

Mrs Elaine Evans

Quality Report

Foxleigh Family Surgery
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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 Mrs Elaine Evans also known as Foxleigh Family Surgery on 31 March 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 however, although we were told that learning was communicated to all staff we found little evidence of this taking place.
- Risks to patients were assessed and 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.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Patients commented on the length of time they had to wait at the practice for their appointment and also stated they were not always told when appointments were running late.
- 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 improvement are:

Summary of findings

- Ensure sufficient equipment (oxygen) is available in case of emergencies.
- Ensure that the practice has robust procedures and processes to make sure that people are protected.

The areas where the provider should make improvement are:

- Review systems to accurately record and share learning from significant events and complaints widely and in a timely manner to prevent recurrence.
- Review the role of the infection control lead and develop processes to ensure regular practice led audits are undertaken.
- Ensure all staff are aware of practice specific policies, such as the whistleblowing policy.

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.
- Analysis of significant events was by means of conversation between the health professionals and the practice manager, this analysis was not always recorded.
- We were told that meetings during which significant events were discussed took place on an ad hoc basis and were not always recorded.
- The practice held electronically registers of “children at risk” and “vulnerable adults”.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however records of discussion were not always kept.
- Risks to patients were assessed and well managed.
- The role of the infection control clinical lead was not clear. The practice nurse and practice manager each thought the other was the infection control lead when asked. There was an infection control protocol in place and staff had received up to date training. Although infection control audits had taken place by the buildings facilities management and weekly checks were undertaken we did not see evidence of any practice led annual audit.
- The practice had a defibrillator available on the premises but oxygen with adult and children’s masks were not available within the practice.

Are services effective?

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

Good



- Data from the Quality and Outcomes Framework showing patient outcomes was mixed. For example:
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. We saw that the practice had received eight complaints in the last 12 months and found that these were satisfactorily handled. We were told that lessons were learnt from concerns and complaints and discussed within the practice, however no minutes of these discussions were available and we were unable to identify actions taken to as a result to improve the quality of care.

Are services well-led?

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

Good



Summary of findings

- 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.
- However, practice specific policies were not always in place. For example: some staff were unable to find, when asked, the whistleblowing policy.
- 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.

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.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice nurse had identified patients who were at risk of unplanned hospital admissions and supported these patients to stay well at home, avoiding unplanned hospital admission.

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 as a priority.
- Performance for diabetes related indicators was mixed when compared to national averages. For example, the percentage of patients with diabetes, on the register, who had had an influenza immunisation in the preceding 1 August 2014 to 31 March 2015 was 91% compared to the national average of 94%. Whereas the percentage of patients with diabetes, on the register, in whom the last IFCHbA1c was 64mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 78% compared with the national average of 77%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. For example all childhood immunisations given to children under 24 months was 100%.
- However, the practice did not always record discussions concerning children or vulnerable families.
- 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.
- In the last 12 months, 80% of patients diagnosed with asthma, had undergone a review of their care compared to the national average of 75%.
- In the last 5 years 90% of patients had received cervical screening compared to the national average of 82%.
- 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.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice maintained either electronic or paper registers of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 339 survey forms were distributed and 107 were returned. This represented 5% of the practice's patient list.

- 91% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 87% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).

- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were in the main positive about the standard of care received.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure sufficient equipment (oxygen) is available in case of emergencies.
- Ensure that the practice has robust procedures and processes to make sure that people where protected.

Action the service **SHOULD** take to improve

- Review systems to accurately record and share learning from significant events and complaints widely and in a timely manner to prevent recurrence.
- Review the role of the infection control lead and develop processes to ensure regular practice led audits are undertaken.
- Ensure all staff are aware of practice specific policies, such as the whistleblowing policy.

Mrs Elaine Evans

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Mrs Elaine Evans

Mrs Elaine Evans also known as Foxleigh Family Surgery provides primary care services to its registered list of approximately 2319 patients. The practice is situated and the inspection was conducted at The Bridgewater Medical Centre, Henry Street, Leigh.

There is one male GP. He is supported by a practice nurse. There is also a practice manager and administration staff.

The male life expectancy for the area is 77 years compared with the CCG averages of 77 years and the National average of 79 years. The female life expectancy for the area is 81 years compared with the CCG averages of 81 years and the national average of 83 years.

The reception, waiting areas, consulting rooms and disabled toilet facilities are on one ground floor of the practice. There is step free access into the building and easy access for those in wheelchairs or with pushchairs.

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hours service which is provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally patients can access GP services on Saturdays and Sundays through the Wigan GP access alliance at locations across the borough.

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 31 March 2016. During our visit we:

- Spoke with a range of staff the GP, practice manager, practice nurse and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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

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

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

- Older people
- People with long-term conditions

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- Analysis of significant events was by means of conversation between the health professionals and the practice manager, this analysis was not always recorded.
- We were told that meetings during which significant events were discussed took place on an ad hoc basis and were not always recorded.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We were told that lessons were shared verbally amongst practice staff to make sure action was taken to improve safety in the practice, but not always recorded.

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 systems, processes and practices 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- However discussions held by the practice concerning children or vulnerable adults were not always recorded.
- A notice in the waiting room 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 role of the infection control clinical lead was not clear; the practice nurse and practice manager each thought the other was the infection control lead when asked. There was an infection control protocol in place and staff had received up to date training. Although infection control audits had taken place by the buildings facilities management and weekly checks were undertaken we did not see evidence of any practice led annual audit.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- 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 office 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.
 - There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
 - All staff received annual basic life support training and there were emergency medicines available in the treatment room.
 - The practice had a defibrillator available on the premises but oxygen with adult and children's masks were not available within the practice, which meant that in an emergency staff had to use oxygen belonging to another practice within the building. A first aid kit and accident book were available.
 - 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.
 - 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.
- Arrangements to deal with emergencies and major incidents**

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

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 peoples' 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 93% of the total number of points available, with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 - 2015 showed;

- Performance for diabetes related indicators was mixed. For example: the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (April 2014 – March 2015) was 99% which was higher than the national average of 88%.
- However, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 55% which was lower than the national average of 78%.

- The percentage of patients with hypertension having regular blood pressure tests was comparable to the national average. The practice rate was 80% compared to the national average of 84%.
- Performance for mental health related indicators was above the national average. For example: the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 96% compared to the national average of 88%.

Clinical audits demonstrated improvement. For example: an audit of referral times showed improvements in the time it took the practice to refer on patients from 51% of people within three days to 58%. The practice also completed a two cycle audit of Cephalosporin's or Quinolones (antibiotics) prescribing. We found there was clear evidence of a reduction in prescribing levels by half for the practice in comparison with Clinical Commissioning Group and national levels.

We found that the practice held registers for people with learning disabilities, mental health conditions, long term conditions, palliative and vulnerable patients. We were told that it used the electronic record keeping system to determine the numbers of patients within these groups on a regular basis.

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 which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning 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 had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example: patients in the last 12 months of their lives, carers, those at risk of developing a long-term conditions.

The practice's uptake for the cervical screening programme was 90%, which was higher than the national average of 82%. 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 using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than the Clinical Commissioning Group. For example, childhood immunisation rates for the vaccination Meningococcal C given to under two year olds was 100% compared to the CCG average of 98% and five year olds was 91% which was comparable to the CCG average.

Flu vaccination rates for the over 65s were 71%. This was comparable to CCG 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.

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.

The 35 patient Care Quality Commission comment cards we received were in the main positive about the service experienced describing the service as "good", however some people commented on the length of time they had to wait at the practice for their appointment and also stated they were not always told when appointments were running late. GP patient survey results also showed that 49% of people said that they don't normally have to wait to be seen which was below the Clinical Commission Group (CCG) 63% and national average 59%.

We spoke with the patient participation group lead. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 88%, national average 87%).

- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 91%).
- 97% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 90% 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%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%)
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice would send a sympathy card to the relatives and invite them to contact the practice if further support was needed.

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.

- The practice offered extended hours on Tuesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am until 6.30pm Monday, Thursday and Friday 8am until 8pm on Tuesdays and 8am until 5pm on Wednesdays. Appointments were from 9am until 11.30am every morning and 3pm until 6.30pm on Monday, Thursday and Friday and extended surgery hours on Tuesdays until 7.30pm. Appointments were not available Wednesday afternoons or at weekends. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 62% patients said they always or almost always see or speak to the GP they prefer (CCG average 63%, national average 59%).
- People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a 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.
- We saw that the practice had received eight complaints in the last 12 months and found that these were satisfactorily handled. We were told that lessons were learnt from concerns and complaints and discussed within the practice, however no minutes of these discussions were available and we were unable to identify actions taken to as a result to improve the quality of care.

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

We were told that the practice had a vision to deliver high quality care and promote good outcomes for patients, but were also told that this was not publicised.

Governance arrangements

The practice's overarching governance framework to support the delivery of the strategy and good quality care was inconsistent.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- However not all staff were aware of practice specific policies, such as the whistleblowing policy.
- A comprehensive understanding of the performance of the practice was maintained via the quality outcome framework.
- A programme of continuous clinical audit was used to monitor quality and to make improvements, but internal audit was not present.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions however learning from risks and issues was not effectively communicated to all staff.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings, however recording of these meetings was not always available.
- 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 and were 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 which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We were told that the PPG completed an action plan yearly for the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management they also told us that they felt involved and engaged to improve how the practice was run.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment.</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure sufficient equipment (oxygen) is available in case of emergencies.</p> <p>This was in breach of regulation 12(2)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.:Safeguarding service users from abuse and improper treatment.</p> <p>How the regulation was not being met:</p> <p>The registered person did not make sure that they had, and implemented, robust procedures and processes to make sure that people where protected.</p> <p>This was in breach of regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>