

Houghton Close Surgery

Quality Report

1 Houghton Close, Ampthill, Bedfordshire. MK45
2TG.

Tel: 01525 300898

Website: www.houghtonclosesurgery.co.uk

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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 inspection of Houghton Close Surgery on 15 January 2015. This was a comprehensive inspection under Section 60 of the Health and Social Care Act (2008) as part of our regulatory functions. The practice achieved an overall rating of good. This was based on four of the five domains and all six population groups we looked at achieving the same good rating.

Our key findings were as follows:

- Patients reported good phone and online access to the practice. Appointments, including those required out of normal working hours or in an emergency were available and patients said they could access those appointments quickly.
- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.

- We saw patients receiving respectful treatment from staff. Patients felt that their privacy and dignity was respected by courteous and helpful staff. Patients reported feeling satisfied with the care and service they received.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure a coordinated approach to medicines management and that a system is in place to record the amount and type of vaccinations kept at the practice. Ensure that staff are knowledgeable about the processes used in relation to medicines management and that the procedures they use are reviewed and up-to-date.

In addition the provider should:

- Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are detailed in a comprehensive practice policy and

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audited appropriately. Staff should be informed and mindful of their own roles and responsibilities and those of their colleagues in relation to infection control systems and processes.

- Ensure adequate recruitment procedures are in place including completing the required background checks on staff and that the required information is available in respect of each person employed.
- Ensure that all staff employed are supported by receiving appropriate supervision and appraisal.

- Ensure all administration staff are trained in areas potentially relevant to their roles, which may include details of the Mental Capacity Act (2005).
- Ensure there is a complete annual process for the monitoring of and learning and improving from incidents and significant events.

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 safe. There were incident and significant event reporting procedures in place and action was taken to prevent recurrence of incidents when required. The structure of management communications ensured that all staff were informed about risks and decision making. Systems were in place to identify and respond to concerns about the safeguarding of adults and children. There was no clear system in place to record the amount and type of vaccinations kept at the practice. However, the medicines we checked were stored appropriately and within their expiry dates. The paper copies of standard operating procedures (SOPs) used by pharmacy staff were not up-to-date. The staff we spoke with demonstrated a limited knowledge and understanding of their own roles and responsibilities and those of their colleagues in relation to some aspects of medicines management and infection control processes. However, the practice was clean and infection control processes were adhered to. Systems to ensure that all staff employed at the practice received the relevant recruitment checks were lacking. Arrangements were in place for the practice to respond to foreseeable emergencies.

Requires improvement



Are services effective?

The practice is rated as good for effective. The practice reviewed, discussed and acted upon best practice guidance to improve the patient experience. There was a programme of clinical audit at the practice to further improve patient care. The practice provided a number of services designed to promote patients' health and wellbeing. The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working at the practice. Clinical staff were aware of the process used at the practice to obtain patient consent and were informed about the requirements of the Mental Capacity Act (2005) through limited training. The skills, abilities and development requirements of most staff were appraised.

Good



Are services caring?

The practice is rated as good for caring. On the day of our inspection, we saw staff interacting with patients in reception and outside consulting rooms in a respectful and friendly manner. There were a number of arrangements in place to promote patients'

Good



Summary of findings

involvement in their care. Throughout the period of our inspection process, patients told us they felt listened to and included in decisions about their care. Accessible information was provided to help patients understand the care available to them.

Are services responsive to people's needs?

The practice is rated as good for responsive. There were services targeted at those most at risk such as older people and those with long term conditions. The premises and services were adapted to meet the needs of people with disabilities. Patients reported adequate access to the practice. Appointments, including those required in an emergency were available. Some additional access to services for those who found attending in working hours difficult was available. Methods were available for patients to leave feedback about their experiences. The practice demonstrated it responded to patients' comments and complaints and where possible, took action to improve the patient experience.

Good



Are services well-led?

The practice is rated as good for well-led. Staff felt engaged in a culture of openness and consultation. The management and meeting structure ensured that clinical decisions were reached and action was taken. There was a process in place for identifying and managing risks and ensuring these were acted upon. However, the lack of an annual review or analysis of incidents and events reduced the practice's ability to monitor and review its learning from them. The practice sought feedback from patients and staff and listened to representatives of the patient population. Staff were supported by management and a system of policies and procedures that governed activity. However, the policies and procedures were not always reviewed, up-to-date or comprehensive.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the population group of older people. The practice offered personalised care to meet the needs of older people in its population. Older patients had access to a named GP, a multi-disciplinary team approach to their care and received targeted vaccinations. A range of enhanced services were provided such as those for patients with dementia and end of life care. The practice was responsive to the needs of older people offering home visits including the provision of flu vaccinations.

Good



People with long term conditions

The practice is rated as good for the population group of people with long term conditions. The practice provided patients with long term conditions with an annual review to check their health and medication needs were being met. Patients with more than one condition were able to be seen for a review of all their health issues in one extended appointment (a co-morbidity review). They had access to a named GP and targeted immunisations such as the flu vaccine. There were GP and nurse leads for a range of long term conditions such as asthma and diabetes.

Good



Families, children and young people

The practice is rated as good for the population group of families, children and young people. Systems were in place for identifying and protecting patients at risk of abuse. There were six to eight week post natal checks for mothers and their children. Programmes of cervical screening for women over the age of 25 and childhood immunisations were used to respond to the needs of this patient group. Appointments were available outside of school hours including those for young patients with asthma. A full range of contraceptive and sexual health services were available at the practice. The premises was suitable for children and babies.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the population group of working age people (including those recently retired and students). The practice offered online services such as appointment booking and repeat prescriptions. There was some additional out of working hours access to meet the needs of working age patients with extended opening hours every Saturday from 8.30am to 11.00am. Routine health checks were also available for patients between 40 and 74 years old.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice held a register of some patients living in vulnerable circumstances including those with learning disabilities. Patients experiencing a learning disability received annual health checks. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice maintained a register of patients who were identified as carers and additional information was available for those patients. A system of using identifying symbols on the records of patients with complex health needs (yellow card system) was used to prioritise those patients for urgent access to services.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Patients experiencing dementia also received a specialised care plan and an annual health check. Maximum four weekly prescriptions were available for patients experiencing poor mental health including those with suicidal tendencies. The practice offered an in-house counselling service.

Good



Summary of findings

What people who use the service say

During our inspection, we spoke with 11 patients, reviewed 37 comment cards left by them and spoke with a representative of the patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided.

Patients told us that the care and service they received at the practice were very good. They said they felt staff were respectful and friendly. They told us they felt listened to by the GPs and involved in their own care and treatment. They said phone and online access to appointments was good and they were able to get appointments quickly.

The results of the practice's last patient survey completed between September 2013 and January 2014 showed that 100% of the 162 respondents were satisfied to very satisfied with the care they received.

However, a theme among the patients we spoke with or who left comments for us was the difficulty in getting an appointment with their doctor of choice. The practice's own patient survey completed in January 2014 showed that of the 162 respondents, 23% commented on how they would like to be able to see the same doctor for each appointment.

Areas for improvement

Action the service **MUST** take to improve

Ensure a coordinated approach to medicines management and that a system is in place to record the amount and type of vaccinations kept at the practice. Ensure that staff are knowledgeable about the processes used in relation to medicines management and that the procedures they use are reviewed and up-to-date.

Action the service **SHOULD** take to improve

Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are detailed in a comprehensive practice policy and audited appropriately. Staff should be informed and mindful of their own roles and responsibilities and those of their colleagues in relation to infection control systems and processes.

Ensure adequate recruitment procedures are in place including completing the required background checks on staff and that the required information is available in respect of each person employed.

Ensure that all staff employed are supported by receiving appropriate supervision and appraisal.

Ensure all administration staff are trained in areas potentially relevant to their roles, which may include details of the Mental Capacity Act (2005).

Ensure there is a complete annual process for the monitoring of and learning and improving from incidents and significant events.

Houghton Close Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP and practice manager acting as specialist advisers.

Background to Houghton Close Surgery

Houghton Close Surgery provides a range of primary medical services from a purpose built premises at 1 Houghton Close, Ampthill, Bedfordshire, MK45 2TG. The practice is both a training and dispensing service. The practice serves a population of approximately 10,340. The area served has a significantly below average deprivation rate compared to England as a whole. The practice population is predominantly white British with no notable Black and minority ethnic communities. The practice serves an above average population between the ages of 40 and 69 and a considerably lower than average population between the ages of 20 and 34.

The full clinical staff team includes three female and two male GP partners, two salaried GPs, three trainee GPs, three nurse prescribers, six practice nurses, a healthcare assistant and a phlebotomist (specialised clinical support workers who collect blood from patients for examination). The team is supported by a practice manager, a deputy manager, and 15 administration, reception and medical secretary staff. Two managers, two dispensers, three assistants and a delivery worker are employed in the dispensing pharmacy.

Why we carried out this inspection

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

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

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.

How we carried out this inspection

Before our inspection visit, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection visit on 15 January 2015. During our inspection we spoke with a range of staff including four GP partners, four nursing staff, a phlebotomist, the practice manager and members of the reception, administration and dispensary teams. We spoke with 11 patients and a representative of the patient participation group (the PPG is a group of patients who work with the practice to discuss and develop the services

Detailed findings

provided). We observed how staff interacted with patients. We reviewed the practice's own patient survey and 37 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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 are provided for specific groups of people and what good care looks 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)

Are services safe?

Our findings

Safe track record

The staff we spoke with demonstrated an understanding of their roles in reporting incidents and significant events and were clear on the reporting process used at the practice. The senior staff understood their roles in discussing, analysing and reviewing reported incidents and events.

Various practice meetings were used for senior staff to review and take action on all reported incidents, events and complaints. This would depend on the type of incident or event discussed and the staff it was relevant to. Formal minutes were not taken or available for most meetings at the practice, including weekly clinical and management meetings and monthly multi-disciplinary meetings. However, the staff we spoke with who attended those meetings were all able to recount the details of recent incidents and events discussed. Staff who were not present at those meetings told us they received the details of any discussions and decisions made through team conversation with senior staff or at the practice's monthly protected learning sessions.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and taking action on significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. We looked at examples of how staff had used the procedure to report incidents and significant events relating to clinical practice and/or staff issues. From our conversations with staff we found that incidents and events were discussed at various meetings which included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. We saw that the practice maintained a log of all incidents and events which included a record of the action taken to prevent recurrence.

However, when we asked to see an annual review or analysis of all significant events at the practice, this could not be provided. The practice manager confirmed an annual review (which differs from a log in that it analyses the effectiveness of the action taken) was not completed. This reduced the practice's ability to monitor and review its learning from previous incidents and events.

Safety alerts were reviewed by and distributed to the relevant staff by the practice manager and a GP partner depending on the content. The staff we spoke with displayed an awareness of how safety alerts were communicated and told us they were receiving those relevant to their roles. They were able to give examples of recent alerts relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

There were systems in place for staff to identify and respond to potential concerns around the safeguarding of vulnerable adults and children using the practice. We saw the practice had safeguarding policies in place and one of the GP partners was the nominated lead for safeguarding issues. The staff we spoke with demonstrated a clear knowledge and understanding of their own responsibilities, the role of the lead and the safeguarding processes in place. From our conversations with them and our review of training documentation, we saw that all staff had received safeguarding and child protection training at the level specific to their roles.

We looked at the details of some recent safeguarding concerns raised at the practice. We saw the practice response was well documented and included details of the relevant GP's involvement. All the relevant agencies were informed and involved. Identifying symbols were used on the patients' notes to inform staff they were considered to be at risk.

Medicines management

We saw records showing all members of staff involved in the pharmacy dispensing process had received appropriate training and had regular checks of their competence. All the medicines we checked in the dispensing pharmacy were within their expiry dates and stored appropriately. We saw that processes were in place to monitor stock and record incoming and outgoing medicines.

However, patients were not fully protected from the risks associated with the unsafe use and management of medicines. The paper copies of standard operating procedures (SOPs are protocols and procedures that ensure staff adhere to good clinical governance in the dispensing of medicines) we looked at were not up-to-date or marked with a recent review date. Staff in the dispensing

Are services safe?

pharmacy told us it was the paper copies of SOPs they referred to. The electronic versions of the SOPs were up-to-date and regularly reviewed and amended, but these were not used by staff in the pharmacy.

The vaccinations at the practice were stored in designated fridges. All of the vaccines we checked were within their expiry dates and stored at the appropriate temperature. However, recorded checks on the daily monitoring of the temperature were limited and all the staff we asked were unaware of any checking and recording process. Also, there was no system in place to record the amount and type of vaccinations kept at the practice. An inventory of incoming and outgoing vaccinations could not be provided by any of the staff we spoke with about it. The staff we spoke with demonstrated a limited knowledge and understanding of their own roles and responsibilities and those of their colleagues in relation to the storing and monitoring of the vaccinations.

Cleanliness and infection control

We saw that the practice appeared clean. Hand wash facilities, including hand sanitiser were available throughout the practice. The records we looked at showed that staff were trained in infection control. The practice had a nominated lead for infection control issues. There were appropriate processes in place for the management of sharps (needles) and clinical waste.

A Legionella (a bacteria which can contaminate water supplies and cause Legionnaires' disease) risk assessment completed at the practice in March 2012 showed the premises to be a medium risk due to the poor condition of its water storage tanks. We saw that these were removed as a result. Records were available to demonstrate water temperatures at the practice were regularly monitored and that infrequently used outlets were flushed (flushing is a process of the continual running of water for a period of time to prevent the build-up of bacteria).

We saw that documented audits and checks of cleanliness and infection control issues at the practice were completed. However, the checks were infrequent. The two available infection control checklists were completed 13 months apart in November 2013 and December 2014. We saw that the practice had an infection control policy in place, but this was limited in its detail. However, the practice did have access to the more detailed local clinical commissioning group's (CCG) infection control guidance for

general practice. Despite receiving training, the staff we spoke with, including clinical staff, demonstrated a limited knowledge and understanding of their own roles and responsibilities and those of their colleagues in relation to cleanliness and infection control. However, we saw that the practice was clean and infection control processes were adhered to.

Equipment

Patients were protected from the risk of unsuitable equipment because the practice had procedures in place to ensure the equipment was maintained and fit for purpose. We looked at documentation which showed the practice completed annual checks on its equipment. This included the calibration of medical equipment to ensure the accuracy of measurements and readings taken. All of the equipment we saw during our inspection appeared fit for purpose. All portable electrical equipment was routinely tested.

Staffing and recruitment

The staff we spoke with understood what they were qualified to do and this was reflected in how the practice had arranged its services. The practice had calculated minimum staffing levels and skills mix to ensure the service could operate safely. The staffing levels we saw on the day of our inspection met the practice's minimum requirement and there was evidence to demonstrate the requirement was regularly achieved.

Records we looked at contained evidence that some of the appropriate recruitment checks were undertaken prior to employment. However, not all of the appropriate checks were available for all staff.

Senior staff at the practice told us that reception staff had been assessed as not requiring criminal records checks, but that all clinical staff required one. From our review of documentation, we saw that some clinical staff's criminal records checks were from other employers and these were more than three years old. The practice did not have a process in place for ensuring that all clinical staff employed at the practice before June 2014 had undertaken a criminal records check at the appropriate level. However, all new staff employed from June 2014 were receiving the checks.

Monitoring safety and responding to risk

From our conversations with staff and our review of documentation we found the practice had a system in

Are services safe?

place to ensure that all staff received safety alerts. The practice manager and a GP partner received and distributed safety alerts to the relevant staff. Various practice meetings were used for senior staff to review and take action on all reported incidents, events and complaints. This would depend on the type of incident or event discussed and the staff it was relevant to. Details of any discussions and decisions made in those meetings were made available to all staff through team conversation with senior staff or at the practice's monthly protected learning sessions.

Arrangements to deal with emergencies and major incidents

The practice had procedures in place to respond to emergencies and reduce the risk to patients' safety from such incidents. We saw that the practice had a disaster planning and recovery process in place. The documented plan covered the emergency measures the practice would

take to respond to any loss of premises, records and utilities among other things. The relevant staff we spoke with understood their roles in relation to the contingency plan.

We saw that the plan was applied in December 2014 when a car crashed through the entrance to the practice causing considerable damage including a gas leak. The practice maintained its services from two nearby surgeries until it was operational at its own premises two hours after the incident.

There was documentary evidence to demonstrate staff at the practice had completed Cardiopulmonary resuscitation (CPR) training. We looked at the emergency medical equipment and drugs available at the practice including adrenaline and a defibrillator. All of the equipment and emergency drugs were within their expiry dates. However, although a documented check on the equipment was available, most of the staff who would deal with the equipment and drugs we spoke with did not know of its existence or how to locate it.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice reviewed, discussed and acted upon best practice guidelines and information to improve the patient experience. A system was in place for National Institute for Health and Care Excellence (NICE) quality standards to be distributed and reviewed by clinical staff. The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.

We saw that the practice had used this information to analyse how many emergency admissions to hospital of its registered patients could have been prevented. This would assist the practice in identifying any potential gaps in its services. In October 2014, the practice reviewed all of the 14 patients admitted by type and circumstances and found none of the emergency admissions were avoidable.

We looked at the minutes of the practice's monthly business meetings from 10 November and 8 December 2014 and saw that QOF was a standing item on the agenda. Issues relating to the collection and analysis of QOF data and any identified improvements that were required were discussed at these meetings.

A coding system was used to ensure the relevant patients were identified for and allocated to a chronic disease register and the system was subject to checks for accuracy. Once allocated, each patient was able to receive the appropriate management, medication and review for their condition.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit. Clinical audit is a way of identifying if healthcare is provided in line with recommended standards, if it is effective and where improvements could be made. Examples of clinical audits included those on treatment prescribing for patients with type two diabetes and patients with undiagnosed chronic obstructive pulmonary disorder (COPD). We saw that an audit of treatment prescribing for patients with type two diabetes was completed in June 2014. The audit was to study and review

the effectiveness of a treatment option for patients where glycaemic control was unsatisfactory and to ensure the practice prescribed the treatment in line with National Institute for Health and Care Excellence (NICE) guidance. Of the 50 patients who met the criteria, 11 were selected for study. The practice found that in all cases NICE guidance was followed and that 10 of the 11 patients showed improved glycaemic control and weight loss. This confirmed that the practice was providing an appropriate treatment option in adherence with national guidance.

We saw that a clinical audit to identify patients with undiagnosed COPD was initiated in April 2014. The audit was selected as the practice had identified the disease prevalence in its patient population was below the national average. The audit involved a search of all patients over 50 years old identified as smokers and with a previous prescription for a specific treatment for bronchospasm (a sudden constriction of the muscles in the walls of the bronchioles). Fifty four patients were seen for a spirometry screening (a lung function test) and of these a new asthma diagnosis was identified in five of the patients and a COPD diagnosis in 17 cases. The practice's prevalence rate increased and those patients were able to be treated for their conditions. The practice intended to expand the audit to the 45 to 50 years old age group in 2015.

Effective staffing

From speaking with staff and our review of documentation we found that staff received an appropriate induction when joining the service. Where applicable, the professional registrations and revalidations of staff at the practice were up-to-date and as part of this process, the relevant bodies check the fitness to practise of each individual.

Most of the staff we spoke with said they received an annual appraisal of their performance and competencies. We looked at some examples of these and saw that there was also an opportunity for staff to discuss any training requirements. Staff told us that the training provision at the practice was adequate and they accessed much of their training during protected learning time. The various certificates we looked at demonstrated staff had access to a range of training, including relating to clinical skills. The resulting clinical competence and professional development of staff promoted improved patient care. However, some administration staff at the practice were yet to receive their annual appraisals and these were overdue in accordance with the practice's own timescales.

Are services effective?

(for example, treatment is effective)

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. We saw that a system was in place for such things as patient blood and pathology results and radiology reports to be received electronically. The process allowed for patients requiring follow up to be identified and contacted. All the staff we spoke with understood how the system was used.

The practice held multi-disciplinary team meetings once each month to discuss the needs of complex patients. This included those with end of life care needs. These meetings were divided into a section attended by discharge coordinators and social workers to discuss unplanned admissions and complex care cases. Later, in a separate part of the meeting, district nurses and health visitors among others discussed all palliative (end of life) care patients. We saw that the issues discussed and actions agreed for each patient were recorded directly into their care notes.

Information sharing

The practice used several processes and electronic systems to communicate with other providers. For example, there was a system in place with the local out of hours provider to enable patient data to be shared in a secure and timely manner. An electronic system was also in place for making referrals through the Choose and Book system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

From our conversations with staff and our review of training documentation we saw that clinical staff at the practice had received some limited Mental Capacity Act (MCA) training during protected learning time. None of the reception or administration staff had received this training and this was reflected in their very limited understanding of

this subject. From our conversations with clinical staff we found that patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). When interviewed, clinical staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity. They demonstrated an understanding of the MCA and its implications for patients at the practice. Clinical staff were also aware and demonstrated a good understanding of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).

Health promotion and prevention

We saw that all new patients at the practice were offered a health check. This included a review of their weight, blood pressure, smoking and alcohol consumption. Routine health checks were also available for all patients between 40 and 74 years old. At the time of our inspection, for the 2014/2015 year, 190 of the 427 eligible patients had been assessed. The practice recognised this figure was low. However, we were aware that this was the fifth year of a five year check period and for the previous four years the practice's performance in this area was very good. For the final year of the period, the practice was dealing with the group of eligible patients who were declining their invitations hence the low uptake rate.

We saw that the practice operated patient registers and nurse led clinics for a range of long term conditions (chronic diseases). The GP partners shared the lead roles with nominated nurses for patients with diabetes, asthma and chronic obstructive pulmonary disorder (COPD) among others.

The practice maintained a register of all patients with learning disabilities and all 39 were offered a health check in the 2014/2015 year.

We found that the practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness. We saw various health related information was available for patients in the waiting area.

The practice had participated in targeted vaccination programmes for older people and those with long term conditions. These included the shingles vaccine for those

Are services effective? (for example, treatment is effective)

aged 70 to 79, and the flu vaccine for people with long term conditions and those over 65. At the time of our inspection 72.4% of eligible patients had received the flu vaccine since April 2014, with just under a quarter of the year remaining.

Both female GP partners and nurses at the practice were qualified to provide and carrying out cervical screening. A system of alerts and recalls was in place to provide smear

tests to women aged 25 years and older. At the time of our inspection there was a 96.7% take up rate for this programme from April 2014. This was achieved due to the efforts made by the practice to ensure a high take up rate and compared very well to other practices both locally and nationally.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection visit we saw that staff behaviours were respectful and professional. We saw examples of patients receiving courteous and helpful treatment from the practice reception staff. We saw the clinical staff interacting with patients in the waiting area and outside clinical and consulting rooms in a friendly and caring manner. All staff spoke quietly with patients to protect their confidentiality as much as possible in public areas.

We spoke with 11 patients on the day of our inspection, all of whom were positive about staff behaviours and the very good service they felt they received. A total of 37 patients completed CQC comment cards to provide us with feedback on the practice. All of the responses received about staff behaviours were positive. They said staff were friendly, caring and helpful and treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We found that doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

The practice had made suitable arrangements to ensure that patients were involved in, and able to participate in decisions about their care. All of the 11 patients we spoke with said they felt listened to and had a communicative relationship with the GPs and nurses. They said their questions were answered by the clinical staff and any concerns they had were discussed. We also read comments

left for us by 37 patients. Of those who commented on how involved they felt in their care and the explanations they received about their care, all of the responses were positive.

The results of the national GP survey for 2013/2014 showed that 78% of respondents felt the GPs at the practice were good or very good at involving them in decisions about their care. The national average was 82%. This figure rose to nearly 91% when patients were asked the same about nurses at the practice. This was notably above the national average satisfaction rate of 85%. Nearly 89% of patients felt the GPs were good or very good at treating them with care and concern. This was above the national average of 85.3%.

Patient/carer support to cope emotionally with care and treatment

We saw that a process was in place at the practice for recently deceased patients to be highlighted on the electronic patient records system. However, there was no register of recently bereaved patients at the practice. The staff we spoke with told us the GPs would make contact with recently bereaved patients by telephone and subsequently complete a home visit in normal circumstances. All patients receiving palliative care and those recently deceased were discussed at the monthly multi-disciplinary team meetings.

Patients in a carer role were identified where possible. From our conversations with staff and our review of documentation we saw the practice maintained a register of patients who identified as carers. This information was mainly sourced from patients during their consultations with the GPs. Staff told us that patients on the register had access to services such as home visits and immunisations provided at home. We saw information aimed at carers displayed in the waiting area. This gave details of the local support available among other things. From our conversations with senior staff we found that a representative of a local carers' support group was scheduled to attend the practice and discuss their approach to carers on 6 February 2015.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. As part of this, each relevant patient received a specialised care plan, a nominated care coordinator and multi-disciplinary team monitoring. At the time of our inspection visit, 170 patients (2.1% of those aged over 18 years old) were receiving such care. There was also a palliative care register at the practice with regular multi-disciplinary meetings to discuss patients' care and support needs.

The practice operated a yellow card system to flag up patients who needed priority. As part of this process, identifying symbols were used on the care notes of patients who were experiencing such things as a recent cancer diagnosis, complex care needs or mental health issues among others. This informed staff those patients were to be prioritised for urgent access to services including appointments and GP messages.

Smoking cessation services including advice were provided at the practice by a qualified nurse and healthcare assistant. At the time of our inspection visit, the smoking status of 96.3% of patients was recorded. Smoking cessation services were offered to eligible patients. Of those patients accepting intervention, 85.3% had received advice or referral from the practice at the time of our inspection.

We saw that patients with diabetes received six monthly health checks at the practice. All newly diagnosed patients with diabetes were referred to the Diabetes Education and Self-Management for Ongoing and Diagnosed (DESMOND) project.

The practice maintained a register of patients with dementia who received a specialised care plan and a named GP. At the time of our inspection visit, 86.8% of

patients on the register had attended for their annual health checks. The practice also maintained a register of 39 patients with learning disabilities and provided annual health checks to those patients.

The practice had a patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided. The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the PPG. This included commencing a complete review of its appointment system and how appointments were offered. This was ongoing at the time of our inspection visit.

Tackling inequity and promoting equality

From our review of documentation we saw that staff at the practice had completed equality and diversity training. We saw the premises and services were adapted to meet the needs of people with disabilities. A portable hearing loop was available at reception for those who may benefit from it. We saw that almost all of the clinical services were provided on the ground floor. For the limited services offered on the first floor a lift was available and in operation. Ordinarily, the practice was accessible through wide automatic doors. However, due to a recent incident the doors were out of action during our inspection visit. Contingency measures were taken to ensure the practice was still accessible to all patients.

A wheelchair was provided by the practice for those who needed it. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice.

An external translation service was available to the practice. However, due to the local patient population being predominantly from a white British background this was rarely requested by patients.

Access to the service

The practice was accessible to patients because it responded to the varying requirements and preferences of its patient population. On the day of our inspection we checked the appointments system and found the next routine bookable appointment to see a GP was available within two working days. Dedicated urgent appointment

Are services responsive to people's needs?

(for example, to feedback?)

slots were still available on the day of our inspection. We saw that the appointments system was structured to ensure that urgent cases could be seen on the same day and the GPs were able to complete home visits over the lunchtime period.

Information was available to patients about appointments on the practice website. This included how to book appointments through the website. Patients were able to make their repeat prescription requests in person or online through the practice's website. At the time of our inspection, 47.7% of the practice's patient population had signed up to its online services. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out of hours (OOH) service was provided to patients.

We saw there was a standard process in place for the practice to receive notifications of patient contact and care from the out of hours provider. We saw evidence that the practice reviewed the notifications and took action to contact the patients concerned and provide further care where necessary.

As well as being open from 8.30am to 6.00pm (with urgent cases seen from 8.00am to 6.30pm) Monday to Friday, the practice had extended opening for bookable appointments from 8.30am to 11.00am every Saturday. This allowed some additional access to services for those who found attending in working hours difficult. There were no late evening sessions offered at the practice.

During our inspection, we spoke with 11 patients and read the comments left for us by 37 patients. All of the patients said they were able to get appointments quickly and that phone and online access to appointments was good. However, a theme among the patients we spoke with or who left comments for us was the difficulty in getting an appointment with their doctor of choice. The practice's own patient survey completed in January 2014 showed that of the 162 respondents, 23% commented on how they would like to be able to see the same doctor for each appointment. The practice had responded by working with its patient participation group (the PPG is a group of

patients who work with the practice to discuss and develop the services provided) to commence a full review of its appointments system. From the comments received from patients at the time of our inspection visit, it was clear the review had not yet overcome patients' concerns about seeing their doctor of choice.

Results from the NHS England GP patient survey in 2014 showed that 79% of patients were fairly or very satisfied with the practice's opening hours. This was about average when compared to the rest of England. Nearly 91% of patients felt phone access to the practice was good. This was considerably above average when compared to the rest of England.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was 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. A display informing patients of how to complain about the practice and its services was available in the waiting area. A complaints leaflet was also available through the practice's website. All of the staff we spoke with were aware of the process for dealing with complaints at the practice. During our inspection we spoke with 11 patients. They were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at the practice's records of complaints received in the past 12 months. We saw examples of when the complainants were contacted to discuss the issues raised. As a result, the practice had agreed actions to resolve the complaints to their satisfaction. We saw that where necessary, actions were taken and the complainants formally responded to in writing in accordance with the practice's own procedure.

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

From speaking with staff and our review of documentation, we found the practice had no formal or documented vision. However, all the staff we spoke with felt the informal vision and overarching principle of the practice was to deliver good patient care that considered the needs of all the people in its patient population. The strategy used by the practice was formalised. The strategy for the 2014/2015 year was to focus on finances and enabling the practice to provide good but affordable care and services to its patient population. The practice used an annual planning meeting attended by the GP partners and the practice manager to discuss and implement its strategy for the year ahead. Monthly business meetings were used to monitor the strategy throughout the year. Our review of the minutes of the business meetings from November and December 2014 showed that the practice's financial strategy was a standing item on the agenda for discussion and action where necessary. The next annual planning meeting was set for 24 January 2015. The focus of the strategy for the 2015/2016 year was the remodelling of the appointments system.

Although the annual planning meeting only involved senior staff, an internal protected learning session every other month was used to involve all staff in the discussions about the practice's direction and strategy. Staff told us this made them feel valued and supported and provided them with the opportunity to discuss relevant issues that affected them as staff and also their patients, such as the appointments system.

Governance arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure. They understood that the GP partners were the overall decision makers strongly supported by the practice manager. All staff contributed to practice processes and issues through a schedule of weekly, monthly and quarterly meetings including an internal all staff protected learning session every other month.

The practice had a system of policies and procedures in place to govern activity and these were available to all staff. However, not all of the policies and procedures we looked at during our inspection were reviewed, up-to-date or comprehensive. Policies and systems around medicines

management were not yet embedded at the practice. Therefore the practice was not yet fully safe and there was a risk to patients from such things as the potential for the unsafe use and management of medicines.

The practice had arrangements for identifying, recording and managing risks. Various practice meetings were used for senior staff to review and take action on all reported incidents, events and complaints. This would depend on the type of incident or event discussed and the staff it was relevant to. Formal minutes were not taken or available for most meetings at the practice, including weekly clinical and management meetings and monthly multi-disciplinary meetings. However, the staff we spoke with who attended those meetings were all able to recount the details of recent incidents and events discussed. Details of any discussions and decisions made in those meetings were made available to all staff through a range of staff meetings and conversations.

We saw that the practice maintained a log of all incidents and events which included a record of the action taken to prevent recurrence. However, when we asked to see an annual review or analysis of all significant events at the practice, this could not be provided. The practice manager confirmed an annual review (which differs from a log in that it analyses the effectiveness of the action taken) was not completed. This reduced the practice's ability to monitor and review its learning from previous incidents and events.

Leadership, openness and transparency

There was a clear leadership structure at the practice which had named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with asthma, chronic heart disease and diabetes among others. There were also nurse led clinics for the same health issues and nominated nurse leads for such things as infection control and smoking cessation. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were. However, the staff we spoke with were not always clear about their own roles and responsibilities and those of their colleagues, notably in relation to medicines management and infection control.

Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns. All the staff we spoke with said they felt fortunate to be part of a committed team.

Are services well-led?

Good 

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

From our conversations with staff and our review of documentation, we saw there was a regular schedule of meetings and protected learning at the practice for individual staff groups, multi-disciplinary teams and all staff to attend. Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss issues at the meetings. They said they felt their views were respected and considered.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had mechanisms in place to listen to the views of patients and those close to them. The practice had a patient participation group (PPG) of approximately 10 regular members meeting three to four times each year. The PPG is a group of patients who work with the practice to discuss and develop the services provided. There was also a small online virtual patient participation group (vPPG). The vPPG is an online community of patients who work with the practice to discuss and develop the services provided. We saw that through meetings or emails the groups were able to feedback their views on a range of practice issues. We spoke with a member of the PPG who said the group had very good and open working relationships with practice staff.

From minutes of the PPG meetings we looked at and our conversation with a PPG member we found the group was more of a shared forum for patients to feedback views to staff and for staff to inform patients of service and staff updates. However, we saw the PPG was integral in developing the practice's last patient survey. The PPG also reviewed an overview of the outcome of all complaints and suggestions made by patients using the formal complaints process or the box available in reception.

The practice had distributed its last patient survey between September 2013 and January 2014 and responses were received from 162 patients. The results showed that 100% of the respondents were satisfied to very satisfied with their care at the practice. We saw that the practice, in discussion with the PPG had implemented an action plan following the survey. As 23% of respondents commented on how

they would like to be able to see the same doctor for each appointment, one of the main actions was for the practice to commence a full review of its appointments system. We saw that the practice's strategy focus for the 2015/2016 year was the remodelling of the appointments system.

We saw a comments and suggestions box was provided in the waiting area for patients to use. From our review of the PPG meeting minutes of July and December 2014, we saw the group reviewed all suggestions made by patients. As a result, action was taken to display the opening hours of the pharmacy and change the appointments phone number to a less expensive local number. We saw these things were completed at the time of our inspection visit.

The staff we spoke with said the results of the patient survey, patient complaints and other patient feedback were discussed in their meetings so they were clear on what patients thought about their care and treatment. They said the schedule of various practice and staff group meetings also provided them with an opportunity to share their views on the practice.

Management lead through learning and improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Non-clinical staff also said their development was supported. We saw that protected learning time was used to provide staff with the training and development they needed to carry out their roles effectively. Most staff received their annual appraisals in accordance with the practice's own timescales.

A system was in place for senior staff to review and action all reported incidents and events. The evidence we reviewed demonstrated that all incidents and events were discussed as soon as possible after they occurred or were reported. This included discussion on how the incidents could be learned from. However, the lack of an annual review or analysis of all significant events reduced the practice's ability to monitor and review its learning from previous incidents and events.

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 Surgical procedures 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>We found that the registered person had not protected people from the risks associated with the improper and unsafe use and management of medicines by means of the making of appropriate arrangements for the recording of some medicines used for the purpose of the regulated activity. Some procedures used by staff in relation to medicines management were not reviewed or up-to-date and staff were not always knowledgeable about the processes used.</p> <p>This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>