

# Downland 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 Downland Surgery on 15 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not always assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- 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.

There were areas of practice where the provider must make improvements:

- Ensure that all staff have child protection training relevant to their role.
- Ensure that the practice has a defibrillator and medical oxygen available to respond to medical emergencies or to have completed a risk assessment identifying how they would deal with a range of medical emergencies.

# Summary of findings

- Ensure that a comprehensive fire risk assessment is undertaken and that recommendations following the risk assessment are actioned.
- Ensure written references are obtained before employing new staff.

There were areas of practice where the provider should make improvements:

- Ensure that a comprehensive legionella risk assessment is undertaken and that recommendations following the risk assessment are actioned.

- Review practice procedures to ensure confidentiality agreements are in place for all members of practice staff.
- Review practice procedures to ensure clinical equipment are checked yearly as required.
- Ensure accessibility in the patient toilet is improved.

**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**



- Risks to patients were not always assessed and well managed; the practice had no defibrillator or medical oxygen available on the premises and the practice had not completed a risk assessment identifying how they would deal with a range of medical emergencies.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse; however one clinical staff had not completed safeguarding training relevant to their role.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### 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 at or above average for many aspects of care.

# Summary of findings

- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- The practice responded quickly to issues raised and learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP 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.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice GPs provided care for three local care, nursing and residential homes supporting the needs of 84 residents; the practice GPs made weekly visits to these care homes. As part of the ward rounds care home staff and residents were able to request a consultation. The practice also arranged for seasonal flu vaccinations.
- The practice had alerts set up for elderly patients to highlight when their vaccinations were due.

### 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. The practice offered 30 minute appointments with a nurse or doctor for patients with long-term conditions if required.
- The national Quality and Outcomes Framework (QOF) data showed that 69% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 70% and the national average of 78%. The number of patients who had received an annual review for diabetes was 88%.
- The national QOF data showed that 86% of patients with asthma in the register had an annual review, compared to the CCG average of 74% and the national average of 76%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

- The practice provided minor surgical procedures, phlebotomy, spirometry and electrocardiography to improve monitoring of patients with long term conditions and managed complex leg ulcer dressings which reduced the need for referrals to hospital.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of urgent care and Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 94%, which was in line with the Clinical Commissioning Group (CCG) average of 91% and above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice prioritised appointments for children aged under five years.

Good



## Working age people (including those recently retired and students)

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

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

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 including homeless people, carers, travellers and those with a learning disability.

Good





# Summary of findings

- The practice offered longer appointments and extended annual reviews for patients with a learning disability; all of the eight patients with learning disability had received a health check in the last year. The Practice GPs provided care for one local learning disability care home supporting the needs of two residents.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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 number of patients with dementia who had received annual reviews was 100% which was above the Clinical Commissioning Group (CCG) average of 83% and national average of 84%.
- 88% of 32 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was in line with the CCG average 86% and national average of 89%.
- The Practice GPs provided care for one local severe long-term mental health care home supporting the needs of three residents.
- 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

- The practice offered longer appointments for patients with memory difficulty who usually attended with their family.
- The practice offered an alternative waiting area for patients who found it difficult to wait in the regular waiting area as it was quieter.

# Summary of findings

## What people who use the service say

The National GP patient survey results were published on 7 July 2016. The results showed that the practice was performing in line with local and national averages. Two hundred and ninety survey forms were distributed and 102 were returned. This represented approximately 6% of the practice's patient list.

- 94% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 73%, national average of 73%).
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 14 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

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

# Downland 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 and an Expert by Experience.

## Background to Downland Surgery

Downland Surgery provides primary medical services in Coulsdon to approximately 1700 patients and is one of 59 practices in Croydon Clinical Commissioning Group (CCG). The practice population is in the third least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children is lower than the CCG and in line with the national average and the practice population of working age people is lower than the CCG and national averages; the practice population of older people is higher than the local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded 34% are British or Mixed British, 4% are Other White and 3% are African.

The practice operates in converted premises. All patient facilities are wheelchair accessible. The practice has access to two doctors' consultation rooms and one nurse consultation room on the ground floor.

The clinical team at the surgery is made up of two part-time male GPs who are partners; one part-time female GP (currently on 12 months sabbatical), one female

salaried GP and one part-time female practice nurse. The non-clinical practice team consists of a practice manager and three administrative and reception staff members. The practice provides a total of nine GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8:00am to 6:30pm Monday to Friday. Appointments are available from 9:30am to 11:30am every day and from 4:30pm to 6:30pm on a Monday and from 4:00pm to 6:30pm on Tuesdays and Thursdays and from 3:00pm to 5:00pm on Friday. Booked appointments are not available on Wednesday afternoons but a GP is available for emergencies. Extended hours surgeries are offered on Tuesdays and Thursdays from 6:30pm to 7:00pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Croydon CCG.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

## Why we carried out this inspection

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

# Detailed findings

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 15 November 2016.

During our visit we:

- Spoke with a range of staff including one reception and administrative staff, the practice manager, two GPs and the practice nurse and we spoke with eight patients who used the service including four members of the practice's Patient Participation Group (PPG).
- 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.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and maintained a log on the computer system.
- The practice had no formal system in place to implement and monitor medicines alerts; the day following the inspection the practice sent us evidence of the system they put in place for receiving and acting on medicines and safety alerts.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice nurse noticed that the refrigerator temperatures that stored vaccines were outside the acceptable range on three occasions. The practice contacted the vaccine manufacturers, obtained relevant advice and dealt with the situation appropriately. The practice discussed this incident in a practice meeting; amended the fridge temperature recording form and asked staff to inform the practice nurse, GP or the practice manager immediately if the temperature was outside of acceptable range.

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

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, 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 GP 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 Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1; however we found that one clinical staff had not undertaken child protection training relevant to their role.

- Notices in the clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS
- 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 who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had chairs in the waiting area which cannot be wiped clean and had some sinks that were not compliant; the practice had an action plan to make the required changes.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (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. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

## Are services safe?

- The practice had high average daily quantity of hypnotics (0.38) prescribed per Specific Therapeutic group Age-Sex Related Prescribing Unit and was an outlier when compared to the CCG average of 0.18 and national average of 0.26. The practice was aware of this and informed us that this was due to the high number of patients diagnosed with mental health issues registered with the practice.
- We reviewed five 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. However we saw that the practice had obtained no references for a clinical member of staff; the day following the inspection the practice had obtained two references and sent evidence of these to us. The practice used long term locum GPs and had performed all the required pre-employment checks.
- We found that the patient records were not kept in a secure area and could be accessed by the public; the day following the inspection the practice informed us that they kept all the rooms which had patient records locked.
- We found that the practice had no confidentiality agreements for three members of staff; however the day following the inspection the practice had sent us evidence of signed confidentiality agreements for these staff.

### Monitoring risks to patients

Risks to patients were not always assessed and well-managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had undertaken a fire risk assessment themselves; however these were not detailed. They did not have suitable fire extinguishers and had not carried out regular fire drills; the day following the inspection the practice informed us that they had undertaken a fire drill and evacuated the premises in 10 seconds and also informed us that they would undertake fire drills every 6

months. They had no fire alarms and had two smoke alarms one on each floor. The practice had a system in place where they checked portable electrical equipment every two years. Clinical equipment calibration checks were last completed on 10/09/2015; however we saw evidence that these checks were booked for 30/11/2016. 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had undertaken a legionella risk assessment themselves and had considered some risks; however the risk assessment was not detailed.

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training. There were emergency medicines available in the treatment room and clinical room, with a poster on the wall which advised on dosages.
- The practice had no defibrillator or medical oxygen available on the premises. The practice had completed a risk assessment identifying how they would deal with medical emergencies; however the risk assessment was not adequate and did not include how they would deal with a range of medical emergencies. A first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice used special computer software that provided information about local protocols, local guidelines and best practice guidelines. It also had flowcharts and pathways with referral forms and patient information leaflets.
- 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 94.9% of the total number of points available, which was above the Clinical Commissioning Group (CCG) average of 92% and comparable to the national average of 95.3%, with an exception reporting rate of 5.5%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 69% (1.8% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 70% and the national average of 78%. The number of patients who had received an annual review for diabetes was 88%.

- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 100% (0% exception reporting), which was above the CCG average of 88% and national average of 84%.
- The percentage of patients with atrial fibrillation treated with anticoagulation therapy was 94% (31% exception reporting), which was above the CCG average of 83% and national average of 87%. We checked that the exceptions reported were appropriate.
- Performance for mental health related indicators was in line with the CCG and national averages; 88% (0% exception reporting) of patients had a comprehensive agreed care plan documented compared with the CCG average of 86% and national average of 89%.
- The number of patients with dementia who had received annual reviews was 100% (7.1% exception reporting) which was above the CCG average of 83% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 90% (6.1% exception reporting) compared with the CCG average of 90% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. Three of the above audits were not formally written as a report.
- For example, an audit was undertaken to ascertain if patients taking bisphosphonates (a medicine that slows down the rate at which old bone is lost) are taking vitamin D supplements which is recommended according to best practice guidelines. In the first cycle the practice identified five patients taking bisphosphonates of which none were on vitamin D supplements. The practice invited these patients for medication review and were prescribed vitamin D supplements. In the second cycle after changes had been implemented, the practice found that all patients on bisphosphonates were on vitamin D supplements which was a significant improvement.
- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.



# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GP.
- Staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included 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 on-going 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. The practice ran quarterly reports of patients who have had A&E attendances to ascertain if it was appropriate and updated their careplans accordingly.

### 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.
- We found that two clinical staff had no mental capacity act training; the practice sent us evidence of recent mental capacity act training for these clinical staff the day following the inspection.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 94%, which was in line with the Clinical Commissioning Group (CCG) average of 81% and above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

# Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- The percentage of females aged 50-70, screened for breast cancer in last 36 months was 63% compared with 63% in the CCG and 72% nationally.
- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 37% compared with 49% in the CCG and 58% nationally; unpublished results for 2015/16 indicated an improvement to 42%.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 94% to 100% compared to the CCG rates of 85% to 93%, and five year olds from 67% to 89% compared to CCG rates of 74% to 92%; we saw evidence that the practice had a system to follow-up patients who had not attended their immunisation appointments. Flu immunisation target rates for diabetes patients were 91% which was in line with the CCG average and below the national average.

# 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.

- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with eight patients including four member of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed the practice were in line with the local and national averages. For example:

- 93% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%; national average of 89%).
- 91% said the GP gave them enough time (CCG average 84%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 90% said they found the receptionists at the practice helpful (CCG average 86%, 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 with GPs. The practice was in line with local and national averages for consultations with GPs and nurses. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 82% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

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

The practice had identified 3.4% (57 patients) of the practice list as carers. 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, their usual GP called them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions. The practice had alerts setup for patients with learning disability and offered an alternative waiting area for these patients. The practice nurse also worked in a local college for students with learning disabilities.
- 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.
- There were disabled facilities and translation services available; however the practice toilet was not suitable for patients who were disabled.
- Homeless people were able to register at the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice provided minor surgical procedures, phlebotomy, spirometry and electrocardiography to improve monitoring of patients with long term conditions and managed complex leg ulcer dressings which reduced the need for referrals to hospital.

### Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from 9:30am to 11:30am every day and from 4:30pm to 6:30pm on Mondays and from 4:00pm to 6:30pm on Tuesdays and Thursdays and from 3:00pm and 5:00pm on Fridays. Extended hours surgeries were offered on Tuesdays and Thursdays from 6:30pm to 7:00pm. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. During Wednesday afternoons booked appointments were not available but a GP is available for emergencies.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above the local and national averages in many aspects.

- 88% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 74%; national average of 75%).
- 94% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).

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

### Listening and learning from concerns and complaints

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

- 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.
- The practice had no complaints leaflet for patients; the day following the inspection the practice sent us evidence of a complaints leaflet used for patients.

We looked at four complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained about reception staff booking appointments. The practice investigated this incident and spoke to the reception staff. The practice apologised to the patient and discussed this incident in a practice meeting. Following this incident staff were reminded to be more careful when booking appointments and to give right information for patients.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system containing all the practice policies which were regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- The practice had staff meetings every three months where they discussed general issues, clinical issues, referrals, training and policies.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised 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. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered.

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.
- They kept written records of verbal interactions as well as written correspondence.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The practice had an active PPG with four members which met yearly and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice encouraged patients to register for online access following their own practice survey and comments from their patients.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that all staff have child protection training relevant to their role.</p> <p>The provider had not ensured that they were able to deal with a range of medical emergencies because they did not have a defibrillator and medical oxygen on the premises and had not considered the risks this posed or how to mitigate them.</p> <p>The provider had not ensured that a comprehensive fire risk assessment is undertaken and that recommendations following the risk assessment are actioned.</p> <p>This was in breach of regulation 12(1) and 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that written references are obtained before employing staff.</p> <p>This was in breach of regulation 19(1) and 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>