflective review process and discussed and disseminated findings.
- We looked at their most recent two clinical audits where the improvements made were implemented and monitored, including an audit on chronic obstructive pulmonary disease (COPD). The practice searched their clinical system for the patients who were coded as having been diagnosed with COPD and whether they had received certain tests and monitoring. The audit was discussed at clinical meetings and re-audited six months after the initial audit was completed with a positive result.
- Minor operations such as excision, aspiration, injection and cryotherapy were carried out regularly and the results were audited annually.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Are services effective?

(for example, treatment is effective)

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of their practice development. Staff had access to appropriate training to meet their needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had regular reviews of discharges from hospitals to ensure that patients who were on the vulnerable list were followed up and the practice used the discharges to assess if the patients needed to be added to the list, for example; if the patient had more than two A&E attendances in the last six months, regular falls, a new dementia diagnosis or were a new palliative care patient. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that patient' care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of mental capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records' audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and weight management, alcohol cessation and sexual health advice. Smoking cessation advice was available during a clinic run by the nursing team. Patients were signposted to the relevant services either internally (with a GP or nurse) or an external provider.
- The practice offered free acupuncture to their applicable patients.

Are services effective?

(for example, treatment is effective)

- The practice had posters up with information about chlamydia testing and all their patients aged 15-24 years were encouraged to have chlamydia testing as appropriate. Forms and testing kits were available.
- The practice's uptake for the cervical screening programme was 80.2%, which was below the CCG and England average by 1.6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by encouraging those with a learning disability and they ensured a female clinician was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with 66% of patients aged between 60-69 years of age, screened for bowel cancer in last 30 months and 78% of female patients aged 50-70 years of age, screened for breast cancer in last 36 months. These were above the CCG and national averages.
- Childhood immunisation rates for the vaccinations given were in general comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 95% with a CCG range from 52% to 96% and five year olds from 55% to 94% with a CCG range from 88% to 95%.
- The practice had a regular community midwife clinic within the practice building.
- 1,173 patients had attended for a flu vaccination so far this year. The practice also offered flu clinics in the community. We looked at previous years' data and the practice performed in line with the local and national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice operated a call system to invite patients with learning disabilities in for an annual health check. The practice had completed annual health checks for all 13 of their patients registered with learning disabilities this year. They actively encouraged their patients to attend with letters. If they received no response they contacted them by telephone.

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.
- A private room was available for breast feeding.

We received 27 patient Care Quality Commission comment cards and 23 contained positive views about the service experienced. Patients said they felt the practice offered a brilliant service and staff were helpful, caring and treated them with dignity and respect. Three cards contained both positive and negative comments in which the negative comments related to the dispensary being too busy and a difficulty getting to see a preferred GP. One card contained negative feedback about a staff members demeanour. There were no members of the Patient Participation Group (PPG) available to speak with us on the day of the inspection.

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

- 90% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 93% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.

- 88% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 92% said the last nurse they spoke with was good at giving them enough time compared to the CCG average of 93% and the national average of 92%.
- 91% said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 87% 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%.

Care planning and involvement in decisions about care and treatment

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

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 98% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and the national average of 97%.
- 86% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.

Are services caring?

- 80% 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%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The self-check in monitor had 18 languages available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 275 patients on the practice list as carers. Carers forms were available on the practice website and on the new patient registration form, and a new carers protocol/form could be completed showing the patient who was cared for and the patient who was a carer. Written information was available to direct carers to the various avenues of support available to them and a posters and information was displayed in the waiting room.

Staff told us that if families had suffered bereavement, their usual GP contacted them and condolences were sent. The GP visited the family and supported them through the bereavement.

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.

- There were longer appointments available for reviews of patients with a learning disability, long term conditions and for patients aged over 75.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- GPs regularly visited patients in local learning disabilities home and liaised with the home manager.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice held monthly multi-disciplinary meetings with district nurses, the community matron, physiotherapists, health visitors, school nurses and palliative care nurses for care planning and to help avoid unplanned hospital admissions.
- All the patients with unplanned hospital admissions were called by a clinician within 72 hours of discharge and their care plan updated.
- The practice worked with the local medicines management team to monitor their prescribing.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available for people on the same day that needed them. The practice offered "extra doctor" appointments to ensure every patient could be seen on the same day when required.

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

- 92% were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 75% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 61% and national average of 59%.
- 80% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 93% said the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%.
- 76% described their experience of making an appointment as good compared to the CCG average of 77% and the national average of 73%.
- 73% usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 64% and the national average of 65%.
- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 86% would recommend the surgery to someone new to the area compared to the CCG average of 80% and the national average of 78%.

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. For example; there were posters displayed in the waiting room, information was available on the practice website, and in the practice leaflet and from the reception staff.

Are services responsive to people's needs? (for example, to feedback?)

We looked at all six of the complaints in the last 12 months and found that these were satisfactorily handled, and dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint received from a patient regarding

a dispensing delivery problem. An explanation was given to the patient and the mistake was acknowledged by the practice with a positive outcome. Complaints were dealt with on an individual basis and discussed during meetings. The practice monitored both verbal and written complaints.

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.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions however some additional needs for medicines management recording were identified.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place and staff felt supported by management. Staff told us the practice held regular team meetings and mini meetings where urgent issues were discussed and documented prior to a main meeting. Clinical staff discussed clinical issues with each other freely and as needed, generally daily. 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 in doing so and felt supported if they did. Staff said they felt respected, valued and supported. All staff were involved in discussions about the development of 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. There was an active PPG with 12 members which met regularly and submitted proposals for improvements to the practice management team. For example, the PPG suggested that access to the practice may have been a problem for many patients due to the heavy front doors. The practice recently installed an electric push button front

Are services well-led?

Good 

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

door. The practice announced the improved access via a bulletin on the practice website. The PPG were kept fully informed of the plans. We saw the latest PPG report in the waiting room and on the practice website.

- The practice conducted the NHS Friends and Family Test and their own patient survey. They had a suggestion box in the waiting area of reception.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff we spoke with provided us numerous examples of where the practice had supported them to improve their professional practice, for example; nursing staff had attended various courses. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had close ties with the neighbouring practices which ensured reciprocal unforeseen staff shortage support could be accessed.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment (2) (g) the proper and safe management of medicines. The provider did not have a system in place to ensure the proper and safe management of medicines. The provider did not ensure that controlled drugs were effectively monitored at the practice. The provider did not ensure that adequate systems were in place for the risk assessment of medicines supplied to patients from external locations. The provider did not ensure there were systems in place for the safe and secure storage of medicines at the external locations. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	