

West Meads Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



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?

Requires improvement



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 West Meads Surgery on 5 October 2016. Overall the practice is rated as requires improvement.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The 31 patient comment cards we received and three patients we spoke with on the day of the inspection all stated they were happy with the care and treatment they received.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Most staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed. However, some systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included the completion of recruitment checks, staff training including for safeguarding and chaperoning, and lack of risk assessments and mitigation of risk for the premises including for disabled patients or those with mobility problems.
- 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 and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported.
- The practice had a number of policies and procedures to govern activity, but some had not been dated, were overdue review or contained out of date information.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients, which it acted on
- The patient participation group was active and had made a number of improvements to the practice.

The areas where the provider must make improvement are:

- Ensure that all documents and processes used to govern activity are practice specific and up to date. This includes adult and child safeguarding arrangements, significant events, chaperoning, recruitment, consent and lone working.
- Ensure all staff are up to date with training appropriate to their job role; including adult and child safeguarding, infection control and information governance.
- Ensure recruitment procedures are established and operated effectively to satisfy that staff employed are of good character, such as obtaining references, conducting disclosure and barring scheme checks for clinical staff, identification and employment history.
- Ensure the risks to the health and safety of patients and staff has been assessed and mitigated where reasonably possible, including for electrical safety, legionella, gas safety and that areas where oxygen is stored are clearly signed.
- Ensure that staff who are chaperones receive suitable training and a disclosure and barring scheme check.
- Ensure that staff who conduct home visits receive a comprehensive risk assessment, as per the practice lone working policy.
- Formally document and communicate to all staff the practice governance, strategy and supporting business plan, including information on the practice emergency procedures, including access to the business continuity plan.

In addition the provider should:

- Ensure that the premises is suitable for disabled patients and those who have mobility problems.
- Ensure there are processes in place to satisfy that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in order to meet patients' care and treatment needs, particularly during periods of absence.
- Ensure there are systems and processes in place to assess, monitor and improve the quality and safety of the services being provided by ensuring an on-going audit programme is monitored and acted upon.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice demonstrated that significant events were thoroughly recorded, and that learning was shared effectively with staff.
- 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.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, although we found not all staff had received training appropriate to their role.
- Not all risks to patients and staff were assessed and well managed. Some systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included the completion of recruitment checks, staff training including for safeguarding and chaperoning, and lack of risk assessments and mitigation of risk for the premises including for disabled patients or those with mobility problems.

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.
- 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. The practice provided evidence that most staff had received training, however, we found gaps for example safeguarding, infection control and information governance training.
- All patients had a named GP but could book an appointment with any GP. The practice also had a formal buddy system to ensure that each patient had a second GP to ensure continuity of care.

Summary of findings

- 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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.
- The practice had support processes in place for patients who were carers.

Good



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 to secure improvements to services where these were identified. For example, a GP partner had started a link meeting group for care home managers and other professionals within the CCG. This allowed for improved communication, sharing of best practice and enabled attendees to attend free training.
- 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 equipped to treat patients and meet their needs. This included a self-service blood pressure machine, disabled facilities and baby changing facilities. However we noted there was not an emergency alarm in the disabled toilet.
- The practice offered a variety of services including chronic disease management, family planning, new baby checks and

Good



Summary of findings

baby immunisations. The practice also hosted other services, for example, a specialist diabetic nurse attended once per week for complex issues, and a counselling service also attended once per week.

- 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.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. However, this was not well documented and we found the practice did not have an up to date business plan or strategy.
- There was a clear leadership structure and staff felt supported by management.
- 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.
- Some practice policies were implemented and were available to all staff but we saw policies that had not been dated, were overdue review or contained out of date information.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a focus on continuous learning and improvement at all levels.

Requires improvement



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 requires improvement for the care of older people. The provider was rated as requires improvement for safe and well-led, and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- All patients had a named GP, including those over 75.
- 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.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe and well-led, and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- 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 were comparable to national averages. For example, the percentage of patients with diabetes whose blood glucose level was 64mmol/mol or less in the preceding 12 months was 89% compared to the CCG average of 83% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- We saw examples of well documented and personalised care plans for patients with long term conditions.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a range of services to people with long term conditions. This included clinics for diabetes with a specialist nurse, asthma and hypertension.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe and well-led, and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- 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.
- Clinical staff had received appropriate child safeguarding training. However we found non-clinical staff had not all had training and additionally the practice policy was out of date.
- The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 75% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement 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 offered a full range of health promotion and screening that reflects the needs for this age group.
- The practice was proactive in offering online services including booking/cancelling appointments and an electronic prescribing service.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe and well-led, and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe and well-led, and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- Performance for mental health related indicators were in line with national averages. For example, 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 90% and the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 94% which was comparable to the CCG average of 82% and the national average of 84%.
- 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with or slightly above local and national averages. There were 221 survey forms distributed and 112 were returned. This represented a response rate of 51% and 1.5% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 73%.
- 84% 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 77% and the national average of 76%.
- 90% 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%.

- 86% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered good personalised care and staff were friendly, understanding and caring.

We spoke with three patients during the inspection. These patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They said it was easy to make an appointment but not always with their named GP.

West Meads Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to West Meads Surgery

We inspected the location of West Meads Surgery in Bognor Regis, which provides medical services to approximately 7,600 patients and sees patients from West Meads, North Bersted, Aldwick and Rose Green.

There are three GP partners and four salaried GPs (four female, three male). Collectively they equate to almost five full time GPs. The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

In addition there is a paramedic practitioner, three practice nurses and three health care assistants (all female).

They are supported by the practice manager, an assistant practice manager and a team of reception/administration staff.

The practice is open from 8:30am to 6pm Monday to Friday. A telephone service is available 8am to 6:30pm and outside of the opening hours the practice is serviced by an out of hours provider.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hours service by calling the surgery or viewing the practice website.

Data available to the Care Quality Commission (CQC) shows the practice is located in an area that is considered to be in the sixth most deprived decile nationally. People living in more deprived areas tend to have greater need for health services. Statistically, this practice area has a higher number of people with a long-standing health condition when compared to the national average.

This practice serves a higher than average number of patients who are aged over 65 years when compared to the national average. The number of patients aged from birth to 18 years is slightly lower than the national average.

The practice offers a number of services for its patients including; family planning, minor surgery, hypertension clinics, diabetes care, and travel vaccines.

The practice has a Personal Medical Services (PMS) contract with NHS England. (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Coastal West Sussex Commissioning Group.

At the time of inspection the provider's registration with the CQC was incorrect. The practice told us they were in the process of rectifying this, by updating the Registered Manager and GP partners.

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

Detailed findings

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

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)

Before visiting, 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 5 October 2016. During our visit we:

- Spoke with a range of staff including; GPs, nurses, health care assistants, the practice manager and receptionists/administrators/secretaries.
- We also spoke with three patients who used the service. We were unable to speak with a representative of the patient participation group.
- Observed how people were being cared for and talked with carers and/or family members and reviewed 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.
- Made observations of the internal and external areas of the main premises.
- Reviewed documentation relating to the practice including policies and procedures.

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. We found that the practice had a significant events policy in place however this had not been reviewed since August 2014. 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 and staff we spoke with felt involved in the process, through meetings and minutes that were made available to all staff. We saw in meeting minutes that, following staff suggestion, the practice had ensured that significant events were discussed with all staff at the practice meeting.

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, a patient died having been seen by a GP recently at the surgery. The GP contacted the family on receiving the information and discussed what had happened. The clinical team reflected on the consultation at a meeting and we saw minutes to evidence this had happened. It was felt that the GP had acted appropriately. They discussed learning points and the importance of clear documentation, including recording the clinician thought processes. They also used the meeting to remind GPs to conduct a type of annual review that was related to this case.

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 but these were undated or overdue review, did not provide the lead for safeguarding, contained out of date information and did not include recent updates to legislation. One of the GP partners was the lead for safeguarding. Children and adults at risk were identified on the practice computer system using an alert on their record, for example those at risk of harm, subject to safeguarding procedures or on a child protection plan. The practice also ensured that alerts for children at risk were placed onto the family record, for wider safeguarding identification. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Clinical staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, other clinical staff were trained to level two or three. However, we found that not all non-clinical staff had been trained to at least level one, as staff we spoke with reported they had not received any training at the practice.
- A notice in the waiting room advised patients that chaperones were available if required. We asked the practice if 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). However they did not evidence that training or DBS checks had been completed, and additionally the chaperone policy was found to contain out of date information and had not been reviewed since 2013.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We were told about appropriate cleaning carried out for treatment rooms and the clinical equipment and saw evidence this was recorded. A practice nurse was the infection control clinical lead who attended annual updates and liaised with the local

Are services safe?

infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and clinical staff had received up to date training, using nationally recognised workbooks to support the learning. We were told that non-clinical staff did not receive training other than hand hygiene updates, which were completed at practice meetings and we saw evidence of this in minutes. Annual infection control audits were undertaken and we saw the most recent audit completed in January 2016 along with an action plan that was regularly reviewed to ensure that action was taken to address any improvements identified as a result. Additionally, the practice had also arranged for a clinical waste segregation audit which was conducted in May 2016; a discussion was held at a practice meeting and we saw an action plan to show that issues were being addressed as recommended.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice had a lead for medicines management who provided staff with regular updates on prescribing. There was a policy in place for repeat prescribing. The processes in place for handling repeat prescriptions included regular review of high risk medicines and we saw the practice used templates in line with national guidelines. The practice computer system alerted the GPs if a patient was not managing their medicines as prescribed, for example by not collecting their prescription. The practice also had a process to ensure that housebound patients and care home residents with a long term condition were reviewed by clinical staff who led in this area. We reviewed eight patient records where a prescription had recently been issued and found that these were all issued appropriately. 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 and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. This nurse received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health

Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSDs) from a prescriber. We viewed a sample of PGDs and PSDs and saw they had been completed correctly in line with legislation.

- We reviewed four personnel files to establish whether appropriate recruitment checks had been undertaken prior to employment, such as; references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service (DBS). We found that two files did not contain evidence that references had been obtained, two did not document employment history (clinical staff) and two files did not show that a DBS check had been completed which were both clinical staff members. We saw that the practice had completed risk assessments for non-clinical staff who had not obtained a DBS check.
- Home visits were completed by clinical staff including practice nurses, health care assistants and the paramedic practitioner. However we found that the practice were unable to provide evidence that checks had been completed for those staff driving personal cars, this included their driving licence, MOT and appropriate car insurance. Additionally they were unable to evidence completed risk assessments as per their lone working policy, which we also found contained out of date information. We noted their policies did not contain legislative information regarding driving at work.

Monitoring risks to patients

Not all risks to patients and staff were assessed and well managed.

- 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 staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Two staff members were trained as fire marshals and we saw evidence of fire training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, an electrical safety test was overdue as it had not been completed within the recommended five years, to ensure the safety of the power supply and hard wiring.

Are services safe?

- The practice 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the most recent legionella certificate expired in August 2016; the practice told us a new risk assessment had been conducted in March 2016 but that they had not yet received the report.
- The practice told us that a gas safety check had been conducted but they were not able to evidence this as the report had not yet been received.
- We saw that the practice had some arrangements in place to ensure compliance with the Disability Discrimination Act 1995 in relation to premises. This included that there was ramp access and wide doors and corridors within the building. However, we noted there was no emergency alarm cord in the disabled toilet and no hearing loop.
- The practice did not have a formal arrangement in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We were told this was reviewed occasionally. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and staff told us they covered each other for example for annual leave and during busy periods.

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, but we noted there was no appropriate warning signage on treatment room doors where oxygen was stored. 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held off-site as a backup of the information. However some of the staff we spoke with did not demonstrate an understanding of emergency procedures or knowledge of the business continuity plan.

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. This included that the prescribing lead GP cascaded medicine alerts to clinical staff at practice meetings, where necessary actions were identified. We saw examples from minutes where discussions were held. We also saw searches that were run to identify affected patients and GPs were tasked to review as appropriate.

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 were 100% of the total number of points available, which was comparable to the clinical commissioning group (CCG) average of 98% and national average of 95%.

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

- Performance for diabetes related indicators were comparable to national averages. For example, the percentage of patients with diabetes whose blood glucose level was 64mmol/mol or less in the preceding 12 months was 89% compared to the CCG average of 83% and the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was comparable to the CCG average of 83% and the national average 84%.

- Performance for mental health related indicators were comparable to the national average. For example, 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 90% and the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 94% which was comparable to the CCG average of 82% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice provided evidence of seven clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. All clinical staff were involved in audits within the practice, however we noted that the monitoring and oversight of completed audits could be improved. For example, to ensure that recommendations and follow up audits were completed.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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 and they used an induction pack to ensure all areas were completed. This covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering 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.

Are services effective?

(for example, treatment is effective)

- 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.
- The practice provided evidence that most staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance. We found staff had access to and made use of e-learning training modules and in-house training. We found there were gaps in training that included; child and adult safeguarding, basic life support, infection control and information governance appropriate to their role. We were told that infection control and information governance was not completed for non-clinical staff, but according to their training schedule these were mandatory. We saw that the practice recorded staff training individually and did not have an overall training matrix to provide oversight of staff who had completed their training requirements.

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, medical records and investigation and test results. We also saw examples of comprehensive and personalised care plans for patients with dementia. We noted that the practice conducted thorough and well documented reviews, particularly that they combined appointments with a GP and nurse to complete annual reviews for patients with a learning disability.
- The practice shared relevant information with other services in a timely way, for example when referring

patients to other services. This included that the practice had a robust process to refer patients to be seen by a specialist within a maximum of two weeks where cancer is suspected.

- All patients had a named GP, but were able to see any GP of their preference. The practice also had a formal buddy system to ensure that each patient had a second GP to ensure continuity of care.

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. We saw examples of minutes to evidence that palliative care meetings were attended by the palliative care GP lead along with other representatives for example a hospice nurse and community nurse. We saw evidence that decisions were discussed and logged on the practice computer system.

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.
- We saw examples that 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. This included that we saw comprehensive records of a best interest meeting where the GP clearly documented the patients' wishes and had sought advice from an Independent Mental Capacity Advocacy (IMCA).
- 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:

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Advice on patients' diet and smoking cessation advice was available from local support group. At the time of our inspection the health care assistant was training to provide this from the practice.

The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 75% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for

bowel and breast cancer screening. There were 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.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 96% (national 73% to 95%) and five year olds from 71% to 100% (national 81% to 95%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout our inspection we observed that members of staff were courteous, friendly and attentive with patients both in person and on the telephone. The reception desk area was open but the waiting areas were away from the desk, which meant conversations at the desk could not be overheard. We saw that staff dealt with patients in a friendly, polite and helpful manner. Staff told us that a room could be made available if patients wanted to speak confidentially away from the reception area. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Within consulting rooms we noted that curtains were provided so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

All of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Many of the cards commented that the GPs and nurses were friendly and approachable, taking the time to listen with respect. We also spoke with three patients on the day of inspection, who said they were happy with the care and treatment received. They said that staff were helpful, courteous and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% 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%.

- 86% 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 average of 91% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

We spoke with three patients on the day of inspection who 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:

- 88% 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%.
- 84% 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%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- 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.

Are services caring?

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. We were told that the practice had worked with a leading carers support charity to put together an information pack for carers; we saw this contained information leaflets and useful phone numbers for advice, assessment, respite care and to enquire about an online course for carers. They were also assisting with a project to liaise with a carers health team and intended to host a carers clinic to assess their needs. In addition, the practice had recently hosted a carers week talk at the practice.

The practice's computer system alerted GPs if a patient was also a carer. They had a dedicated "carers champion" and we were told the practice identified 161 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

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, a GP partner had started a link meeting group for care home managers and other professionals within the CCG. This allowed for improved communication, sharing of best practice and enabled attendees to attend free training.

- There were longer appointments available if required. This included younger patients, and those with a learning disability, dementia or poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There was a self-service blood pressure machine available to all patients in the waiting room. The practice also had baby changing facilities, and translation services available.
- Same day appointments were available for children, and those patients with medical problems that require same day consultation.
- Patients had online services available that included booking/cancelling appointments and ordering repeat prescriptions.
- Appointments were offered to patients with no fixed address.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice offered a variety of services including chronic disease management, family planning, new baby checks and baby immunisations. The practice also hosted other services for example a specialist diabetic nurse attended once per week for complex issues, and a counselling service also attended once per week.
- The practice was part of an excluded patient scheme set up by NHS England with other surgeries in the area, for this they saw patients, who had been excluded from other practice lists, within a dedicated clinic once per week.
- A befrienders group was hosted by the practice once per week, which brought together socially isolated patients

twice per month at the practice. On the day of our inspection we saw this very popular meeting taking place. We were told it had been identified and set up by the practice participation group.

- The practice regularly attended to the residents of nearby care homes to provide services that included medicine reviews and health checks. We received very positive feedback from the manager of the one of these care homes who was happy with the care and treatment provided to the residents, stating the paramedic practitioner who completed the visits was polite and professional, offering advice when needed. It was commented by the manager that GPs and nurses are kind and supportive, with appointments being on time and not rushed. The practice was also complimented on their help and support with terminally ill patients, those with long term conditions and on the care home link meeting which had been an invaluable learning tool.

Access to the service

The practice was open between 8:30am to 6pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 79%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 84% 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 77% and the national average of 76%.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them. The 31 comment cards we received contained positive comments about the appointment system and many specifically commented on the reception staff, stating they are helpful, respectful and kind.

The practice had a system in place to assess:

Are services responsive to people's needs?

(for example, to feedback?)

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP or paramedic practitioner home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available on notice boards and leaflets in the waiting room to help patients understand the complaints system.

We looked at six complaints received in the last 12 months and we saw evidence that they had been fully investigated, with transparency and openness. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care.

Are services well-led?

Requires improvement 

(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 on a board in the staff area and staff knew and understood the values.
- The practice did not have an up to date strategy or business plan.

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, but we found key policies that were overdue, undated or containing out of date information. This included for safeguarding, chaperones, consent, and whistleblowing.
- An 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, however we found the practice lacked processes to ensure oversight of completed audits.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but we found areas for improvement. This included the completion of recruitment checks, staff training including for safeguarding and chaperoning, and lack of risk assessments and mitigation of risk for the premises including for disabled patients or those with mobility problems.

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 and 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. This included a partner and manager meetings, clinical meetings with GPs and nurses, whole practice meetings and individual staff 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.
- Many staff commented that working at the practice was like being part of a family and they said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Clinical staff told us they felt very supported and encouraged to progress in their career. For example the practice was supporting a Health Care Assistant to become a nurse, and a practice nurse had been supported and mentored through a prescribing course.

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

Are services well-led?

Requires improvement 

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

through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We asked to speak with a member of the PPG but we were unable to do so as the practice did not provide contact details. However the practice gave us examples of minutes from a recent PPG meeting and from an annual general meeting. We saw that the PPG had approximately nine attending members and they had assisted the practice by fundraising and had purchased equipment, including a diagnostic machine used for early diagnosis of skin cancer. They also discussed events such as helping with the carers week, and future events including a Christmas party for the befrienders group. We saw they planned to promote the group in the waiting area and plans to link with a local hospital to visit terminally ill patients.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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. For example the practice was part of a test and learn pilot project with five other local surgeries, training care home staff to perform foot checks for patients with diabetes.

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>We found that the registered provider had not always ensured that effective systems were in place to assess the risks to the health and safety of service users of receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks.</p> <p>This included that the provider had not:</p> <ul style="list-style-type: none">• Ensured the risks to the health and safety of patients and staff had been assessed and mitigated where reasonably possible, including for electrical safety, legionella and gas safety.• Ensure that the premises was suitable for disabled patients and those who have mobility problems. For example a way to raise an alarm in the disabled toilet.• Appropriately marked areas in which oxygen was stored. <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the provider had not:</p> <ul style="list-style-type: none">• Ensured that all documents and processes used to govern activity were practice specific and up to date. This included adult and child safeguarding arrangements, significant events, chaperoning, recruitment, consent and lone working.• Formally documented and communicated to all staff the practice governance, strategy and supporting business plan.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- We found that the registered provider had not ensured systems and processes were established and operated effectively to ensure that all staff had received training at the suitable level for their role. Including adult and child safeguarding, chaperoning, infection control and information governance.
- Ensured that staff who conduct home visits received a comprehensive risk assessment, as per the practice lone working policy.

This was in breach of regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had failed to ensure that recruitment procedures were established and operated effectively to satisfy that staff employed are of good character, including obtaining references, conducting disclosure and barring scheme checks for clinical staff, identification and employment history.

This was in breach of regulation 19 (1) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.