

Swan Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Swan Surgery on 16 June 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Swan Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 7 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 16 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- The practice had implemented improved security arrangements. For example, liquid nitrogen was no

longer stored in an open area. Alarms and telephones had been installed in the waiting areas that were not in view of reception staff, which ensured patients who may become more unwell had easy access to help.

- The practice had a number of policies and standard operating procedures (SOPs) to govern activity; we found that these were generally well managed. However, some SOPs used by dispensary staff were not the reviewed versions.
- The practice had processes and systems to ensure that when things went wrong patients were given a detailed explanation and an apology. However, we found the understanding of the system for reporting and recording significant events and near misses within the practice dispensary needed to be improved.
- The practice reported an annual stock check of the dispensary was undertaken; however the practice policy stated this would be undertaken every three months.
- On the day of the inspection we found five items including cannulas, syringes and a pair of gloves that were out of date in a GP bag.

Summary of findings

- Patients said they were treated with compassion, dignity, and respect.
 - Information about how to complain was easily accessible to patients to and the practice system to manage complaints had been improved.
 - The practice had implemented effective clinical oversight to ensure clinical staff had seen incoming patient documentation appropriately.
 - The recruitment arrangements had been improved; personnel files we reviewed contained necessary employment checks for all staff, including locum staff.
 - The practice training systems had been improved, and training that the practice deemed mandatory was up to date and recorded effectively. In addition the training log recorded other training the staff had undertaken.
 - Induction processes had been formalised, ensuring that all staff received an induction appropriate to their role and that the induction process was completed in an effective manner.
 - The practice had implemented systems and processes to ensure that patient safety alerts were appropriately managed.
 - The practice had implemented improved communication methods to ensure that information was shared with any relevant staff or health professionals. For example, we saw minutes from multi-disciplinary team meeting where patients who may be vulnerable were discussed.
 - Patients said they found it easy to make an appointment with a named GP and there were urgent appointments available the same day.
 - The practice had good facilities and was well equipped to treat patients and meet their needs.
 - The practice liaised effectively with support organisations and proactively supported vulnerable patient groups.
- However, there were also areas of practice where the provider needed to make improvements.
- Importantly, the provider must:
- Monitor the systems and processes to ensure proper and safe management of medicines.
- 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



- The practice had processes and systems to ensure that when things went wrong patients were given a detailed explanation and an apology. However, we found the understanding of the system for reporting and recording significant events and near misses within the practice dispensary needed to be improved. Although there was some evidence of lessons learnt and changes made, there was an insufficient amount of information recorded to be assured the system was safe.
- The practice had a number of policies and standard operating procedures (SOPs) to govern activity; we found that these were generally well managed. However, on the day of the inspection, some SOPs used by the dispensary staff were not the reviewed versions.
- The practice reported an annual stock check of the dispensary was undertaken; however the practice policy stated this would be undertaken every three months.
- The practice had ensured that recruitment arrangements had been improved and all necessary employment checks for staff had been completed.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents.
- Since our previous inspection, the practice had implemented improved security arrangements. For example, liquid nitrogen was no longer stored in an open area and alarm systems had been introduced to patient waiting areas, which ensured that patients could call for help if they became more unwell.
- The practice had comprehensive and well managed systems and processes to manage infection prevention and control.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework 2015/2016 showed the practice performance was 100%. This was 2% above the local average and 4% above the national average. The practice exception reporting rate was 12%; this was 2% higher than the local average and the national average.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs and meetings took place on a monthly basis. Since our previous inspection the record keeping had significantly improved and was shared effectively throughout the practice.
- The practice had implemented an improved induction programme for new staff, which was appropriate for their job role.
- We saw that the practice had improved the recording of training to ensure training they deemed mandatory was undertaken in a timely manner.
- The practice monitored and reviewed patients' medicines, and where possible completed all health checks for the patient during a single appointment.
- Staff were aware of current evidence based guidance and discussed this at the regular clinical meetings which were held weekly.
- The practice used a programme of clinical and non-clinical audits to demonstrate quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals, and personal development plans for all staff. Practice staff told us they had found this useful and felt they were listened to by the management team.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey, published in July 2017, showed patients rated the practice higher than the clinical commissioning group (CCG) and national averages for several aspects of care. For example, 91% of patients usually got to see or speak with their preferred GP compared with the CCG average of 60% and national average of 56%.
- Information for patients about the services available was accessible.
- We saw that practice staff worked together as a cohesive team and treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- The practice was proactive in their awareness and care of carers. They had identified 2.5% of the practice populations as carers (including young carers), written information was available, and carers were sign posted to the local support group.
- The practice was keen to support the local community, including support at the Bury Drop In (a service that provides free meals to homeless people) and the local food bank.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients told us they could always make an appointment with a GP or nurse both in advance and on the same day. Extended hours appointments were available on Saturday mornings. The practice was part of a GP+ service and could book appointments for patients to be seen in the evenings or weekend. The GP+ service operated from the Swan Surgery premises.
- The practice had good facilities including those used for minor surgery and was well equipped to treat patients and meet their needs.
- The practice engaged with a newly formed patient participation group.
- At our inspection June 2016, information about how to complain was not readily available for patients and there were inconsistencies between the practice complaints policy and the way the practice responded. The practice had improved this, information about how to complain was available,

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Practice staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure within the practice with a new operations manager and a business manager employed since January 2017. Practice staff told us they felt supported by management team.

Good



Summary of findings

- The practice had policies and procedures to govern activity, but the dispensary staff did not always access the current versions.
- An overarching governance framework supported the delivery of the strategy and good quality care including arrangements to monitor and improve quality and identify risk. There was scope for this to be improved in relation to the dispensary service provided.
- The practice actively encouraged staff to mix in a non-formal environment. For example the practice encouraged all members of the practice team to attend a coffee morning that took place after morning surgery each day.
- Practice staff had received inductions and annual performance reviews. Staff attended staff meetings and had access to training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners and management team encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with a newly formed patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training had been identified as a priority and learning had been undertaken to ensure all staff had received training the practice deemed mandatory.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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



- Practice staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a named GP for these patients and GPs and a nurse practitioner, supported by a GP, undertook weekly visits to ensure proactive health care to patients living in local care homes. The nurse supported the homes with specialist areas such as complex wound care.
- The practice identified older patients who may need palliative care as they were approaching the end of life. The practice involved older patients in planning and making decisions about their care, including their end of life care. The practice proactively used special notes to ensure other health providers were aware of the patient's wishes in relation to their preferred place of care.
- The practice followed up on older patients discharged from hospital and ensured their care plans were updated to reflect any additional needs.
- The practice worked with voluntary agencies such as Suffolk Family Carers and Age UK Suffolk to offer additional support to older patients.

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, supported by the data team, in managing the recall of patients with long term conditions.
- Data from the Quality and Outcomes Framework 2015-2016 showed that the practice performance in relation to diabetes was 100%. This was 3% above the local average and 10% above the national average. The practice exception reporting rate for the ten individual indicators relating to diabetes varied, some were slightly above and others lower when compared with the CCG and the national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain

Summary of findings

medicines cannot be prescribed because of side effects). The practice held joint diabetic clinics twice monthly with the local hospital specialist diabetic nurse. This allowed the practice to treat diabetic patients in a timely manner.

- The practice performance in relation to chronic obstructive pulmonary disease was 100%; this was 1% above the CCG average and 4% above national average. Exception reporting was in line with the local and national averages.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured their care plans were updated to reflect any additional needs.
- There were emergency processes in place for patients with long-term conditions who experienced a sudden deterioration in health.

Families, children and young people

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

We found there were systems 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 accident and emergency (A&E) attendances.

The practice had met the national target for the standard childhood immunisations. Additional recall systems were in place to encourage further uptake.

Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

Appointments were available outside of school hours and the premises were suitable for children and babies.

The practice worked with midwives, health visitors, and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

The practice had emergency processes in place for acutely ill children and young people, and for patients with acute pregnancy complications.

Practice staff had undertaken additional training in awareness of domestic abuse and female genital mutilation.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended hours appointments were available at the practice on Saturday mornings for GPs and nurses. The practice was also part of a GP+ service; patients were able to be seen for evening or weekend appointments. The GP+ service operated from the Swan Surgery premises.
- Telephone consultations were available for those who wished to access advice this way.
- Patients were able to communicate with the practice via email. Systems and processes were in place to ensure this is safely managed.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.
- NHS health checks were available at times convenient to the patient.

People whose circumstances may make them vulnerable

Good



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

- The practice was proactive in ensuring vulnerable patients were able to register for health care. For example, homeless patients and those living in local hostels.
- The practice held regular weekly meetings to ensure that patients who may be vulnerable were managed in a holistic manner.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and held weekly meetings with the local learning disabilities nurse.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Practice staff we spoke with knew how to recognise signs of abuse in children, young people, and adults whose circumstances may make them vulnerable. They were aware of

Summary of findings

their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies during normal working hours and out of hours.

The practice has close links with The Bury Drop In Centre; this centre provided a place for homeless people to access food, haircuts, and support. The practice had close links with other organisations such as those that provide emergency accommodation.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- One GP at the practice was the clinical lead for mental health, dementia, and learning difficulties at the local clinical commissioning group (CCG).
- Data for the Quality and Outcomes framework from 2015 to 2016 showed the practice performance for mental health was 99.5%. This was 7% above the CCG average and the national average. The practice exception reporting rate for all the indicators relating to mental health were below the local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. A mental health link worker attended the practice regularly to support the GPs and ensure the patients with complex needs were well supported.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice staff, including nurses and non-clinical staff, had received enhanced training which enabled them to build a rapport and support patients with mental health needs and dementia. Dementia friendly clocks were available in all five waiting areas. The practice had achieved a Dementia Friendly status as it had been assessed and had received an accreditation from West Suffolk CCG.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice results were higher than local and national averages. 243 survey forms were distributed and 123 were returned. This represented a 51% response rate.

- 97% of patients described the overall experience of this GP practice as good compared with the CCG average of 88% and the national average of 85%.
- 94% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.

- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 83% and the national average of 77%.

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

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

Areas for improvement

Action the service **MUST** take to improve

The provider must:

- Monitor the systems and processes to ensure proper and safe management of medicines.

Swan Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Swan Surgery

Swan Surgery is a purpose built practice situated in Bury St. Edmunds, Suffolk. The practice provides services for approximately 12,000 patients. It holds a Personal Medical Services contract with West Suffolk Clinical Commissioning Group (CCG). The practice is a training practice and teaches trainee GPs and Foundation Year Two doctors. The practice dispenses to patients who are eligible for this service, this is approximately one third of the registered population of the practice.

There are ten GPs (six male and four female) at the practice. There are three female nurses, and two health care assistants. The operations and business managers are supported by a team of receptionists, data clerks, and medical secretaries and a team of five dispensers.

The most recent data provided by Public Health England showed that the patient population has a higher than average number of patients aged between five and 19, 35 to 54 and over 85 compared to the England average. The practice is located within an area of low deprivation.

Swan Surgery is open from Monday to Friday and offers appointments between 8am and 6.30pm daily, with extra appointments available for pre-booking on a Saturday morning between 9am and 12.30pm. The practice

dispensary is also open during these hours. Extended hours appointments are provided by GP+ for whom the practice allows use of its premises. Out of hours care is provided by Care UK via the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Swan Surgery on 16 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective, responsive, and well led services.

We also issued requirement notices to the provider in respect of safe care and treatment, good governance, receiving and acting on complaints, staffing and fit and proper persons employed. We undertook a follow up inspection on 7 July 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Swan Surgery on our website at www.cqc.org.uk.

How we carried out this inspection

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?

Detailed findings

- 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

At our previous inspection on 16 June 2016, we rated the practice as requires improvement for providing safe services as patients were at risk of harm because systems and processes were not in place, had weaknesses or were not implemented in a way to keep them safe. For example, we found gaps in recruitment checks, inconsistent processes surrounding Medicines & Healthcare products Regulatory Agency (MHRA) and patient safety alerts, and insufficient processes, knowledge and oversight for dealing with incoming clinical correspondence.

These arrangements had improved when we undertook a follow up inspection on 7 July 2017. However, we identified that the practice systems to ensure the proper and safe management of medicines required improvement.

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

Safe track record and learning

There was a system for reporting and recording significant events.

- Practice staff told us they would inform the management team of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, not all staff fully understood the system for reporting and recording significant events and near misses within the practice dispensary. Although there was some evidence of lessons learnt and changes made, there was an insufficient amount of information recorded to be assured the system was safe.
- We reviewed two documented events that had been recorded; we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable. They received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts, and minutes of meetings where significant events were discussed. We saw evidence that lessons

were shared and action was taken to improve safety in the practice. For example, minutes from a meeting held 6 September 2016 demonstrated discussions and actions identified in relation to a delay in a patient receiving their medication. We noted that the practice standard operating procedure was reviewed as a result.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes, and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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 GP for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. A recent meeting held in the place reviewed the finding from a safeguarding case; the learning from this case was used to reflect on the practice systems.
- Practice staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and nurses were trained to child protection or child safeguarding level three.
- The practice had good management of the Deprivation of Liberty Act.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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). An audit had been completed to ensure that members of staff recorded chaperoning appropriately in the clinical records.
- The practice had improved security within the practice, staff had been issued with security fobs ensuring areas which should be accessed by staff were restricted to those people.

The practice maintained appropriate standards of cleanliness and hygiene.

Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A clinical staff member who had received appropriate training was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Regular IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice needed to be improved to minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security, and disposal).

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. The practice had audited their dispensing service showing good outcomes for patients and patients gave positive feedback about the dispensing service. Dispensing staff had completed appropriate training and had their competency annually reviewed.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. However, the practice was unable to evidence that all dispensary staff had read and accessed the most up to date versions. On the day of the inspection, dispensary staff accessed and showed us versions that had been superseded. Staff were not able to confirm that they were following the correct policy.
- All prescriptions were reviewed and signed by a GP before they were given to the patient to ensure safety. There was a system in place for the management of high risk medicines such as warfarin, methotrexate, and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. We checked four high risk medicines and found all patients were appropriately monitored which confirmed that the procedure was being followed.
- Medicines were stored securely within dispensary. Records showed medicine refrigerator temperature checks were carried out to ensure medicines and vaccines requiring refrigeration were stored at appropriate temperatures. Records also showed room temperature checks were completed to ensure medicines were not stored at excessive temperatures.
- Processes were in place to check medicines for expiry to ensure they were safe for use and to check medicines following alerts and recalls of medicines. The practice reported an annual stock check was undertaken; however the practice policy stated this would be undertaken every three months. Emergency medicines we checked were within their expiry date. However, we found five items including cannulas, syringes and a pair of gloves that were out of date in a GP bag. These were immediately removed. The practice had a system in place to check the GP bags, but this required improvement.
- Blank prescription forms were kept securely and the practice kept a log to ensure they were tracked through the practice and handled in accordance with national guidance.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. There were arrangements in place for the destruction of controlled drugs. Dispensing staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- There was not an effective system in place for the recording, sharing and learning of dispensary significant events and near misses. There had not been any near misses recorded since February 2017. We saw evidence of some near misses that should have been recorded as significant events. For example, medicines had been dispensed to a patient incorrectly. We found evidence of errors in the recording of controlled drugs that had been rectified that had not been raised as significant events or near misses. Some significant events had not been raised higher within the practice to help make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

Are services safe?

The systems and process to ensure staff were employed safely had been improved. We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring, and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- Since our previous inspection, the practice had implemented improved security arrangements. For example, liquid nitrogen was no longer stored in an open area and alarm systems had been introduced to patient waiting areas, ensuring that patients could call for help if they became more unwell.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this plan was stored at an alternative location.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 16 June 2016, we rated the practice as requires improvement for providing effective services as the practice systems to ensure information was shared was not effective. The practice induction programme needed to be improved. The practice did not have evidence that all staff had completed all training that the practice deemed mandatory.

These arrangements had significantly improved when we undertook a follow up inspection on 7 July 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant, current evidence based guidance, and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- The practice had systems to keep all clinical staff up to date. Practice staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through with risk assessments, audits, and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). In the most recent published results, from 2015 to 2016, the practice achieved 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice exception reporting rate was 12%, this was 2% above the CCG average and 2.5% above the national average (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).

Data from 2015-2016 showed:

- The practice performance in relation to diabetes was 100%. This was 4% above the CCG and 10% above the national average. The practice exception reporting rate for all indicators relating to diabetes was in line with the CCG and the national average (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 performance in relation to chronic obstructive pulmonary disease was 100%; this was comparable to the CCG average and 4% above the national average. The practice exception reporting rate was in line with the CCG and national averages.
- The practice performance for mental health was 99.5%. This was 7% above the CCG average and the national average. The practice exception reporting for all these indicators was below the CCG and national averages.
- Performance for asthma related indicators was 100%; this was in line with the CCG and national average. Exception reporting for all related indicators was below the CCG and national average.
- Performance for dementia was 100%. This was in line with the CCG average the national average. Exception reporting for most related indicators was in line with the CCG and national average.

There was evidence of quality improvement including non-clinical and clinical audit which was well established.

We reviewed three audits;

- A regular monthly audit was undertaken to assure the practice that GPs saw all correspondence that required clinical oversight. Results from November 2016 to March 2017 showed that, with the exception of January 2017, 100% of correspondence had been appropriately dealt with. The result from January was that 97% had been appropriately dealt with.
- Following a safety alert issued in 2015 relating to hypertensive crisis the practice carried out a six monthly audit. Following the audit in April 2017, which highlighted that three patients review was overdue, an email reminding staff of the policy and procedure was sent to all appropriate staff.

Are services effective?

(for example, treatment is effective)

- An audit relating to a medicine alert (sodium valproate and risks in pregnancy) was undertaken May 2017, all patients had been appropriately reviewed and advised of the risks.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had implemented an improved induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. The practice has significantly improved the opportunities available and the system for recording training undertaken by staff. Practice staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and facilitation and support for revalidating GPs and nurses. The practice had fully supported a nurse to gain their prescribing qualifications and further support was planned for this staff member to undertake a master's degree (an academic qualification).
- Practice staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Practice staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The practice could demonstrate how they ensured role-specific training and updating for relevant staff.

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. The practice were proactive in the use of special notes to ensure all health professionals, including out of hours, had accurate and up to date information on the patients.
- We saw the practice shared relevant information with other services in a timely way, for example urgent referrals for suspected cancer.

Staff worked together and with other health and social care professionals 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs. Since our last inspection the practice had significantly improved the recording of information and we saw evidence that information was shared in the practice. Practice staff told us they and the patients had benefitted from this. For example, a discussion took place in relation to a patient, the usual GP was not at the meeting, but having read the minutes of the meeting they were able to add further relevant information.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Practice data showed that 89% of palliative patients died in their preferred place.

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.

Are services effective?

(for example, treatment is effective)

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 patient records audits.
- We saw evidence that written consent was obtained by patients undergoing minor surgery procedures. A review of this process led to a new improved practice information leaflet being produced, giving the patient clear information of the procedures and post-surgery care.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation and weight management advice was available from the practice nurses.
- Appointments were flexible allowing patients to attend the practice at times convenient to them.

The practice's uptake for the cervical screening programme was 81%, which was in line with the CCG and the national average of 82%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by contacting patients by telephone. There were failsafe systems 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice had met the national standard for providing the immunisations in all indicators.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Data from Public Health England showed:

- The percentage of patients screened for breast cancer in the last 36 months was 77%; this was comparable to the CCG average of 79% and the national average of 73%.
- The percentage of patients aged 60-69 screened for bowel cancer in the last 30 months was 62%; this was in line with the CCG average of 62% and the national average of 58%.

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

Are services caring?

Our findings

At our previous inspection on 16 June 2016, we rated the practice as good for providing caring services.

The practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

We received two patient Care Quality Commission comment cards and both were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients, they told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2017, showed patients felt they were treated with compassion, dignity, and respect. The practice was above others for its satisfaction scores on consultations with GPs and below others for its satisfaction scores with nurses. For example:

- 98% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared with the CCG average of 89% and the national average of 86%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% national average of 86%.
- 85% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and the national average of 97%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

We discussed the low satisfaction results with members of the practice team. They were aware of the lower results; the nursing and management had met to discuss the findings, reviewed changes within the team, and had an action plan in place.

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 from the comment cards we received was also positive and aligned with these views. We saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey, published in July 2017, showed patients responded positively to

Are services caring?

questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and national average of 90%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Longer appointments were available for these patients.
- Information leaflets were available in easy read format. Information leaflets were available in easy read format. These were available in other languages and in large print.

- The electronic referral service was used with patients as appropriate (a national electronic referral service which gives patients a choice of place, date, and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice team were proactive and had identified 277 patients as carers (2.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older and younger carers were offered timely and appropriate support.

Practice staff told us that if families had experienced bereavement, a sympathy card was sent and their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 16 June 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 7 July 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours for GPs and nurses on Saturday mornings 9am to 12.30pm for patients who could not attend during normal opening hours. The practice dispensary was also open during these times allowing patients who were entitled to use the service easy access to any medicines prescribed to them. The practice was part of a GP+ service, the practice was able to book evening and weekend appointments for patients, this service operated from Swan Surgery premises.
- Longer appointments were available for patients with a learning disability or complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The nurse practitioner undertook regular visits to the local care homes.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

- We saw evidence that practice staff were flexible when considering patients' needs and adjusted appointments accordingly. The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients received information in formats that they could understand and received appropriate support to help them to communicate.

Access to the service

The practice was open and appointments were available between 8.30am and 6.30pm Monday to Friday. Extended hours appointments were offered on Saturday mornings. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was above local and national averages:

- 84% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 71%.
- 93% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 84%.
- 94% of patients said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.
- 94% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 59% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

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

The practice demonstrated they had a system to assess the clinical priority of those requesting home visits or urgent medical attention in a timely way.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had improved their system for handling complaints and concerns.

- The 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. There were posters in the waiting area, information in the practice leaflet and on the practice web site.

- The practice had a system in place to record verbal feedback, to identify trends and drive improvement.

We looked at two complaints that had been received since our last inspection and found these had been satisfactorily managed. Lessons were learned from individual concerns and complaints action was taken to as a result to improve the quality of care.

For example, in June 2017 a complaint was received relating to the care given to a child. We saw evidence in minutes from a meeting dated 20 June 2017 to show the practice and GPs had discussed the case, communicated with the parent and were seeking more information.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 16 June 2016, we rated the practice as requires improvement for providing well-led services as not all the structures and procedures in place were not robust enough to ensure the practice had an effective governance framework to support the delivery of the strategy and good quality care.

Vision and strategy

The practice had a clear vision that had been written with the involvement of all staff to deliver high quality care and promote good outcomes for patients.

- There was a clear leadership structure in place. Since January 2017 the practice had employed two new managers to support the GPs and staff in making the improvements identified at our last inspection. The practice staff we spoke with told us that this new management team had involved them in developing the improvement plan, future developments, and additional services to patients.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had improved the overarching governance framework which supported the delivery of the strategy and good quality care. However, we identified areas within the dispensary where improvement was still required. For example:

- There was little evidence to show that staff would identify, routinely record, and ensure shared learning from significant events and near misses.
- On the day of the inspection we found that one GP bag had not been checked effectively and contain equipment that was not within its expiry date.
- Practice specific policies were implemented and were available to all staff. However, dispensary staff did not always access the most current version of their standard operation procedures to ensure they were managing medicines safely.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

- A comprehensive understanding of the performance of the practice was maintained and an effective data team had been created.
- Practice clinical meetings were held regularly. Each day the GPs and nurses had the opportunity to discuss cases and share information. Minutes were available for those staff that had been unable to attend. The minutes of meetings we viewed demonstrated there was a structure to the agendas that allowed lessons to be learned and shared following complaints and those significant events and near misses that had been recorded.
- A programme of continuous clinical and internal audit was in place to monitor quality and to make improvements.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions.
- Staff training was provided, encouraged and complete records maintained. Practice staff had been encouraged in further development for example, a member of the nursing team had been supported to gain their prescribing qualification, and the practice told us of plans to support them further with their master's degree.

Leadership and culture

On the day of our inspection the practice demonstrated they had the experience, capacity, and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Practice staff told us the management team were approachable and always took the time to listen to all members of staff.

Since the previous inspection, the practice had managed several changes within the management structure within the practice. The practice had employed new senior staff members to encourage and drive the improvements needed. On the day of the inspection, GPs and staff members we spoke with told us these had been challenging times, they were proud that they had worked together as a cohesive team and with these new systems in place gave a strong foundation to provide safe and high quality care to their patients.

Are services well-led?

Good 

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The organisation and practice encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, and a verbal and written apology.
- The practice generally kept written records of verbal feedback to monitor trends and encourage improvements.

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

- The practice held and kept minutes of a range of multi-disciplinary meetings including meetings with district nurses, school nurses, and social workers to monitor vulnerable patients.
- Practice staff told us the practice held regular team meetings which they found very useful.
- Practice 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 and supported in doing so. Minutes were available for practice staff to view.
- Monthly newsletters were produced and available for staff, these newsletters detailed changes and shared learning. The newsletter encouraged staff members to be part of the development of the practice. For example the newsletter for May 2017, encouraged staff to give feedback on the practice mission and values statement. Feedback was given from a contractor undertaking work at the practice, thanking staff for the high level of support given to them.
- The practice had used an electronic survey to test the staff member's knowledge of the practice; questions included, who is the safeguarding lead, how are home visits managed and where is the emergency trolley kept? The results and reminders were shared in the newsletter.
- Practice staff said they felt respected, valued and supported, particularly by the management team in the

practice. All staff were involved in discussions about how to run and develop the practice. The management team 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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received.
- Results from the family and friends survey data for June 2016 to May 2017 showed 95% of patients reported they were extremely likely or likely to recommend the practice to family and friends.
- Practice staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Practice staff told us they felt involved and engaged to improve how the practice was run.

Improvements that the practice had made as a result of feedback from patients included;

- Improved waiting areas using electronic screens displaying relevant information such as health promotion.
- Dementia friendly clocks in all five waiting areas and improved signage throughout the building.
- Patient feedback was used to review the practice appointment system, they had ceased a sit and wait system but offered all patients a time appointment.
- Practice staff wore uniforms and name badges enabling patients to identify staff members easily.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice demonstrated their commitment to continue to improve the services offered at Swan Surgery. The practice plans included encouraging more members to join their patient participation group and refurbishment of areas of the

Are services well-led?

Good 

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

practice. The practice is committed to increasing their links with the local community to ensure that patients have the opportunity to be supported by all agencies, including the voluntary sector.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance
Maternity and midwifery services	The practice showed insufficient evidence to show that dispensary staff were aware of and would routinely report significant events and near misses.
Surgical procedures	The system to ensure medicines and equipment was within the expiry date was not effective. We found five items including cannulas, syringes and a pair of gloves that were out of date in a GP bag.
Treatment of disease, disorder or injury	Dispensary staff did not always have access to up to date standard operating procedures. The system to assure the practice that the correct standard operating procedure was being used was not safe.
	The practice reported an annual stock check was undertaken; however the practice policy stated this would be undertaken every three months. Dispensary staff were unable to evidence that regular stock checks were undertaken.