

High Glades Medical Practice

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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

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 High Glades Medical Centre on 23 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety. Staff were aware of their responsibilities to safety and reported significant events.
- However, when there were unintended or unexpected safety incidents, we saw no evidence that reviews and investigations were thorough enough and lessons learned were not communicated widely enough to support improvement. We also saw some errors in accuracy in the recording of some significant events and also in the detail of recording some complaints.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Some patients said that they found it difficult to get through on the telephone to make an appointment first thing in the morning.
- Appointments were available to book on the 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.

Summary of findings

The areas where the provider must make improvements are:

- To ensure that significant events are investigated and discussed thoroughly, actions taken and lessons learnt and disseminated and to ensure that the accuracy of recording of significant events and complaints is more robust.

The areas where the provider should make improvements are:

- To investigate why the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less is lower than the national and local average and action ways to rectify this.
- To survey, and act upon patient feedback with regard to access to services. This should include telephone

access to appointments, considering ways to increase access to the patients' clinician of choice and whether there is a need for any extended hours access for patients that can't attend during normal surgery hours.

- To make more health promotion advice and information on services available in the waiting room.
- To ensure that all policies are marked with the practice name, signed and dated.
- To consider obtaining written consent when carrying out joint injections.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, we saw no evidence that reviews and investigations were thorough enough and lessons learned were not communicated widely enough to support improvement. We also saw some errors in accuracy in the recording of some significant events and also in the detail of recording some complaints.
- There were robust systems in place to manage emergencies.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly 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 multi-disciplinary 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 higher than comparable to others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible on the website and from staff. However there was only a limited amount of health promotion advice and information on services available in the waiting room.
- 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. The practice was also involved in clinical commissioning group pilot schemes. For example to provide additional surgeries at weekends during the winter months to take the pressure away from accident and emergency departments.
- Patients said that there were urgent appointments available the same day.
- Patient comment cards and the national GP survey highlighted difficulties experienced by patients accessing the practice and appointments by telephone particularly first thing in the morning.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice regularly reviewed patients on large numbers of medicines to ensure that side effects and interactions were minimised.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders where appropriate. However in some cases we found errors in the recording of dates and other factual information.

Good



Are services well-led?

The practice is rated as requires improvement 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.

Requires improvement



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- A wide variety of policies were available, however they were not always marked with the practice name, signed and dated.
- The practice had systems in place for knowing about notifiable safety incidents. However, when there were unintended or unexpected safety incidents, we saw no evidence that reviews and investigations were thorough enough and lessons learned were not communicated widely enough to support improvements. We also saw some errors in accuracy in the recording of some significant events and also in the detail of recording some complaints.
- 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.

- 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 patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice were taking part in a clinical commissioning group pilot scheme to provide advanced care plans for patients in nursing homes.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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 83% (national average 78%).
- 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 multi-disciplinary package of care.
- GPs were pro-active in regularly reviewing long standing patients and assessing new patients with regard to their medication to try to reduce avoidable side effects.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Summary of findings

- Immunisation rates were relatively high for most standard childhood immunisations.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control was 72% (national average 75%).
- 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 percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 84% (national average 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 health visitors.

Working age people (including those recently retired and students)

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

- The practice was proactive in offering online services as well as a range of health promotion and screening that reflects the needs for this age group.
- The practice had been taking part in a clinical commissioning group pilot scheme that provided appointments at a different surgery in the locality including High Glades each Saturday or Sunday over the winter period.
- The practice offered telephone consultations.
- The practice however did not routinely offer appointments to patients of working age that were available outside working hours.
- The practice held a range of clinics appropriate to this population group including travel clinics and sexual health clinics.

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 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 patients.

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.
- There was a practice policy not to remove vulnerable patients from the list.

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).

- 89% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91% (national average 88%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- Where possible the practice tried to carry out any investigations at the same time as their consultation for patients with mental health problems or learning disabilities.
- The practice had a good relationship with the local mental health crisis management team.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and seventy one survey forms were distributed and 114 were returned. This represented 1.6% of the practice's patient list.

- 59% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group average of 77% and a national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89% and national average 85%).
- 86% of patients described the overall experience of their GP surgery as good (CCG average 87% and national average 85%).

- 75% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 78% and 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 33 comment cards all of which were positive about the standard of care received. Staff were described as helpful and caring and kind. Patients described the practice as very good and good and found the practice safe and hygienic. They felt listened to and that they were treated with dignity and respect.

We spoke with four patients including one member of the patient participation group (PPG) during the inspection. All four patients said they were happy with the care they received and thought staff were helpful, friendly, committed and caring. The NHS friends and family test showed that 75.3% of patients would recommend the practice to friends and family.

Areas for improvement

Action the service **MUST** take to improve

- To ensure that significant events are investigated and discussed thoroughly, actions taken and lessons learnt and disseminated and to ensure that the accuracy of recording of significant events and complaints is more robust.

Action the service **SHOULD** take to improve

- To investigate why the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less is lower than the national and local average and action ways to rectify this.
- To survey, and act upon patient feedback with regard to access to services. This should include telephone

access to appointments, considering ways to increase access to the patients' clinician of choice and whether there is a need for any extended hours access for patients that can't attend during normal surgery hours.

- To make more health promotion advice and information on services available in the waiting room.
- To ensure that all policies are marked with the practice name, signed and dated and where appropriate are specific to the practice.
- To consider getting written consent when carrying out joint injections.

High Glades Medical Practice

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 adviser and a practice manager specialist adviser.

Background to High Glades Medical Practice

High Glades Medical Practice offers general medical services to the people of St Leonards on Sea and the surrounding area. There are approximately 7,000 registered patients.

High Glades Medical Practice is part of the Sydenham House Medical Group. Sydenham House Medical Group has nine partners and currently operates from eight locations of which High Glades Medical Practice is one.

The practice has two clinical GP partners (male), one salaried GP (female) and one long term locum (female). These GPs are covered by other GPs from the Sydenham House Medical Group during holiday periods and illness. Some operational activities for High Glades Medical Practice such as payroll, finance and human resources are centralised at the Sydenham House Medical Group's main address in Ashford Kent where the senior management team are based.

At High Glades Medical Practice the GPs are supported by a team of three practice nurses and a health care assistant, a practice manager, administrative and reception staff.

The practice helped train FY2 doctors (doctors in their second year following qualification) and one of the GPs was training to become a GP trainer.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, well women and well man clinics, diabetes clinics, contraceptive services, new patient checks and travel health clinics.

Services are provided from

9a Upper Church Road

Hastings

East Sussex

TN37 7AT

Opening hours are Monday to Friday 8am to 6.30pm.

Appointments can be booked on the day by phoning the surgery from 8am. There are some pre-bookable appointments available which can be booked up to two weeks in advance.

When the practice is closed patients are advised to access the 111 service.

The practice population has a slightly higher number of patients aged under 18 than the national average and slightly lower than average number of patients of 65 years and over. There is a lower than average number of patients with a long standing health condition. The percentage of registered patients suffering deprivation (affecting both adults and children) is higher than average for England.

The practice is not registered with the CQC to carry out minor surgery but were in the process of doing so. We have seen that an application has now been made to carry out this registered activity.

Detailed findings

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 23 February 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, health care assistant (HCA), managerial staff, administrative staff and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with patients and 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 a system in place for reporting 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.
- However, when there were unintended or unexpected safety incidents, we saw no evidence that reviews and investigations were thorough enough or that lessons learned were communicated widely enough to support improvement. We also saw some errors in accuracy in the recording of some significant events.

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 children and another member of staff who was the lead for the safeguarding of vulnerable adults. 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 three.
- 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. One of the practice nurses was joint infection control clinical lead with the practice manager. There was an infection control protocol in place and

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 arrangements for managing medicines, including emergency medicines and vaccines, 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. The practice had a system for production of Patient Specific Directions to enable the Health Care Assistant to administer vaccines after specific training when a doctor or nurse were on the premises.
- There was a robust recruitment policy in place, however the practice had not recruited any new staff since it had been formed following a merger of three local practices, so we could not assess how it worked in practice. Also all staff were employed by the Sydenham House Group rather than by High Glades Medical Centre.
- 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.

- 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).

Are services safe?

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kit and accident books 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.

The practice had dealt with acute anaphylaxis and made changes to their systems in response to the incident. All medicines were now centrally placed and easy to find.

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 patients' needs.
- The practice monitored that these guidelines and alerts were followed through regular discussion amongst clinical staff and the governance lead both informally and at monthly clinical meetings.

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% of the total number of points available, with 9.9% 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 an outlier for one area of QOF data The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less. We asked the practice to comment on this and they were unsure of the reason for the variation from the national average. Data from 2014-2015 showed:

- Performance for diabetes related indicators was similar to the Clinical Commissioning Group (CCG) and national average. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 84% (CCG 86%, national 81%).

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 96% (CCG 93% national 90%).
- Performance for mental health related indicators was similar to the CCG and national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90.9% (national average 88.5%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 74% which was worse than the CCG and national averages (CCG average 85%, national average 84%).

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last year, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Information about patients' outcomes was used to make improvements such as an audit was carried out to look at the prescribing of medication for some forms of pain. The medication was known to produce some unwanted side effects and following the audit it was found that in some patients it was possible to either reduce the dose of, or stop the medication, thus reducing the side effects.

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. This 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 staff reviewing patients with long-term conditions.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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. 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, but these were mainly distributed by clinicians, there was not a wide variety of leaflets available in the waiting room.
- 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. There was good dissemination of information between the practice and the out of hours service and the practice were informed of any

hospital admissions the next day. 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 were taking part in a pilot scheme involving advanced care planning in nursing homes

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 saw evidence that patients gave written consent for minor operations, but only gave verbal consent for joint injections.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.

Are services effective?

(for example, treatment is effective)

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 was 95.3% for all vaccines (CCG 92.3 to 92.7%) and five year olds from 94.6% to 97.8% (CCG 89.8% to 95.4%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients 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.

All of the 33 patient Care Quality Commission comment cards we received were positive about the quality of care experienced at the surgery. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). 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 average for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 89%.
- 84% of patients said the GP gave them enough time (CCG average 86% and national average 87%).
- 94% of patients said they had confidence and trust in the last GP they saw (CCG average 95% and national average 95%).
- 83% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 84% and national average 85%).

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91% and national average 91%).
- 90% of patients said they found the receptionists at the practice helpful (CCG average 90% and 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 with local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% and national average 82%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85% and national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language, although they had not had need to use the service. There was a translation button on the practice web site allowing its content to be translated in to a wide variety of languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access some support groups and organisations, but not a large selection. Clinical staff told us that they would access information via the internet and give it to patients directly.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.7% of the practice list as carers who were all offered a health check. Written information was available to direct carers to the various avenues of support available to them. There was also a significant amount of information for carers on the practice web site.

Staff told us that if families had suffered bereavement, their usual GP would contact them. This call was either followed by a patient consultation and/or by giving them advice on how to find a support service depending on the individual situation.

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. For example the practice took part in a CCG winter initiative to provide GP care on a Saturday and Sunday to relieve the pressure on Accident and Emergency departments. They were also involved in a pilot scheme of advanced care planning in nursing homes.

- The practice did not however routinely offer appointments outside normal practice opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities available and translation services could be arranged if required.
- The practice had a lift to provide access to the first and second floors to all patients.
- Where possible the practice tried to carry out any investigations at the same time as their consultation for patients with mental health problems or learning disabilities.
- Staff monitored the medicine usage by vulnerable patients on a weekly basis.
- The practice looked after a home for young disabled patients and one for patients with learning difficulties, which they visited weekly.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and from 3.30pm to 5.30pm in the afternoon. Some pre-bookable appointments were available that could be booked up to two weeks in advance and there were some pre-bookable appointments available on the day to book online via the practice website. Most appointments including urgent appointments were available either by phoning or

attending the surgery in person at 8am. Telephone consultations were available on the day. There were also slots available for booking by the GP only. Patients requesting urgent appointments were either offered an appointment or were contacted by telephone by the GP.

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

- 69% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77% and national average of 75%.
- 59% of patients said they could get through easily to the surgery by phone (CCG average 77% and national average 73%).
- 49% of patients said they usually get to see or speak to the GP they prefer (CCG average 72% and national average 59%)

However 98% of patients said that the last appointment that they got was convenient (CCG 95%, national 92%).

10 out of the 33 comment cards although complementary about the care received, expressed concerns about the telephone and appointments systems as did two of the four patients that we talked to.

The practice told us that the appointments system used to allow more pre-bookable appointments, but that the patient participation group (PPG) had expressed concern at the large number of incidences where patients booked appointments and then failed to attend the surgery. In view of this, they decided to put the emphasis on making appointments available daily rather than in advance. This had decreased the number of occasions when appointment slots were not used as patients did not attend, but increased the demand on the phone lines between 8am and 8.30am.

Listening and learning from concerns and complaints

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

- The complaint 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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that there were posters in the waiting room to direct patients to the complaints system.

We looked at ten complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and that there was openness and transparency with dealing with the complaint. If appropriate then staff would be informed of the complaint and its outcome, lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a nursing home was unhappy

with the care a patient was getting for a skin condition. A GP responded with an explanation of their management and further advice which the home was happy with. The management was also discussed at a subsequent clinical meeting. However the accuracy of the recording of complaints was not always robust. It was not always clear on which date the incident occurred and the dates of subsequent actions did not always align with the dates on minutes of meetings where they had been discussed.

Are services well-led?

Requires improvement 

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

Our findings

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

- The practice had clear aims and objectives and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was keen to expand the services that they could offer in primary care in the future.

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:

- Although the practice was part of a larger group of practices and most of the governance arrangements were centralised elsewhere, there was a clear staffing structure that was understood by staff. Staff were aware of their own roles and responsibilities.
- Although policies were group policies, copies were held in the practice and were accessible to all staff. Policies and risk assessments that needed to be were specific to the practice. We noted that some policies had the name of the group on the front, some had the name of the practice and some had no name. Most but not all had been signed and dated.
- A comprehensive understanding of the performance of the practice was maintained.
- Some audits had been carried out which had been used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- However, when there were unintended or unexpected safety incidents, we saw no evidence that reviews and investigations were thorough enough and lessons learned were not communicated widely enough to support improvement. We also saw some errors in accuracy in the recording of some significant events and also in the detail of recording some complaints. For

example two significant events that we looked at did not have a clear investigation and some important details were missing such as names and dates. No action was evidenced or dated. We found no evidence that six significant events recorded in 2015/2016 had been discussed with appropriate 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 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.

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. However the recording of some significant events and complaints was not always robust, with for example, some errors being noted with regards to dates.

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

- Staff told us the practice held regular team meetings.
- 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. We noted team away days were held every three months.
- 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 by the practice.

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

Are services well-led?

Requires improvement 

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

The practice encouraged and valued feedback from patients, the public and staff. The practice 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. For example trees around the car park had been trimmed to improve security and make it easier to see if spaces were available.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss

any concerns or issues with colleagues and management. For example when the practice was first formed after the merging of three practices, staff identified ways in which some of the reception procedures could be improved. Management assessed the proposals and implemented them. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was currently involved in the training of FY2 doctors (doctors in their second year following qualification) and one of the GPs was training to become a GP trainer. The practice were also involved in two clinical commissioning group pilot schemes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not have in place robust systems to review, investigate, remedy, and learn from, incidents that affect the health, safety and welfare of people using their services.</p> <p>The recording of significant events and complaints were not always accurate and complete.</p> <p>This was in breach of regulation 17(1)(2)(a)(b)(c)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>