Dr Fitton and Partners

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 Dryland Surgery on 24 November 2015. Overall the practice is rated as good. However, we found the domain of safety to be requiring improvement.

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.
- Risks to patients were assessed and managed with the exception of recruitment procedures.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment although there were gaps in training for some staff.
- Patients satisfaction levels were generally above average and they said they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP which was facilitated by their personal patient list system which ensured continuity of care. Urgent appointments were 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, although there was no formal appraisal process. The practice sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

Summary of findings

To ensure DBS checks are carried out for all clinical staff and that risk assessments are carried out for to ascertain whether non clinical staff who undertake chaperone duties require a DBS check.

To ensure that thorough pre-employment checks are carried out on all staff.

To ensure the safe and secure storage of prescription pads.

To ensure that non clinical staff carrying out chaperone duties are appropriately trained.

The areas where the provider should make improvement are:

To establish a system for formal regular staff appraisal

To establish a system to ensure staff receive appropriate regular training and updates in areas such as infection control and fire.

To ensure regular fire drills are carried out.

To review the procedure for checking and recording emergency equipment.

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?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Patients and relatives receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, pre-employment checks were not complete and DBS checks had not been carried out for all clinical staff. In addition, non-clinical staff carrying out chaperone duties were not trained and had not had a DBS check. The arrangements for storing prescription pads were not robust. There was also no system for ensuring regular mandatory training took place or appraisal of staff.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- 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 no process for formal appraisals, however, staff told us they were able to discuss any areas of personal development or training with the practice manager at any time.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Results from patient surveys showed that patients rated the practice higher than others for almost all aspects of care and reported high levels of satisfaction.
- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP as the practice operated a personal list system facilitating continuity of care. Urgent appointments were also available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings which incorporated governance.
- 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. Although there were some areas where risk had not been well managed around recruitment and pre-employment checks.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on via a virtual patient reference group which was active online.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered open access to the treatment room every day.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The nurse practitioner had daily appointments to deal with on the day emergencies for patients with long term conditions.
- The practice had achieved above average outcomes in long term conditions such as asthma, hypertension and depression.
- Longer appointments and home visits were available when needed and the practice were flexible to allow for when patients were reliant on relatives to bring them to the surgery.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people 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

Good

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.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.

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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered appointments on Saturdays to allow access for those patients who worked during normal hours.

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 those with a learning disability and offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice carried out regular reviews of patients

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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 hosted the well-being worker for two sessions per week to support this group of patients.
- It 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed that the practice was performing above the local and national averages in all areas. There had been 266 survey forms distributed and 114 had been returned representing a 42.9% response rate.

- 91% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 87% found the receptionists at this surgery helpful (CCG average 85%, national average 86%).
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 96% said the last appointment they got was convenient (CCG average 92%, national average 92%).
- 84% described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 84% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 completed comment cards which were all positive, without exception, about the standard of care received. Patients remarked on the helpful and caring staff and how GPs and nurses listened and explained their treatment options to them. They also commented on the ease of access to appointments and availability of a GP when urgent access to a consultation was required.

We spoke with nine patients during the inspection. All patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. They told us they were able to book appointments easily and commented on the benefit of open access clinic for treatment room procedures which prevented the need for appointments for routine procedures such as dressing changes.

Areas for improvement

Action the service MUST take to improve

Ensure DBS checks are carried out for all clinical staff and that risk assessments are carried out for to ascertain whether non clinical staff who undertake chaperone duties require a DBS check.

Ensure that thorough pre-employment checks are carried out on all staff.

Ensure the safe and secure storage of prescription pads.

Ensure that non clinical staff carrying out chaperone duties are appropriately trained.

Action the service SHOULD take to improve

Establish a system for formal regular staff appraisal

Establish a system to ensure staff receive appropriate regular training and updates in areas such as infection control and fire.

Ensure regular fire drills are carried out.

Review the procedure for checking and recording emergency equipment.

Dr Fitton and Partners

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 advisor, and a practice manager specialist advisor.

Background to Dr Fitton and Partners

Dryland Medical Centre provides primary care medical services to approximately 12,600 patients who live in Kettering and the surrounding areas. Data shows that there is not a significantly high level of deprivation in the area. The practice has a slightly higher than average population of patients between in the 40 to 55 year age group and over 65 years.

Services are provided under a Personal Medical Services (PMS) agreement from a two storey building, where consultations take place on the ground floor. PMS agreements are locally negotiated contracts between NHS England and a GP practice.

The practice has five GP partners who employ two salaried GPs, a practice manager, three nurse practitioners, five practice nurses and a health care assistant. They are supported by a team of reception and administration staff.

The practice is open from Monday to Friday from 8.00am until 6.30pm and the nurses treatment room is open from 9am until 12.45pm and 2pm until 5.45pm. The practice is also open on Saturdays from 8am until 11.30 for pre-booked appointments. When the practice is closed services are provided by Integrated Care 24 via the 111 service.

Why we carried out this inspection

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

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

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

Detailed findings

- 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)

Before inspecting the practice, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 November 2015. During our inspection we spoke with a range of staff, including GPs, the practice manager, nurses, a health care assistant and reception and administrative staff. We also spoke with patients who attended the practice that day and we observed how staff assisted them when they arrived at the practice and how they dealt with requests for appointments. We had asked patients to leave comment cards and share their views regarding the practice and the service they received and we reviewed these during our inspection.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

We saw evidence of an effective system in place for reporting and recording significant events. The practice recorded significant events using red, amber and green forms to allow easier identification and prioritisation for discussion. Staff told us that events identified as priority were discussed at the daily practice meeting and immediate actions implemented as well as being discussed at the next fortnightly business meeting. All events were recorded and logged showing the staff involved, discussions that took place and actions as a result. We saw evidence that the practice had carried out a thorough analysis of the significant events over the last two years. Staff we spoke with throughout the practice were familiar with the procedure and told us they would inform the practice manager of any incidents as well as recording it on the appropriate form.

The practice manager received safety alerts and disseminated them to the appropriate staff for action. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that when an error had occurred it had been investigated and discussed at the next business meeting to determine how a recurrence could be avoided. The patient involved had been contacted by the GP with an explanation.

Overview of safety systems and processes

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

Discussions with staff demonstrated that arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and all staff were aware of who this was. The GPs discussed safeguarding at monthly multi-disciplinary meetings and practice meetings and there were regular updates and discussions with the GP lead at the practice. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

The practice had a risk assessment guidance which set out their considerations when risk assessing the need for Disclosure and Barring Service (DBS) checks for staff. This stated that all clinical staff would have a DBS check and non-clinical staff would not act as chaperones and would therefore not require one. However, whilst nurses carried out chaperone duties Monday to Friday, the practice told us that since Saturday had been introduced there were occasions when reception staff might be required to perform this task. We noted that reception staff had not been trained to chaperone and also did not have a DBS check.

We noted that the practice had not carried out DBS checks for two nurses who had been working at the practice prior to the introduction of the mandatory requirement to carry out these checks. The practice risk assessment stated that all clinical staff would have DBS checks. There were notices around the practice informing patients that a chaperone was available if required. 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).

We observed the practice to be visibly clean and tidy and staff maintained appropriate standards of cleanliness and hygiene. One of the GPs was the infection control clinical lead who worked with one of the practice nurses to ensure infection control procedures were in place. There was an infection control protocol in place and an audit had been carried out and appropriate actions taken. Not all staff had received recent infection control training, however, staff we spoke with were able to demonstrate they had knowledge of basic infection control procedures, and had received in house training in the past.

The practice had arrangements for managing medicines, including emergency drugs and vaccinations, in the practice that kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. There was an appropriate system in place for the removal of prescription pads by GPs and they were

stored in an area away from the public and the room was lockable. However, the prescriptions were accessible to a wide range of staff who used the room where they were stored on open shelves and during our inspection we noted the door was not locked. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed two personnel files and found that partial recruitment checks had been undertaken prior to employment, but noted that the practice had not demonstrated how they assured themselves of applicants conduct in previous employment or carried out occupational health screening for staff. The records we looked at did contain a DBS check, induction checklist and medical indemnity for the clinical staff and a risk assessment for the non-clinical staff member, as well as a full employment history.

Monitoring risks to patients

Risks to patients were assessed and managed in some areas. 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 showing the practice manager was the responsible person for this. The practice had carried out a fire risk assessment in November 2014 and tested the fire alarm weekly, although, there was no record of any fire drills taking place or any fire training. However, staff we spoke with did know what to do in the event of a fire. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella and asbestos.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a colour coded rota system in place for all the different staffing groups to ensure that enough staff were on duty. Reception and administration staff were trained to deal with other areas when necessary.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. We saw they had an emergency incident procedure policy and a disaster recovery plan which included business continuity. This was updated yearly, was comprehensive and demonstrated to staff how they would function following a major incident. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

All staff had received basic life support training and update training had been arranged for April 2016. There were emergency medicines available in the treatment room. Nurses and administrative staff could describe what to do in an emergency and knew the location of the emergency equipment. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit available. All the medicines we checked were in date and fit for use, although we noted that whilst new defibrillator pads had been ordered and received into the emergency equipment, the staff had not removed the old ones.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice operated a personal GP list system for all patients and encouraged all patients and staff to maintain this whenever practical to ensure effective and safe assessment and continuity of care. Patients we spoke with confirmed they almost always saw their own GP. The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. 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 Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014/15 showed the practice had achieved were 95.6% of the total number of points available, with 5.5% exception reporting. This practice had achieved between 1% and 4% above the CCG average and between 2% and 8% above the national average number of points in disease areas such as, asthma, atrial fibrillation, cancer, dementia, depression and hypertension, but had achieved below the CCG and national average in areas such as diabetes and chronic obstructive airways disease (COPD) and chronic kidney disease. The practice had a lead for the QOF who was proactive and carried out quarterly audits to determine where additional work was required to address areas where care could be improved. The named GP for all patients were contacted monthly by email to remind them to check their patients to ensure they had all been appropriately coded and included in the necessary registers.

We saw that the practice carried out regular clinical audits which demonstrated quality improvement. We saw an example where an audit had been carried out in response to a recent significant event regarding medication which had resulted in improvement in care. The clinical staff met daily to discuss any areas of care or issues regarding patients to determine if any changes were required. They also held monthly multi-disciplinary meeting to share information and review care of patients with complex needs.

There had been several clinical audits carried out in response to changes in NICE guidance, for example in areas such as COPD treatment, and changes in administration of aspirin to patients with specific conditions. These were completed audits where the improvements made were implemented and monitored. The practice also engaged with the CCG and participated in local audits and those concerning prescribing.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, health and safety and confidentiality.

At the time of our inspection the practice did not have a system to demonstrate how they ensured role-specific training and updates for mandatory training for relevant staff. However, the staff we spoke with had received role specific training in areas such as reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. For example, one of the nurses had undertaken training in insulin initiation. We noted that the practice had recently changed the role of one of the nurses to be responsible for training and plan for the revalidation of nurses.

Both clinical and non-clinical staff told us that the practice operated an open door policy and that if they identified any issues or training and development needs they could go to the practice manager at any time to discuss these. However, the practice had no formal process of appraisal and there was no evidence of any personal development plans. Staff told us that they would have found an individual formal appraisal beneficial but that they had had appropriate training to ensure they could carry out their role effectively and felt they could approach the practice regarding development needs at any time. We spoke to a recently appointed nurse who told us they had received a thorough training programme, supervision and support

Good

Are services effective?

(for example, treatment is effective)

since starting their new role. Staff told us the practice was always supportive if they identified any training needs. The clinical staff told us they had meetings where they could discuss clinical issues or issues regarding the practice.

Staff had received some training that included, safeguarding, fire procedures, basic life support but there was no formal training programme to ensure that all training is identified and offered at appropriate intervals. The practice manager was investigating establishing an e-learning training package as well as offering 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. The practice also communicated via email any relevant information which became evident regarding patients.

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff were also able to demonstrate that when providing care and treatment for children and young people they 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, where appropriate, recorded the outcome of the assessment.

We saw that for appropriate procedures implied consent was sought, but where minor surgery and contraceptive procedures were undertaken then the practice completed a written consent form in line with recommended guidance and stored it in the patient's record.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. Patients were signposted to the relevant services. The practice held a smoking cessation clinic to offer support to patients who wished to stop smoking. They also participated in the enhanced service for patients at risk of admission to hospital.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 74.2%, which was below the CCG average of 81.9% and the national average of 81.8%. However, we noted that the practice exception rate was only 1.2% compared to the CCG and national average of 5.4% and 5.1% respectively. The practice told us the nurses were reviewing the patients list and contacting patients to encourage attendance. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and we saw posters advertising this in the waiting areas.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 96% and five year olds from 85% to 98%. Flu vaccinations were offered to patients who met the criteria.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 years. These were carried out by the health care assistant who had received appropriate training. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services effective?

(for example, treatment is effective)

The practice hosted the well-being worker in the practice for two sessions per week to offer support to patient suffering with mental health issues. They also offered mental health and dementia reviews which included carers.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard. The practice induction programme for new staff included customer services training which staff reported had enabled them deal with patients appropriately.

We reviewed 19 CQC comment cards which patients had left prior to our inspection. All of the cards were positive regarding the practice and how they were treated. Patients commented on friendly staff and GPs who treated them with respect and maintained their dignity. Comments referred to all levels of staff and demonstrated satisfaction with the service they received. They commented specifically on the benefit of the open access clinic provided and the personal service they received. Patients said they felt safe and well cared for at the practice.

We also spoke with nine patients who attended the practice during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us the reception staff were very helpful and the GPs were very good. All patients reported a high level of satisfaction which was supported by the results of the national patient survey. The survey results published in July 2015 showed patients reported comparable or higher than the CCG and national satisfaction in all areas. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 85%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 87% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. Some patients commented on good communication between the practice and secondary care when managing their condition jointly. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there was information on dementia services, sexual health clinics, cervical screening, Parkinson's disease support and Alzheimer's disease literature.

The practice's computer system alerted GPs if a patient was also a carer and they were offered specific health services such as influenza vaccines. Written information was available to direct carers to the various avenues of support available to them.

Good

Are services caring?

We spoke with patients who gave us examples of when they had been contacted by their GP following a bereavement and reported they had been well supported and signposted to additional support groups available.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, patients reported they preferred to continue seeing their own named GP and despite difficulties in recruiting GPs the practice had prioritised maintaining personal GP lists.

- The practice offered extended opening hours on Saturday mornings from 8an until 11.30am for those patients who were unable to attend during weekdays.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

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Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from in between those times and the practice did not close for lunch. The treatment room staff offered appointments from 9am until 12.45pm and 2pm until 5.45pm. Extended hours surgeries were offered every Saturday for pre booked appointments. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available every day for people that needed them. These patients were seen by the nurse practitioner in the first instance who would refer on to the GP if appropriate. The practice also offered an open access treatment room facility which operated from 9am until 1pm and 2pm until 6pm when patients could arrive to be seen without an appointment for treatment room procedures such as dressings.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was high compared to local and national averages. People told us on the day that they were almost always able to get appointments when they needed them.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 84% patients described their experience of making an appointment as good (CCG average 72%, national average 73%.
- 84% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 65%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. These were generally dealt with by the practice manager dependent on the nature of the complaint. The practice manager would liaise with the GP if complaints were of a clinical nature. The practice had a complaints policy and procedure which was in line with recognised guidance and contractual obligations for GPs in England.

We saw that information was available to help patients understand the complaints system but was only available in one area of the practice.

We looked at the six complaints received in the last 12 months and found that they had been satisfactorily handled, dealt with in a timely way with openness and transparency. We saw that apologies had been provided where appropriate and where lessons had been learnt these were documented and shared with staff.

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 providing a personal list system where the practice placed considerable importance on continuity of care to promote patient satisfaction and safer care and treatment.

The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, the practice had been aware of difficulties in recruitment of GPs in the area and had been planning how to overcome this problem, discussing with commissioners the temporary closure of their list for new patients in order to maintain a high quality service.

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
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions although there were some omissions such as mandatory training programmes and appraisals.

Leadership, openness and transparency

The partners in the practice demonstrated a commitment to ensuring high quality care was provided to patients and were continually reviewing and developing plans to achieve this. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The practice demonstrated an awareness and commitment to the requirements of the Duty of Candour through their significant event reporting, complaints management and their culture of openness and honesty within the practice.

There was a clear leadership structure in place and staff felt supported by management. Staff told us that the practice held regular team meetings. Staff who did not attend the meetings told us they were briefed by practice manager who kept all staff up to date with communications within the practice.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at any time and felt confident in doing so and felt supported if they did. Staff told us they felt valued and supported and enjoyed the team work they experienced in the practice and whilst they did not have formal reviews told us they always felt they could approach the manager and felt supported if they needed any development or training.

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 which it gathered from the virtual patient reference group. This was a group of patients who provided their views online about the practice and how it could be improved. The practice also gathered views via complaints and comments received and the Friends and Family Test. The practice had advertised the need for feedback from patients within the surgery and we saw feedback was actively sought in the waiting areas.

The practice developed an action plan from the survey received from patients and addressed the concerns raised. They were experiencing significant staff sickness from both GPs and nursing staff and had carried out several actions to manage to maintain their current level of service to patients. For example, they had advertised for two new nurse practitioners to address the shortage of GPs, employed a locum to deal with the immediate shortage and amended the appointment system to promote better access for patients.

Practice feedback from staff was informal although staff told us they felt able to feedback at any time and felt they were listened to. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and continued to drive improvement specifically through audit and engagement with the local CCG to develop services specific to the needs of the patients in their area.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** We found that the provider had an appropriate recruitment policy and procedure but they had not been followed for some staff to ensure persons employed met the conditions specified in Schedule 3 for the purposes of carrying out the regulated activities. Specifically, this was because appropriate pre-employment checks had not been carried out and recorded such as, Disclosure and Barring checks (DBS) had not been made on some clinical staff that needed this check and satisfactory evidence in previous employment had not been sought. **This was in breach of Regulation 19 (2)(a) (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider was not ensuring the proper and safe management of medicines. Specifically we saw that handwritten prescription pads were stored in an unlocked room in an area which was accessible to all staff including those not employed by the practice. The provider did not ensure that non clinical staff providing chaperone duties had the competence, skills and experience to do so safely. **This was in breach of Regulation 12 (2) (c) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**