

The Simpson Centre

Quality Report

The Simpson Centre
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Date of inspection visit: 14 September 2016

Date of publication: 01/11/2016

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 The Simpson Centre on 14 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice did not have up to date risk assessments for fire, electrical installation or legionella.
- The risk of leaving blank prescriptions accessible in unlocked consulting rooms, or blank and completed prescriptions within patient reach at reception had not identified.
- Other risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

We saw one area of outstanding practice:

The Simpson Centre had undertaken a sip feed project, funded by the local clinical commissioning group but led by the practice, at a local care home, to improve the nutrition of residents by replacing the use of sip feeds (prescribed oral nutritional supplements) with homemade equivalents. The work was undertaken with the support of a pharmacist and dietician, to provide training for kitchen and care staff, and to educate the practice team in the Food First approach to managing malnutrition and dehydration. As a result, the cost of sip feed prescribing reduced by about £8,000, the practice adopted the Food First approach as a priority for all elderly patients with nutrition and hydration concerns, and the care home provider implemented the approach at all its homes in the UK.

The areas where the provider must make improvement are:

- Ensure that risk assessments are completed for fire, electrical installation and legionella at both surgeries.
- Ensure the security of blank prescriptions whenever consulting rooms are left unattended, and the security of blank and completed prescriptions in the reception area.

In addition, the provider should:

- Ensure that equipment to assist patients with hearing difficulties is available at both surgeries, and that staff are able to operate it, when required.

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 requiring improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There were clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- However, the practice had not undertaken risk assessments for fire, electrical installation or legionella within the required time scales.
- The practice had not identified the prescription security risks when leaving consulting rooms unattended when empty, or having prescriptions accessible from a printer on the reception desk at one surgery.
- Other risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care, with 94% of respondents to the national GP patient survey describing their overall experience of treatment as good or very good, compared to a clinical commissioning group (CCG) average of 86% and a national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice had undertaken a number of projects including work on nutrition, avoidance of falls and medicine reviews. It had then continued to self-fund the medicine review project to expand it to all patients who were elderly, vulnerable, living alone, prescribed multiple medicines, or with long term conditions
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, there was no hearing loop at The Simpson Centre to assist patients with hearing difficulties, and although one was available at The Penn Surgery, staff were not aware how to use it.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active
- There was a strong focus on continuous learning and improvement at all levels.

The practice's business strategy and mission statement were displayed in the waiting rooms and were discussed at annual appraisal with all staff

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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided services to three care homes. Each resident had a named responsible GP, and in addition to weekly visits and on site flu jab clinics, the practice provided dedicated appointment slots at the surgery for residents who were able to travel.
- The practice had undertaken a number of projects with the care homes, including one to improve the nutrition of residents by replacing the use of sip feeds (prescribed oral nutritional supplements) with homemade equivalents. As a result, the care home provider had implemented the approach in all its homes across the UK, and the practice had adopted the approach for all its elderly patients with nutrition and hydration concerns.
- The practice had undertaken a falls avoidance project which involved identifying patients at most risk of falls and offering them physiotherapy assessments and recommendations including referral to the local falls clinic, suitable footwear and identifying hazards in the home.
- The practice had installed an automated telephone appointment booking system, and had worked with the patient participation group (PPG) to promote it to patients who may require additional support using the new technology

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national average, with 77% of patients with diabetes achieving a target blood level of 64mmol or below compared to the CCG average and national average of 78%.

Good



Summary of findings

- One of the GP partners had trained in insulin initiation, and was able to provide this service to patients with diabetes on site, to avoid hospital visits.
- The practice had home blood pressure and electrocardiogram machines available to assist patients in monitoring their condition.
- The practice had undertaken screening and coding audit work to ensure that all patients with long-term conditions such as diabetes, atrial fibrillation and chronic obstructive pulmonary disease were identified at an early stage.
- An asthma review project was undertaken after an audit identified an excessive use of reliever inhalers by some patients with asthma. As a result, half of the patients using three or more reliever inhalers a year reduced their use.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 76% of female patients aged 25 to 64 years had received a cervical screening test within the target period, compared to a CCG average of 75% and national average of 82%.
- Two GPs had undertaken additional gynaecology training which enabled them to carry out on site procedures which reduced the need for hospital referrals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered Saturday morning and weekday evening clinics for working patients who could not attend during normal opening hours.
- There was a high uptake of health checks offered to new patients and those aged over 40.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Contraception including the fitting of intrauterine devices, minor surgery, dermatology consultation, travel vaccinations, antenatal care and phlebotomy appointments were available on site.

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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

The practice had funded a pharmacist project to review the medicines prescribed to vulnerable patients, including the elderly, housebound and those living alone, as well as patients prescribed multiple medicines and those with chronic diseases.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- 94% of patients with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 86% and the national average of 84%.
- 89% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 89% and the national average of 88%.
- The practice was undertaking work to become “dementia friendly”, through staff training, reviews of diagnostic tools, clinical practice and record coding, and development of a dementia plan, including a re-audit of the use of antipsychotic medicine in elderly patients. The number of patients identified with dementia had increased as a result of this work from 113 to 135 from April to September 2016.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. Two hundred and twenty-one survey forms were distributed and 117 were returned. This represented 1% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the CCG and national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. Staff were described as caring and efficient, and reference was made to prompt emergency care when required, the time taken to consider patients' wishes and explain treatment options, and flexibility, such as arranging short-notice blood tests to avoid the need for a return visit.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also received six completed questionnaires, which also expressed satisfaction with the service provided.

The most recent published Friends & Family Test results showed that 92% of patients would recommend the practice.

The Simpson Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to The Simpson Centre

The Simpson Centre provides GP services from two surgeries to 17,500 patients in and around the market town of Beaconsfield and nearby village of Penn in Buckinghamshire. The practice serves an area with very low levels of deprivation. Ethnicity based on demographics collected in the 2011 census shows the population of the surrounding area is predominantly white British. It has fewer patients aged between 15 and 40 than the national average, and more aged 14 and under and 40 and over.

Just below 57% are in paid employment or full time education compared to the national average of 62%; among those in employment, a high number commute to work in London or other larger towns. Owing to house building projects in the area and the practice's commitment to accepting out of area patients when medically appropriate, patient numbers have increased by about 1,100 since the beginning of 2014.

The patient population has a life expectancy between four and five years longer than the national average, and the practice provides support to three local care homes, including one with a specialist dementia unit. In total, 50% of its patients have a long standing health condition, compared to the national average of 54%.

The practice has nine GP partners, six female and three male, and four salaried GPs, three female and one male, equivalent in total to 7.6 whole time GPs. There are four practice nurses, equivalent to 3.7 whole time, and two healthcare assistants. A phlebotomist is available on site three days a week at The Simpson Centre, and one day a week at The Penn Surgery.

The practice has been a training practice for more than 30 years, but does not current have any GP Registrars owing to the recent retirement of its GP trainer. Its newest partner is due to commence his GP trainer training in early 2017, after which the practice will again accept trainees. GP Registrars are qualified doctors who are undertaking additional training to gain experience and higher qualifications in general practice and family medicine.

The practice is open from 8.30am to 6.30pm Monday to Friday at both surgeries, with extended hours appointments four evenings a month, alternating between the surgeries, and from 8.30am until 11am on alternate Saturdays. A duty GP is available for emergency telephone calls and appointments from 8am on weekdays. The out of hours service is provided by Buckinghamshire Urgent Care and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained in the practice leaflet, on the patient website and on a recorded message when the practice is closed.

Services are delivered from:

The Simpson Centre

70 Gregories Road

Beaconsfield

HP9 1PS

And

The Penn Surgery

Detailed findings

Elm Road

Penn

HP10 8LQ.

The Simpson Centre is a large converted 1950s house, which has been extended since becoming a GP surgery in the 1970s. The Penn Surgery is a purpose built building, built about eight years ago. The surgeries share a patient list, but patients are allocated to named GPs at one of the surgeries depending on where they live, and are encouraged to attend appointments at that location in most instances. The GPs are each based at one of the surgeries, with the nursing team and some non-clinical staff working across both sites.

We visited both surgeries as part of this inspection. The practice has not been previously inspected by the CQC.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 September 2016. During our visit we:

- Spoke with a range of staff, including four GPs, two nurses and members of the non-clinical team, and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where an incorrect patient was given a blood test after attending the treatment room when another patient had been called, clinical staff were advised to always double check paperwork and confirm patient details before carrying out any procedure.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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.
- 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).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, the medicine fridges at The Simpson Centre were found not to have back-up thermometers to ensure that cold storage temperatures were effectively monitored if the main thermometers failed. The practice informed us that back-up thermometers had previously been purchased, but not installed. These were installed immediately following inspection, and spares ordered.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored when the practice was closed, and there were systems in place to monitor their use. However, we were told that clinical staff did not always lock the doors of consultation rooms when leaving them empty during the day, which could provide access to blank prescription forms. There was also a printer on the reception desk at The Simpson Centre which put blank and completed prescriptions in reach of non-staff members. The day after inspection, the practice moved this printer away from the front desk area, and informed us that they planned to install key pads on all doors.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for

Are services safe?

the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- However, a number of risk assessments were found to have not been completed within the required period for fire, electricals and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice responded to this by arranging for assessments to be completed within a fortnight of our inspection visit.

- The practice had other risk assessments in place to monitor safety of the premises, such as the control of substances hazardous to health and infection control. The practice carried out regular fire drills. All portable electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2014/15 were 96% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the clinical commissioning group (CCG) and national average, with 77% of patients with diabetes achieving a target blood level of 64mmol or below compared to the CCG average and national average of 78%.
- Performance for mental health related indicators was at or above the CCG and national average, with
- For patients with dementia, 94% had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 86% and the national average of 84%.
- The percentage of patients with asthma having had a full review of their condition in the preceding 12 months was below CCG and national averages, at 67% compared to the CCG and national averages of 75%.

However, the practice demonstrated work it had taken to address this, including the review of patients using high dose steroid inhalers to ensure that they were being prescribed and used appropriately.

Exception reporting in nine of the 16 clinical and three of the five public health domains was below the CCG and national averages. The overall QOF exception rate for 2014/15 was 6%, which was below the CCG average of 8% and the national average of 9%. (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). For rheumatoid arthritis and contraception the practice had an exception rate of 0%, compared to CCG and national averages of between 3% and 7%.

- However, exception reporting for patients with cancer was 23% compared to a CCG average of 14% and a national average of 15%. The practice clarified that these exceptions were automatic as they were existing rather than new cancer cases. It demonstrated that its decisions to except patients were made by GPs and clearly recorded and audited. It had also undertaken work focussed on cancer diagnosis to see if any lessons could be learnt from cases which had been diagnosed via emergency hospital admission rather than through attendance at the surgery.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, as a result of an audit of the prescribing of high dose steroid inhalers for patients with asthma, prescribing of these as a percentage of all inhalers issued to patients was reduced from 40% in 2012 to between 17% and 21% in 2016.

Information about patients' outcomes was used to make improvements. For example, significant event audits of

Are services effective?

(for example, treatment is effective)

cancer diagnosis led to changes in practice such as the nursing team making referrals to GPs if patients with long term respiratory conditions presented as being particularly unwell when attending for routine reviews.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nurses reviewing patients with long-term conditions. One nurse had undertaken a diabetes diploma, and two were trained to support patients with chronic obstructive pulmonary disease
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant service.
- Smoking cessation advice was available on site, and referrals to a dietician were available when appropriate.
- The practice's uptake for the cervical screening programme was 76%, which was above the CCG average of 75% and the national average of 82%. There was a policy to offer telephone reminders for patients who did

Are services effective?

(for example, treatment is effective)

not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice also encouraged its patients to attend national screening programmes for breast and bowel and cancer screening. The practice's uptake for the breast cancer screening programme was 78%, compared to the CCG average of 76% and the national average of 72%, and its uptake for the bowel screening programme was 64%, which was above the CCG average of 59% and the national average of 58%.

Childhood immunisation rates for the vaccines given in 2015/16 were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 98% compared to the CCG average of 93% to 97%, and five year olds from 78% to 98% compared to the CCG average of 79% to 96%.

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. The health checks were undertaken by health care assistants, and the practice had achieved one of the highest uptake rates in the CCG area.

Through health checks and opportunistic screening, such as at flu clinics, the practice had increased its prevalence of diagnosed long-term conditions including diabetes, atrial fibrillation and chronic obstructive pulmonary disease (COPD). It had screened more patients for atrial fibrillation than any other practice in the CCG, had increased its prevalence of COPD by 50% in the last three years, and had undertaken a coding audit of patient notes to ensure that all patients with diabetes and displaying signs of pre-diabetes were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Six of the cards referred to difficulties in getting appointments at the best time or with a preferred GP.

We spoke with five members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 97% 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%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

Are services caring?

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

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 102 patients as carers (fewer than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice was currently undertaking a carers project with support from its patient participation group, and was planning to undertake a workshop event for local carers as part of this.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice had undertaken a sip feed project, funded by the CCG but led by the practice, at a local care home, to improve the nutrition of residents by replacing the use of prescribed oral nutritional supplements with homemade equivalents. The work was undertaken with the support of a pharmacist and dietician, to provide training for kitchen and care staff, and to educate the practice team in the Food First approach to managing malnutrition and dehydration. As a result, the cost of sip feed prescribing reduced by about £8,000, the practice adopted the Food First approach as a priority for all elderly patients with nutrition and hydration concerns, and the care home provider implemented the approach at all its homes in the UK.

- The practice offered appointments two evenings a week until 8pm, and on Saturday mornings for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- "Continuity" appointment slots were allocated for when GPs wished to see a patient again shortly after an initial consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. However, the practice did not have an aid to assist patients with hearing difficulties at The Simpson Centre, and although a hearing loop was installed at The Penn Surgery, staff did not know how to work it. The practice responded to this following inspection by ordering a hearing loop for The Simpson Centre, and undertaking a maintenance review and staff training for the existing aid.

- One of the GP partners had trained in insulin initiation, and was able to provide this service to patients with diabetes on site, to avoid hospital visits.
- The practice had home blood pressure and electrocardiogram machines available to assist patients in monitoring their condition.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Thursday, and from 8.15am to 6.30pm on Fridays. Telephone lines were open from 8am on weekdays. GP appointments were available between 8.50am and 5.50pm at The Simpson Centre and 8.20am and 5.50pm at The Penn Surgery on weekdays, with evening surgery four days a month, alternating between the surgeries. Appointments were also available on alternate Saturday mornings from 8.30am to 11am.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. There was a duty GP available from 8am to 6.30pm on weekdays for emergency telephone calls and appointments. The Simpson Centre held come-and-wait clinics for emergency appointments which could not be fitted into planned slots every weekday lunchtime and at the end of clinic. The Penn Surgery ran a triage system to assess emergency cases on the telephone, and if no slots were available, these patients were seen at the end of the day.

Results from the national GP patient survey 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 to the CCG average of 73% and the national average of 76%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

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

Listening and learning from concerns and complaints

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

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

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

We looked at four complaints received in the last 12 months and found that these were dealt with satisfactorily and in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following two incidents of mis-communication with patients about home visits, it was agreed that reception staff would advise patients or relatives as appropriate when expected home visits by a GP could not take place for any reason.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice strategy and mission statement were displayed on the wall in the waiting rooms and discussed in all staff annual appraisals.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice had not completed risk assessments for fire, legionella or electrical installation within the required timescales, and had failed to identify the risks of leaving consulting rooms unlocked or prescriptions within reach of patients.

Leadership and culture

On the day of inspection the partners in 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. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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 training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG, which comprised of patients from both surgeries, met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. It had recently undertaken its second patient survey via email and had received more than 1,200 responses. It was due to meet with the practice to share findings. The PPG had also been

Are services well-led?

Good 

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

involved in the trialling of the new automated telephone appointment booking system, and had promoted it to patients via its newsletter and through presentations at local community organisation meetings. The newsletter was available in the waiting rooms at both surgeries and by email to a mailing list of 1,200 patients. The group held annual public meetings with guest speakers, and was planning the first in a series of three-monthly education evenings featuring talks from health professionals. The group had also been involved in the running and promotion of the annual flu clinics and was planning a series of carers workshops with the practice.

- The practice had gathered feedback from staff through team meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, and told us they felt involved and engaged to improve how the practice was run. They gave a number of examples of when the practice had listened to staff feedback, including ensuring that secretaries at both sites could access the same IT system to share the workload, and recruiting a replacement for a retiring staff member several months in advance to provide a long handover period.
- The practice had also identified at its last round of staff appraisals that staff did not always feel informed about

what was going on at the practice. As a result, all practice learning sessions, which were mandatory for all staff members, commenced with a staff briefing on any changes or developments.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had undertaken a falls avoidance project after winning a CCG funding bid for projects focussed on reducing accident and emergency attendance. The 100 patients at most risk of falls were identified, with 74 of these attending a physiotherapy assessment, and receiving recommendations including referral to the local falls clinic, suitable footwear and identifying hazards around the home. All the recommendations were reviewed by the patients' GPs, and there was a high patient satisfaction rate in feedback.

The practice had also continued a pharmacist project initially started with CCG funding to review the medicines for patients residing at a local care home. After the end of the initial project, the practice had employed the pharmacist to review medicines for all vulnerable patients, including the elderly, house bound and those living alone, patients on multiple medicines, and patients with chronic diseases.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services 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 the registered person did not do all that was reasonably practicable to assess, monitor or mitigate risks relating to the fire, electrical installation or legionella, or to the storage of blank and completed prescriptions in consulting rooms and the reception area.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>