

Holly Bank Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Holly Bank Surgery on 13 June 2017. Overall the practice is rated as good but requires improvement for providing safe services. Our key findings across all the areas we inspected were as follows:

- There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and on equipment used.
- Systems were in place to safeguard people who used the service against the risks of harm or abuse. However, some of these required improvement. For example, staff who acted as chaperones had not always undergone appropriate checks.
- Significant events were not always documented and managed appropriately.

- Systems were in place to deal with medical emergencies and all staff were trained in basic life support.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits had been carried out but there was no programme of audit demonstrating improvements in outcomes for patients.
- Feedback from patients about the care and treatment they received from all staff including clinicians was very positive.
- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Data showed that outcomes for patients at this practice were generally similar to outcomes for patients locally and nationally.

Summary of findings

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients generally told us they could get an appointment when they needed one. The majority of GP appointments were provided as on the day appointments with routine appointments only being booked in advance for vulnerable patients or working patients.
- The practice was located in a purpose built building and had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. This required review to ensure patients were provided with accurate information. Complaints had been investigated and responded to in a timely manner.
- There was a clear staff structure and all staff had been in post for a number of years and they understood their roles and responsibilities. However, staffing levels were not sufficient to ensure the safety and sustainability of the service in the longer term. The provider was aware of this and had plans in place to address the concerns.

- The provider sought patient views about improvements that could be made to the service. This included the practice having and consulting with a patient participation group (PPG).

Areas where the provider must make improvement:

- Ensure specified information is available regarding each person employed linked to their roles and responsibilities.

Areas where the provider should make improvements:

- Review staffing to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed within the service.
- Improve the system in place for identifying and acting upon significant events.
- Develop a clinical auditing programme that demonstrates improvements in outcomes for patients.
- Review the information provided to patients about the complaints process.

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



- Systems were in place to safeguarded people who used the service against the risks of harm or abuse. However, some of these required improvement. For example, staff personnel records did not include all required information.
- The management of significant events was not appropriate as very few events had been documented and we saw an example of an incident that had not been recognised and managed as a significant event.
- Staff told us that vacancies across the staff team resulted in them struggling to meet demand. The staffing arrangements were not safe or sustainable in the longer term. The provider was aware of this and was taking action to address the concern.
- Staff were aware of their responsibilities to ensure patients received reasonable support, truthful information, and a written apology when things went wrong.
- Staff had been trained in safeguarding and they were clearly aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- Systems for managing medicines were effective overall and improvements were being made to prescribing practices in response to performance data.
- A system was in place to ensure patients on a repeat prescription had at least an annual review of their medicines and to ensure people who required regular monitoring for their medicines received this.
- The practice was equipped with a supply of medicines to support people in a medical emergency.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.

Summary of findings

- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to those locally and nationally.
- Clinical audits were carried out but these were basic and did not link to improvements in outcomes for patients.
- Staff felt well supported and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- A system of appraisals was in place and all staff had undergone an up to date appraisal of their work.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. They gave us very positive feedback about the caring nature of staff.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the national patient survey showed the practice received scores that were higher than local and national average for aspects of care. For example, having tests and treatments explained and for being treated with care and concern.
- Information for patients about the services available to them was easy to understand and accessible.
- The practice maintained a register of patients who were carers in order to tailor the services provided. For example, to offer them health checks and immunisations.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of the local population and worked in collaboration with NHS England and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified and to improve outcomes for patients.
- The majority of appointments were 'book on the day' appointments. Patient feedback on this was mixed. Most patients we spoke with, or received comments from, felt they

Summary of findings

could get an appointment when they needed one. However, some people felt the system made it difficult to get through to the practice at key times and they did not always find it easy to get an appointment.

- Results from the national patient survey showed the practice received scores that were similar to local and national averages with regards to access. However they received scores that were lower than average for getting through to the practice by phone and getting an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available to patients but this required review to ensure patients were fully informed of the process. Few formal complaints had been received and the practice responded quickly to issues raised.

Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- There were systems in place to govern the practice and support the provision of good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The provider 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 used feedback from staff and patients to make improvements. The patient participation group (PPG) was active and they gave us examples of how the practice had made changes in response to their feedback.
- The challenges and future developments of the practice had been considered and plans were in place to make changes to ensure the sustainability of the service.

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 and treatment to meet the needs of the older people in its population.
- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to outcomes for patients locally and nationally.
- Regular GP visits were provided to a local nursing home to assess and review patients' needs and to prevent unplanned hospital admissions.
- Home visits and urgent appointments were provided for patients with enhanced needs.

People with long term conditions

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

Good



- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Patients with several long term conditions were offered a single, longer appointment to avoid multiple visits to the surgery.
- Data from 2015 to 2016 showed that the practice was performing in comparison with other practices nationally for the care and treatment of people with chronic health conditions.
- Patients were provided with advice and guidance about prevention and management of their health and were signposted to support services.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances.
- There was a designated lead for child protection.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Child health surveillance clinics were provided for 6-8 week olds.
- Immunisation rates were higher than national average for all standard childhood immunisations.
- Babies and young children were offered an appointment as a priority and appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable to the national average.

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 practice was open from 8am to 6.30 pm Monday to Friday. Telephone consultations could be provided if requested by patients.
- A system of 'on the day' appointments was in place. This could present more difficulty for working patients. The provider told us they always tried to be flexible to accommodate working patients and patients could book appointments in advance on line.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group.
- The practice was proactive in offering online services including requests appointments and for repeat prescriptions. Electronic prescribing was also provided.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients

Good



Summary of findings

required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.

- 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 provided appropriate access and facilities for people who were disabled.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

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 held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to local and national averages.
- Patients were referred to appropriate services such as psychiatry and counselling services.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- A system was in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.
- Staff had been provided with training in dementia awareness to support them in supporting patients with dementia care needs.

Good



Summary of findings

What people who use the service say

The results of the national GP patient survey published July 2016 showed the practice received higher than average scores from patients in areas relating to the care and treatment they received and their interactions with clinicians. The practice received scores that were comparable to average or lower for questions about access and making an appointment. There were 242 survey forms distributed and 100 were returned which equates to a 38% response rate. The response represents approximately 2% of the practice population.

The practice received scores that were higher than the Clinical Commissioning Group (CCG) and national average scores from patients for matters such as: feeling listened to, being given enough time and having confidence and trust in the GPs.

For example:

- 95% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 89% and national average of 88%.
- 99% said the last nurse they spoke to was good at listening to them (CCG average 92% national average 91%).
- 96% said the last GP they saw gave them enough time (CCG average 88%, national average 86%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 92%).
- 99% said they had confidence and trust in the last nurse they saw (CCG average 97%, national average 97%).

The practice scored comparable to or lower than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 66% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a CCG average of 65% and a national average of 72%.
- 70% described their experience of making an appointment as good (CCG average 70%, national average 73%).
- 78% were fairly or very satisfied with the surgery's opening hours (CCG average 74%, national average 75%).
- 86% found the receptionists at the surgery helpful (CCG average 84%, national average 86%).

A higher than average percentage of patients, 91%, described their overall experience of the surgery as good or fairly good. This compared to a CCG average of 83%, national average of 84%.

We spoke with eleven patients during the course of the inspection visit and they told us the care and treatment they received was very good. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards. All of these were very positive about the standard of care and treatment patients received and staff in all roles received praise for their professional care. Two of the patients we spoke with told us they had difficulties with getting an appointment and this was also reflected in five of the comment cards we received.

Areas for improvement

Action the service **MUST** take to improve

- Ensure specified information is available regarding each person employed linked to their roles and responsibilities.

Action the service **SHOULD** take to improve

- Review staffing to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed within the service.

Summary of findings

- Improve the system in place for identifying and acting upon significant events.
- Develop a clinical auditing programme that demonstrates improvements in outcomes for patients.
- Review the information provided to patients about the complaints process.

Holly Bank Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Holly Bank Surgery

Holly Bank Surgery is located in Fingerpost Park Health Centre, St Helens, Merseyside. The practice was providing a service to 3,893 patients at the time of our inspection.

The practice is part of St Helens Clinical Commissioning Group (CCG) and is situated in an area with lower than average levels of deprivation when compared to other practices nationally. The practice has a higher than average elderly population with 34% of the population aged over 65 years of age. The percentage of the patient population who have a long standing health condition is higher than the national average at 62% (national average 53%).

The practice is run by one male GP. There is one practice nurse, a practice manager and a team of reception/administration staff. The surgery is open from 8am to 6.30pm Monday to Friday. When the surgery is closed patients are directed to the GP out of hours service provided by St Helens Rota.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice has a General Medical Services (GMS) contract. The practice provides a range of enhanced services, for example: childhood vaccination and immunisations and checks for patients who have a learning disability.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 June 2017. During our visit we:

- Spoke with a range of staff including GPs, the practice nurse, the practice manager, reception staff and administrative staff.
- Spoke with patients who used the service and with a member of the patient participation group (PPG).
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.

Detailed findings

- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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, recording and responding to significant events. Staff told us they would inform the practice manager of any incidents and there was a form for recording these. The provider was aware of their responsibilities to report notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We looked at a sample of events recorded and we were assured that action had been taken to investigate the circumstances of the event and to prevent a recurrence. However, we found there were fewer than expected events recorded and we found an example of an incident that had not been recognised or managed as a significant event. As a result the provider may not be fully investigating events, learning from these or sharing the learning with other agencies.

A system was in place for responding to patient safety alerts. This demonstrated that the information had been disseminated appropriately and action had been taken to make any required changes to practise.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded them from abuse. However, some of these required improvement:

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There was a lead member of staff for safeguarding. All staff had received safeguarding training relevant to their role. For example the GPs were trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding and they provided examples of when they had raised safeguarding concerns.

- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role. However, they had not undergone a Disclosure and Barring Service (DBS) check. These 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 nurse was the infection control clinical lead and they were responsible for liaising with the local infection prevention team. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The practice had achieved a high score during the most recent audit and action was planned to address improvements required as a result of the audit.
- An assessment of the risk and management of Legionella had been undertaken and measures were in place to mitigate risks associated with Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a system to ensure the safe issue of repeat prescriptions. There was a system to ensure that patients who were prescribed potentially harmful drugs were monitored regularly and to ensure that all patients who were on repeat prescriptions underwent an annual review of their medicines. Regular medicines audits were carried out with the support of the local Clinical Commissioning Group pharmacy team. Medicines prescribing data for the practice was higher than average in some areas but we found the provider was working to improve this and was on a trajectory of improvement. A system was in place to account for prescription pads and they were stored securely.
- The staff team had been in post for a number of years. We reviewed a sample of staff personnel files in order to

Are services safe?

assess the staff recruitment practices. Our findings showed that personnel files did not always include all required information linked to staff roles and responsibilities. This included evidence of identification and proof of DBS checks.

- Medical staff were revalidated and registered with their respective governing bodies to ensure their continued suitability. For example with the General Medical Council (GMC) or Nursing and Midwifery Council (NMC).

Monitoring risks to patients

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

- There was a range of health and safety related policies and procedures that were available to staff.
- The practice had up to date health and safety related risk assessments and safety checks were carried out as required. For example, fire safety equipment, electrical equipment and clinical equipment were checked to ensure they were working properly.
- There was a rota system in place for the different staffing groups. The practice had a number of staff vacancies including for; a GP, a health care assistant, one full time and one part time receptionist/administrator. The provider was actively trying to recruit to one receptionist/administrator post at the time of the inspection visit and they were using two GPs on a sessional basis to support the main GP provider. Staff in all roles felt over stretched and that there was not sufficient capacity to meet demand. There was a risk that staff sickness or unexpected leave could tip the balance into the service becoming unsafe. The provider agreed that this position was not sustainable and they

were in consultation with another provider with a view to merging services in the forthcoming months. In the interim the provider had successfully applied for the boundary to be reduced and for the practice to be closed to new patients.

Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents. For example;

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency.
- Staff had received annual basic life support training.
- The practice had emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a system in place to ensure the medicines were in date and fit for use.
- The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks was available in the building.
- A first aid kit was readily available.
- Systems were in place for the recording of accidents and incidents.
- 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

Clinicians assessed patients' 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. GPs demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. This is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 79% of the total number of points available with 3% exception reporting. Data from April 2015 to March 2016 showed performance in outcomes for patients was generally comparable to those of the Clinical Commissioning Group (CCG) and national average. For example;

- The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 74% compared to a Clinical Commissioning Group (CCG) average of 81% and a national average of 80%.
- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 67% (CCG average 79%, national average 78%).

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 86% (CCG average 91%, national average of 89%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 77% (CCG average 83%, national average 82%).
- The percentage of patients on lithium therapy with a record of serum creatinine and TSH (thyroid stimulating hormone) in the preceding 9 months was 100% (CCG average 99%, national average 96%).
- The percentage of women aged 25 to 64 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years was 90% (CCG average 89%, national average 90%).

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We viewed two audits carried out more recently. One of these related to gynaecological cytology (smear taking) success rates. The other related to the refrigerated storage of vaccines. The audits were not well detailed and they did not demonstrate improvements to the clinical assessment of patients and the treatment provided. There was no programme of audits linked to best practice guidance. The provider acknowledged the audits were basic and felt this was as a result of GP capacity issues.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. There was a training plan in place to ensure staff kept up to date with their training and they had access to and made use of e-learning training modules

Are services effective?

(for example, treatment is effective)

and in-house training. Staff had been provided with training in core topics such as: safeguarding, health and safety, fire safety, infection control, basic life support and information governance.

- Staff had also been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.

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 intranet system. This included care plans, medical records, investigations 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 people to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

Systems were in place to ensure referrals to secondary care under the two week rule for suspected cancers, and results from secondary care were followed up and to ensure patients discharged from hospital received the care and treatment they required.

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 were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice provided advice, care and treatment to promote good health and prevent illness. For example:

- The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and diabetes. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation.
- The practice offered national screening programmes, vaccination programmes and long term condition reviews.
- QOF information for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally. For example, the percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was 79% which was similar to the national average of 81%. 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.
- The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening uptake rates were comparable to CCG and national averages with persons (aged 60-69) screened for bowel cancer in the last 30 months at 54% (CCG average 57%, national average 57%), and females (aged 50-70) screened for breast cancer in the last 36 months at 74% (CCG average 74%, national average 72%).

Are services effective?

(for example, treatment is effective)

- Childhood immunisation rates for the vaccinations given to under two year olds was higher than CCG and national averages at 100%.
- 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.
- Health promotion information was available in the reception area and on the practice website. Patients were referred to or signposted to health promotion services such as smoking cessation, alcohol support services and dietary advice.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. All of the 47 comment cards we received were very positive and complimentary about the caring nature of the service provided by the practice.

Staff demonstrated a patient centred approach to their work during our discussions with them. The staff team were long serving and they told us they felt they knew the needs of the patients well.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected between July to September 2015 and January to March 2016. The practice scored higher than average when compared to Clinical Commissioning Group (CCG) and national scores, for matters such as patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 96% of respondents said the last GP they saw gave them enough time compared to a CCG average of 88% and a national average 86%.
- 94% said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 86% national average 85%).
- 99% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 92%, national average of 91%).
- 99% said that the last time they saw or spoke to nurse, they were good or very good at treating them with care and concern (CCG average 91%, national average 90%).

- 92% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 92%).
- 99% said they had confidence and trust in the last nurse they saw or spoke to (CCG average 97%, national average 97%).

The practice scored similar to local and national averages with regards to the helpfulness of reception staff as 86% of respondents said they found the receptionists at the practice helpful (CCG average 84%, national average 86%).

The practice received a score that was higher than local and national scores for patient's overall experience of the practice as 91% described this as 'fairly good' or 'very good'. (CCG average 83%, national average 84%).

We spoke with eleven patients who were attending the surgery at the time of our inspection and they gave us very positive feedback about the caring nature of staff in all roles. We also spoke with five members of the Patient Participation Group (PPG) and they told us staff provided a caring and supportive service.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. Results from the national GP patient survey showed the practice had generally scored higher than local and national averages for patient satisfaction in these areas. For example:

- 95% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 89% and a national average of 88%.
- 99% said the last nurse they saw or spoke to was good at listening to them (CCG average of 92%, national average of 91%).
- 95% said the last GP they saw was good at explaining tests and treatments (CCG average of 86%, national average of 86%).
- 99% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 91%, national average of 89%).

Are services caring?

- 91% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 82%, national average of 81%).
- 95% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 87%, national average of 85%).

Staff told us that translation services were available for patients who did not use English as their first language and staff had been provided with training in dementia awareness.

Patient and carer support to cope emotionally with care and treatment

Information about how patients could access a number of support groups and organisations was available at the practice. Information about health conditions was available on the practice's website.

The practice maintained a register of carers and at the time of the inspection there were 163 carers on the register. This equates to 5% of the patient population. The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They were also offered flu immunisations and health checks. Notices were displayed on consulting room doors to draw attention to carers about the availability of support. A carers' notice board was provided in the main reception area of the building and this included information to direct carers to the various avenues of support available to them.

The practice had a policy and procedure for staff to adopt following the death of a patient. This included procedures for notifying other agencies. The GP contacted family members/carers following bereavement if this was appropriate to do.

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 NHS England and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example they had signed up to a CCG (commissioners) quality contract aimed at supporting patients following an elective admission to hospital. This involved contacting these patients following discharge and adjusting their care and treatment accordingly.

The practice provided a flexible service to accommodate patients' needs. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Patients could also be referred to an acute home visiting team provided by the CCG.
- Same day appointments were available for children and those patients with medical conditions that required same day consultation.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. The appointment system was mainly 'on the day' appointments where patients rang at 8am to request an appointment for the morning surgery and 12pm for an appointment for the afternoon surgery. The system allowed for some flexibility for patients who were vulnerable and for working patients. The majority of people we spoke with, and feedback we received in comment cards, indicated that overall people felt they could get an appointment if they needed one. However, a number of people told that it was difficult to get through to the surgery at key times and to get an appointment. Results from the national GP patient survey showed that overall patient's scored the practice comparable to local and national averages for satisfaction with how they could access care and treatment. The scores for being able to get an appointment were lower than average. The results showed:

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 66% compared to a CCG average of 65% and a national average of 72%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 78% (CCG average 74%, national average of 75%).
- 59% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG average 71%, national average 75%).
- 70% of patients described their experience of making an appointment as good (CCG average 70%, national average 73%).

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. These assessments were done by a GP. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice was located in a purpose built building. The premises were accessible and facilities for people who were physically disabled were provided. Reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access services. For example, a hearing loop system was available to support people who had difficulty hearing and translation services were available.

Listening and learning from concerns and complaints.

A complaints policy and procedure was in place and information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with. This required review to ensure patients are provided with fully accurate information about how they can raise a complaint and the different stages of the complaints process.

The practice had received very few written complaints in the past 12 months. We looked at a sample of those made and found that these had been investigated and responded to in a timely manner and patients had been provided with an explanation and an apology when this

Are services responsive to people's needs?

(for example, to feedback?)

was appropriate. Patients had not been provided with contact details for referring complaints on to the

Parliamentary and Health Services Ombudsman (PHSO) if they were not satisfied with the outcome of their complaint. The provider confirmed that this had been addressed following the inspection.

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 statement of purpose which outlined its aims and objectives. These included; the provision of a quality service to all patients, in the context of a safe, secure and confidential environment; to display courtesy and respect to all patients, irrespective of ethnic origin, religious belief, sexual orientation, personal background or health condition; to foster a collaborative approach between patients and those treating them, involving patients in the decisions regarding their treatment and care; to promote healthy living and well-being to all patients through information and education; to work in a multi-disciplinary team, including nursing and other allied health professionals, to provide the best possible care for all our patients; to ensure members of the staff team have the right skill mix and training to perform their duties competently.

Staff we spoke with during the course of the inspection demonstrated that they supported the aims, objectives and values of the practice as identified in the statement of purpose.

The provider had knowledge of and incorporated local and national objectives. They worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality.

Governance arrangements

The practice had effective arrangements in place to govern the service and ensure good outcomes were provided for patients.

- There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks. However the arrangements for identifying and managing significant events needed to be improved.
- The GPs used evidence based guidance in their clinical work with patients.
- The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.

- Clinical audits had been carried out to evaluate the operation of the service. The provider told us they were intending to develop the process of clinical audit.
- The clinical system was used effectively to ensure patients received the care and treatment they required.
- The GP had met their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).
- There were clear methods of communication across the staff team. The surgery was closed for one half day per week to enable staff to undertake training and professional development. A staff meeting had taken place recently but there had been no meetings prior to this for some time. The provider told us they intended to continue with a regular programme of meetings.
- Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

Leadership and culture

On the day of the inspection the provider demonstrated that they had the experience and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.

The provider encouraged a culture of openness and honesty. 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). The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice.

There was a leadership and staffing structure and staff were aware of their roles and responsibilities. Staff told us they felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with training linked to their roles and responsibilities.

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

Are services well-led?

Good 

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

The practice actively encouraged and valued feedback from patients and acted upon this. The practice had an established patient participation group (PPG). Members of the PPG told us they attended meetings with the practice and that they had previously been involved in producing a patient satisfaction questionnaire.

The practice also sought patient feedback by utilising the Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results showed that the vast majority of patients who had completed the survey between January and May 2017 were either extremely likely or likely to recommend the practice.

The practice used information from complaints received to make improvements to the service. They periodically reviewed complaints to identify any themes or trends and to ensure they had been acted on appropriately.

Continuous improvement

There was a focus on learning and improvement within the practice. However, the provider told us they had been experiencing difficulties in recruiting a salaried GP and that this had held them back in terms of developing the service. Plans for the future development of the service included transitioning from a centric model to one of being part of larger group of practices. It was hoped that this would support the provider in the recruitment of GPs and other clinical staff, provide additional services, support innovative practise and ensure the sustainability of the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Ensure specified information is available regarding each person employed and linked to their roles and responsibilities. Regulation 19 (3).