

Dr H Tattersfield & Mr M Lenzi

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 of Dr H Tattersfield & Mr M Lenzi on 8 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to identify and address risks were not implemented well enough to ensure patients were kept safe. Fire risk assessments and infection control audits had failed to identify significant risks and some actions that had been identified had not been addressed.
- 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.

We saw an area of outstanding practice:

- The practice identified and responded to the needs of its patients. In response to evidence of links between poor diet and poor child health, the partners set up a nutrition programme providing advice and skills training to local families. This

Summary of findings

became the Downham Nutrition Partnership, a registered charity and company limited by guarantee, which supports projects to improve the health and lifestyle of local people. The practice was one of the charities partners and the lead GP is the charity's Chair. Some of the projects included: community allotments, a fruit and vegetable co-operative shop and cooking and healthy eating courses for children and families. The charity worked with local schools to provide fruit and set up breakfast clubs before these became national initiatives.

The areas where the provider must make improvements are:

- Improve infection control procedures, to ensure that the practice is clean and hygienic. Identify a lead staff member to liaise with local infection prevention teams to keep up to date with best practice and conduct regular checks and audits.

- Ensure that there is adequate fire exit signage and firefighting equipment.
- Ensure that the required checks of electrical safety and emergency equipment are carried out.

In addition the provider should:

- Ensure patients are aware of translation services that are available.
- Continue to review patient feedback about access to preferred GP and waiting times.
- Consider how to facilitate gender specific requests for a GP or chaperone.

Professor Steve Field

CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to identify and address risks were not implemented well enough to ensure patients were kept safe. Fire risk assessments and infection control audits had failed to identify significant risks and some actions that had been identified had not been addressed.

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



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care. This was supported by the patients we spoke to during the inspection and the comment cards we received.
- 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 that treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients can access appointments and services in a way and at a time that suits them.
 - 99% of respondents to the GP Patient Survey found it easy to get through to the surgery by phone (CCG average 66%, national average 73%).
 - 84% described their experience of making an appointment as good (CCG average 69%, national average 73%)
 - 94% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).
- In response to evidence of links between poor diet and poor child health, the partners set up a nutrition programme providing advice and skills training to local families. This became a separate charity that supports projects to improve the health and lifestyle of local people.
- The practice had excellent links with local community groups, and referred patients to social groups, community exercise programmes and volunteer visiting schemes, to provide holistic person-centred care.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. As patients were unhappy with waiting times, the practice changed to make all appointments 15 minutes long.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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.
- For specific frail or vulnerable patients (flagged on the computer system) the practice accepted telephone requests for repeat prescriptions.
- The practice had links with local community groups, and referred older people to social groups, community exercise programmes and volunteer visiting schemes, to provide holistic person-centred care.

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 ran a specific diabetic clinic. The practice nurse was trained to initiate insulin, meaning that patients did not have to travel to hospital if they needed to start taking insulin to manage their diabetes.
- A dietician visited the practice once a month to advise patients.
- Three members of staff were trained to provide intensive one-to-one advice to help patients stop smoking.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice developed the knowledge of its staff as the needs of the patients changed. For example, when staff identified a number of children with sickle cell anaemia, the practice asked a specialist sickle cell anaemia nurse to come to provide training.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice sent all new parents a congratulations card with an invitation to the baby clinic and details of local baby groups.
- The weekly baby clinic was run by a GP, a practice nurse and a health visitor. This allowed families in need of extra support to be identified and appropriately directed. We heard examples of vulnerable families receiving support when they needed it.
- Appointments were available outside of school hours and the facilities were available for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice established a nutrition programme (that became Downham Nutrition Partnership) encouraged healthy eating, education in cooking and growing food particularly for those with young children.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- The practice invested in a system that sends appointment reminders and allows patients to cancel and re-book appointments without needing to call. Where appropriate, test results are sent by text message.
- The practice offered minor surgery and joint injections, saving patients a visit to hospital for these procedures.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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 percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption was recorded in the preceding 12 months was 94%, compared to 90% nationally.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 January 2016. The results showed the practice was performing better than local and national averages. 395 survey forms were distributed and 101 were returned. This represented 2% of the practice's patient list.

- 99% found it easy to get through to this surgery by phone compared to a CCG average of 66% and a national average of 73%.
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 88% described the overall experience of their GP surgery as good (CCG average 82%, national average 85%).
- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 completed comment cards. Thirty-two

cards were universally positive about the standard of care received. Patients commented on staff member's compassion, staff going 'above and beyond' their expectations and treating them as a 'partner in their care'. Nine patients said that they were happy with their care but thought that waiting times, appointment availability or continuity of care could be improved. Five patients were unhappy: four with waiting times for appointments and one with not being given the medicines they thought necessary.

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

The practice received 92 Friends & Family Test responses in the last year. Fifty people said that they would be extremely likely to recommend the practice, 33 said that they would be likely to recommend it. Two said they would be neither likely nor unlikely and one person said they didn't know. Four said they would be unlikely to recommend the practice, and two said that they would be very unlikely to recommend it.

Dr H Tattersfield & Mr M Lenzi

Detailed findings

Our inspection team

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 Dr H Tattersfield & Mr M Lenzi

Dr H Tattersfield & Mr M Lenzi are partners in Oakview Family Practice, a small general practice based in Downham; a suburban district located on the borders of Lewisham and Bromley in south east London. The practice offers GP services under a Personal Medical Services contract.

The practice is based in purpose-built premises - commissioned by the founding partners. There is no space for patients to park at the practice, but parking is unrestricted on nearby streets. The practice offers a range of GP services: diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

There are three GPs at the practice – all female. Dr Helen Tattersfield founded the practice, and remains a partner. There are two salaried GPs. All of the GPs work part-time. Their hours add up to 1.5 full-time roles (whole time equivalents). The practice is a training practice and has a female GP trainee in post. There is one (female) practice nurse. Practice management is the responsibility of a managing partner, with a team of administrative staff.

The practice is open from 8am to 6.30pm Monday to Friday. Appointments are available between 9am and 12pm every morning, 1.30pm and 3pm, and 3.30pm and 6pm every afternoon. Outside of these hours, patients are directed to contact the local out of hours doctors service.

The practice is based in area developed in the 1920s to re-house people moved from poor quality housing in London's East End. The population of the area is on the second most deprived decile. Indices show a high percentage of households with a low income, particularly households with children. More patients than average have a long-standing health condition. Life expectancy is in line with local and national averages.

There are approximately 4740 patients registered with the practice. The practice has more children and women of working age registered than the average for England, and fewer older people (of both sexes) than the England average.

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.

Detailed findings

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 8 March 2016.

During our visit we:

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

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. There were five significant events in 2015 – 16. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an event when a patient did not get all of the medicines they had requested, the practice changed their system for issuing repeat prescriptions to ensure that the duty doctor had time to review and sign off all the prescriptions during the surgery day (rather than prescriptions being divided between different doctors).

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.
- GPs met with social workers at regular multidisciplinary meetings, which included health visitors. The practice sent through the agenda in advance of the meeting, so that everyone could familiarise themselves with the cases to be discussed.

- 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. The nurse was trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required.
- All of the clinical staff members were trained to act as chaperones. As the clinical staff were all female, there were no male chaperones.
- 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 was cleaned daily, during practice opening hours. Most areas of the practice were clean. We found shelves in one of the clinical rooms that were cluttered and dusty.
- There was a cleaning schedule, but it did not detail all of the items/areas to be cleaned or the products to be used.
- The practice had a sharps injuries policy, but this was not displayed on the walls of all of the clinical rooms, making it harder for staff to access details of actions they needed to take.
- An infection control audit had been completed in November 2015. This had not identified any of these issues. Some issues that had been identified (such as taps not being lever operated) had not been rectified due to high costs, and a risk assessment had been carried out to support this decision.
- There was not a clear infection control lead. Responsibilities were shared across several staff, with no single lead staff member to liaise with the local infection prevention teams to keep up to date with best practice and conduct checks and audits. There was an infection control protocol in place and staff received training.
- Fabric curtains were used to protect patients' dignity in consulting rooms. These were clean when we inspected. Several staff told us that these were cleaned every six months and had last been changed in December, but this had been paid for with cash and there was no receipt.

Are services safe?

- Several areas of the practice were carpeted, these were marked in places. We saw no evidence that they had been steam cleaned or a programme for regular cleaning.
- 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.
- There was a dedicated prescribing clerk every day. They managed all of the prescription requests and correspondence that involved medication changes, and met daily with the duty doctor to deal with any queries.
- Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Not all risks to patients were well assessed or well managed.

- A fire drill was carried out on 30 July 2014.
- Smoke detectors and emergency lighting was in place. Staff told us that these were checked monthly, but no records were kept of these checks.
- There was no signage to indicate the exit in the event of a fire or other emergency. There was no firefighting equipment (such as fire blankets or fire extinguishers). The practice told us that they were told (when the building was built) that no equipment was required. No documentation was available to confirm this.
- The practice manager carried out a fire risk assessment on 1 January 2016. This identified some actions (e.g. purchase fire extinguisher) that had not been acted upon. The lack of fire signage was not identified as a risk.
- Clinical equipment was checked to ensure it was working properly on 12 February 2016.
- No checks had taken place of the electrical wiring in the building or of electrical equipment, to make sure it was safe. No risk assessment had been done to make this decision.
- The practice had completed a Legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. There was no regular documented system of checks of the emergency equipment: the defibrillator was checked every few months. No records were kept of checks of the oxygen supply or masks.
- 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.
- There was an anaphylaxis kit in every consultation room.

Are services safe?

- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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.
- Every week at the clinical meeting, one of the doctors presented on a clinical topic (e.g. a change in NICE guidelines, audit or an interesting case). This was then saved on the practice computer system for future reference. Doctors also arranged outside speakers on relevant topics and fed back from external courses.

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 for the practice were 98% of the total number of points available. This is comparable to the local (93%) and national (95%) practice averages. 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. The practice had a 5% rate of exception reporting, which is in line with than the CCG and national averages (8% and 9%).

Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, 77% of practice patients with diabetes had well-controlled blood pressure, compared to 78% nationally.
- 85% of the practice's patients with hypertension had well-controlled blood pressure, compared to 84% nationally.

- Performance for mental health related indicators were similar or better than national averages.
 - The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100%, compared to 84% nationally.
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption was recorded in the preceding 12 months was 94%, compared to 90% nationally.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, peer review and research.
- Findings were used by the practice to improve services. For example, there was a significant improvement in antibiotic prescribing (to meet local and national guidance).
- The GP partner founded a local study group for local doctors. The group met monthly to discuss cases and learn from invited presenters (for example a rheumatologist specialist nurse).

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions, Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

Are services effective?

(for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of 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.
- All GPs employed by the practice had two weeks study leave written into their contract. The nurse had a week of study leave and told us that she is encouraged to take additional time for courses.
- The practice supported one of their receptionists to train as a health care assistant.

Coordinating patient care and information sharing

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

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

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

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 86%, which was in line with the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Immunisation rates for most of the vaccinations given to children were comparable to CCG and national averages. For example, 88% of children received the PCV immunisation at twelve months of age (CCG average 88%) and 87% of five year olds received their second MMR booster dose (CCG 71%). 83% of children received an MMR immunisation at 24 months (CCG average 86%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

As part of our inspection we asked for CQC comment cards to be completed by patients. We received 46 cards.

Thirty-two cards were universally positive about the standard of care received. Patients commented on staff member's compassion, staff going 'above and beyond' their expectations and treating them as a 'partners in their care'.

Nine patients said that they were happy with their care but thought that waiting times, appointment availability or continuity of care could be improved. Five patients were unhappy: four with waiting times for appointments and one with not being given the medicines they thought necessary.

Patients we spoke to were very positive about the care they received from the practice. We heard several examples of doctors offering extra support, including liaison with other organisations, for patients in difficult circumstances.

We spoke with two members 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.

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 in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)
- 87% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 90% said the GP was good at giving them enough time (CCG average 83%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 83% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).

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:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).

Are services caring?

- 79% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. There were no 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's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

The practice had created its own sympathy cards for patients suffered bereavement. Staff told us that patients would usually receive a card and then either a visit or a phone call, with 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.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately
- There were disabled facilities, a hearing loop and translation services available.
- Reception and a number of treatment rooms were arranged on the ground floor, with step-free access into the building. The main entrance doors were heavy. There was a bell, but this had been disconnected. Practice staff told us that patients who require assistance knock on a window.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointments were available between 9am and 12pm every morning, 1.30pm and 3pm, and 3.30pm and 6pm every afternoon. Outside of these hours, patients were directed to contact the local out of hours doctors service.

All standard appointments were 15 minutes long. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available for people that needed them. Any patient that asked for an urgent consultation received a telephone call from the duty GP, who offered telephone advice and (if appropriate) a five minute face to face appointment. Telephone appointment slots were also available for patients who felt they needed this instead of a face to face appointment.

The practice invested in a secure text messaging system that sent reminders to patients and allowed them to cancel appointments easily.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed, with some aspects scoring above and others below local and national averages. For example,

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 99% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 84% of respondents describe their experience of making an appointment as good (CCG average: 69%, national average: 73%).
- 40% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).
- 45% of patients said that they usually wait 15 minutes or less after their appointment time to be seen (CCG average 59%, national average 65%).

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

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards. Most of the cards had very positive comments about the care the practice provided.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example a poster in reception.

We looked at three complaints received in the last 12 months and found that these were dealt with in a timely way, and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken

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

to as a result to improve the quality of care. For example, after an issue with a prescription for a particular medicine, the patient received an apology and communication procedures were improved.

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 vision statement, which was shared with staff during induction. Staff knew and understood the values.
- The practice had business plans which reflected the vision and values and 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. We also heard about small changes that the practice made in response to informal feedback and quality mechanisms.
- There were robust 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.

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.

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

- Staff told us the practice held monthly team meetings. Minutes we saw showed discussion and follow up of action points.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, 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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice introduced a patient newsletter following a suggestion from the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to identify the risks associated with weak infection control, in-frequent checks of emergency equipment, the lack of fire exit signage and fire-fighting equipment, and no checks had taken place of the electrical wiring in the building or of electrical equipment, to make sure these were safe.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>