Forest Group Practice

Quality Report

Bury Road, Brandon, Suffolk
IP27 0UB
Tel: 01842810206
Website: swansurgery.org.uk

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Forest Group Practice on 8 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice used a range of assessments to manage the risks to patients; however, these needed to be improved.
- Practice staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge, and experience to deliver effective care and treatment. However, the management oversight of the training undertaken needed to be improved.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it relatively easy to make an appointment with a named GP.
- The practice premises restricted their ability to further improve some aspects of the service. For example, the reception area was small and patient confidentiality was compromised, the practice played a radio to help the situation.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make changes are;

Summary of findings

- Ensure that the actions identified in the fire risk assessment are completed and that the practice conducts regular fire drill and formal awareness training. Ensure that fire exit that is accessed through a treatment room has clear signage so that staff and patients are aware.

The areas where the provider should make improvement are:

- Develop a system to ensure that regular audits are undertaken to monitor quality and performance and to encourage improvement.
- Review the practice training log to improve management oversight. When requested the practice had not been able to produce all the information easily.
- Review the system and ensure all clinical staff immunisations are recorded.
- Embed the new system to manage infection control monitoring and audit.

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 safe services.

- Improvements were needed to ensure that risks to patients were assessed and well managed. For example fire safety.
- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embeded systems, processes, and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for 2014-2015 were generally above local and national averages.
- Practice staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice did not have a record of clinical audits to encourage quality improvement. They shared with us a detailed plan to address this.
- Practice staff had the skills, knowledge, and experience to deliver effective care and treatment.
- All practice staff took part in 360 degree feedback to aid their appraisals and to structure their personal development plans.
- Practice staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

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.

Summary of findings

- 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 practice staff treated patients with kindness and respect, and information confidentiality.
- We saw that practice staff made every effort to maintain patient confidentiality at the front desk, for example, they played a radio with soft music to distract patients who were in the waiting areas and within hearing distance. The practice was unable to improve this because the premises were restricted and they did not have the option to redesign the layout.

Are services responsive to people's needs?

Good

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, the practice identified the need for a mental health link worker to be allocated to the practice.
- Patients said they found it relatively easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Appointments to see GPs and nurses were available on Saturdays.
- Phlebotomy and GP services were held in the village of Mundford for those patients that needed them.
- Despite being in premises identified as needing expansion, the practice had made every effort to provide 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 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.

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

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. However, some of the systems and processes needed to be improved or those that had recently been introduced needed to be embeded into the culture of the practice.
- Governance meetings were held regularly and learning was shared. A comprehensive monthly newsletter to all staff ensured that staff were kept up to date with changes.
- The overarching governance framework that supported the delivery of the strategy and good quality care needed to be improved. The practice had not undertaken regular fire drills, and the infection control systems needed to be embedded.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a virtual patient participation group.
- There was awareness on succession planning, 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice proactively cared for patients who lived in care homes and undertook regular visits.
- Home visits were available for patients who needed them.
- The practice actively encouraged patients to attend a falls prevention exercise class in the local leisure centre.
- A two weekly GP session and a weekly phlebotomy clinic were held in the village of Mundford for those patients who found it difficult to attend the main site.

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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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 in line with the national averages for all standard childhood immunisations.

Summary of findings

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

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 Saturday mornings for both GPs and nurses enabling patients that could not attend during the weekdays to access appointments. Telephone appointments were available for those that wished to seek advice in this way.

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.

- There was a lead GP and the practice held a register of patients living in vulnerable circumstances including homeless people, travellers, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Not all the practice staff had received training, but the staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- The practice had 65 patients diagnosed with dementia on the register. 90% of these patients had received an annual review. Many of the remaining 10% lived in care homes and had GP reviews throughout the year. The reviews included advance care planning. The practice had installed a clock in the waiting room which was specially designed to help patients with dementia manage their anxiety relating to time issues.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. A mental health link worker was available on site.
- 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. GPs demonstrated that they managed complex patients with care plans and continuity of care.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 226 survey forms were distributed and 114 were returned. This represented 50% response rate.

- 89% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and the national average of 73%.
- 88% 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 87% and the national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 82% 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 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards and we spoke with three patients, all reported positive comments about the standard of care received and that there had been significant improvements since this partnership took over.

Areas for improvement

Action the service MUST take to improve

- Ensure that the actions identified in the fire risk assessment are completed and that the practice conducts regular fire drill and formal awareness training. Ensure that fire exit that is accessed through a treatment room has clear signage so that staff and patients are aware.

Action the service SHOULD take to improve

- Develop a system to ensure that regular audits are undertaken to monitor quality and performance and to encourage improvement.
- Review the practice training log to improve management oversight. When requested the practice had not been able to produce all the information easily.
- Review the system and ensure all clinical staff immunisations are recorded.
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Forest Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards and we spoke with three patients, all reported positive comments about the standard of care received and that there had been significant improvements since this partnership took over.

Background to Forest Group Practice

The practice is situated on the Suffolk Norfolk borders and covers the area of Brandon and thirteen local villages. They offer health care services to 7,000 patients. A two weekly GP service, (this is a limited service) and a weekly phlebotomy service is held in the village of Mundford (a suitable room in the village hall) for those patients that find it difficult to travel to the main site at Brandon. We did not inspect the room at Mundford.

The partnership took over the practice in 2012 and they hold an Alternative Provider Medical services (APMS) contract (until 2020), and operate from premises where there is no facility to expand. Prior to 2012, the practice told us that NHS England had recognised the practice as failing and needing improvement. The improvements identified included the premises. On the day of the inspection, the practice told us that although discussions are still being held, there is no decision on the alternative accommodation. The partners have another GP practice in the nearby city of Bury St Edmunds.

- There are currently six GP partners (four male and two female) and three salaried GPs, who either work solely at Forest Group Practice or across both sites. There are also three practice nurses (one works solely at the Forest Practice), one nurse practitioner, one healthcare assistant/phlebotomist.
- A team of administration and reception staff support the practice manager.
- The practice is open between 8am and 6.30pm Monday to Friday and offers pre booked GP and nurse appointments on Saturdays from 8.30am to 12pm.
- If the practice is closed, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.
- The practice profile for age range of patients over 50 is higher than the national average. The deprivation score is below the England average, however the practice told us that it is higher for the county of Suffolk. Unemployment in the practice population is lower than the England average, the percentage of patients who provide unpaid care is in line with the national average.
- Male and female life expectancy in this area is in line with the England average at 79 years for men and 84 years for women.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 August 2016. During our visit we:

- Spoke with a range of staff (GPs, the practice manager, nursing staff, practice medicines team, receptionists,) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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. GPs were trained to child protection or child safeguarding level three.
- Yellow forms were available for staff to report significant events; these were logged and investigated by the practice manager. We saw that these were investigated and learning shared with staff. The monthly staff newsletter included anonymised reports and the learning shared. The management team shared events and learning from both sites. 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).
- The practice demonstrated that they had a system to manage any safety alerts received. We found that both GPs and nursing staff had received the alerts and had taken action, for example the nurse practitioner took the lead for an alert received June 2016 regarding blood glucose testing strips.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check or had a risk assessment undertaken. (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).

Overview of safety systems and processes

- The practice maintained appropriate standards of cleanliness and hygiene. An infection control clinical lead had been appointed recently and they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and most staff had received up to date training. Annual infection control audits had not always been carried out.

The lead nurse we spoke with showed us a system to audit and monitor the practice on a rolling basis that they had implemented in April 2016. We reviewed the audit tool used by the practice, and noted that it covered all aspects of infection control, actions to be taken, and improvements made. For example they had identified that the clinical waste bins that were positioned outside were not secured, we saw that the actions had been taken. This audit tool needed to be embeded into the systems for the practice and to be shared with staff that might cover if the lead was absent.

We observed the premises to be clean and tidy. There was a general cleaning schedule, the managers of the contractor cleaners undertook a monthly audit to monitor the cleaners performance and sent this to the practice. Practice staff told us that they highlighted any issues to the practice manager and these were dealt with in a timely way.

- Records showed medicine refrigerator temperature checks were carried out which ensured medicines and vaccines were stored at appropriate temperatures. The practice had processes to check and record that medicines were within their expiry date. We saw that any medicine that would expire within the next three months had been tagged with a colour sticker. Practice staff told us they found this a useful additional check. Medicines we checked during the inspection were within their expiry dates.

  There was a repeat prescription policy; NVQ level 2 dispensary trained staff undertook the role. The practice did not dispense medicines at the Forest Group practice; however, at their other site, medicines were dispensed. The qualified staff worked across both sites and processed the repeat prescriptions. We found that these were well managed. Uncollected prescriptions were highlighted to the GPs to ensure patient safety. The practice had systems in place to manage patients that were taking high risk medicines and evidence we saw supported that patients were safe. Both blank prescription forms for use in printers and those for hand written prescriptions were kept securely at all times, there were systems in place to monitor their use.

Requires improvement

Are services safe?

- Patient Group Directions and Patient Specific Directions had been adopted by the practice to allow nurses and health care assistants to administer medicines in line with legislation. We saw that these were signed and dated.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed but there was scope for these to be improved.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. However, these needed to be improved. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice undertook an annual building risk assessment and practice staff we spoke with were aware of their responsibilities to report any issues to the practice manager.

The practice had an up to date fire risk assessment. However, we were concerned that the system in place to keep patients and staff safe was not robust. A risk assessment had been carried out on 5 July 2016 and sixteen actions points identified that required action within one month, we noted that only some of the actions had been completed. For example the report identified that improvements on signage and staff training was needed. We did not see a previous fire risk assessment.

The practice tested the fire alarms weekly but they did not regularly conduct fire drills. The practice staff told us that they had undertaken fire training at various times and practice staff we spoke with were able to demonstrate a safe understanding of the actions to take in the event of a fire. The management oversight of this training was not clear.

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 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 noted that there were outstanding actions from this assessment. The practice told us that they were in discussion with the landlord. The practice monitored the water temperature regularly to prevent the spread of Legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice told us that all staff had received annual basic life support training, the management oversight needed to be improved, as this information was not available on the day but was shared with us immediately following the inspection. The practice had recognised this and had training planned via e-learning which all staff had access to.
- The practice had a defibrillator and oxygen with adult and children's masks available on the premises. This was assessable to the practice staff. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 guidelines 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 GPs and nurses discussed and shared learning from these at the monthly clinical meeting.

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 99.8% of the total number of points available. This was above the CCG average of 96.5% and the national average of 94.8%. The overall exception reporting rate was 11.2% which is 1.5% above the CCG average and 2% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- Performance for diabetes related indicators in 2014/2015 was higher when compared to the national average and CCG average. The overall performance was 100%; this was 8% above the CCG average and 11% above the national average. The exception reporting rate was 16% and this was higher than the CCG (12%) and national (11%) exception reporting rates. We discussed the management of patients with diabetes with the staff; we were assured that the practice did deliver good care. We spoke with a patient who had diabetes; they told us that they were very satisfied with the care given.
- Performance for mental health related indicators overall was above the national average. The percentage of patients with dementia who had had a face to face review was 79% compared to the national average of 82%. The exception reporting rate was 7% which was lower than the CCG average (12%) and the national average (11%).

The practice did not regularly use audits to monitor and improve outcomes for patients. They had completed cycle one of an audit to ensure that patients taking a certain medicine were on the correct dose. They had recognised this shortfall and shared with us a planned timetable of audits. These included medicine management, summarising of notes and adolescent immunisations. The management team had identified leads for each area.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, health and safety and confidentiality. We spoke with a member of staff who told us that they had found this useful.
- Although staff told us that they had role-specific training the practice did not keep always keep records of this. We spoke with three members of staff, (clinical and non-clinical) who had been supported through development; the staff told us that the management team fully supported them. For example, a staff member was undertaking wound care training for patients and another staff member a management and leadership apprenticeship.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The lead practice nurse told us that staff would swap sessions in order to attend these courses.
- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. This included ongoing support, one-to-one meetings, clinical supervision, facilitation, and support for revalidating GPs and nurses. The practice staff we spoke with told us that they had received an appraisal in the past 12 months. They told

us that all staff took part in 360 degree feedback. They explained that an email was sent to all staff, clinical and non-clinical of any appraisal due. They were invited to send their feedback. This was collated by the practice manager who gave the comments to the appraise. The practice manager told us that they were looking at improving this further. Practice staff we spoke said they found this useful as the respected the opinion of their colleagues.

- The practice did not have robust oversight that staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff were able to demonstrate that they had access to and made use of e-learning training modules.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- < >taff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice did not have a process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support for example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- GPs provided continuity of care for those patients that were at the end of their lives, all palliative care patients had two named doctors, this ensure that there was always a GP who knew the patient available. The GPs and practice manager had held discussion with the local care home to improve the communication between the practice, care staff and relatives for patients that were in the home for respite or palliative care but who were newly registered at the practice.
- Smoking cessation and dietary advice was available to patients using the practice.

The practice's uptake for the cervical screening programme was 84%, which was higher when comparable to the CCG average and the national average of 82%.

The practice actively telephoned reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Figures published by Public Health England show that 56% of the practice's target population were screened for bowel cancer in 2014/2015 which was below the national average of 58%. The same dataset shows that 73% of the practice's target population were screened for breast cancer in the same period, compared with the national screening rate of 72%.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were in line with the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% compared with CCG average of 93% to 97% and five year olds from 90% to 97% compared with the CCG average of 93% to 97%.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

34 of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There were two negative comments regarding the care that the patients had received and that they had encountered a long wait.

The practice had a virtual patient participation group (PPG); the practice sent and received email contact with these members. We did not speak with any members. This was an area that the practice wanted to develop further and planned to encourage patients to attend meetings with them. As a result of patient feedback the practice had made changes, for example nursing appointment available on a Saturday and a more comprehensive family planning service.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 90% 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 97% and the national average of 95%.
- 87% 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%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 92%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% 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 84% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

Good

Are services caring?

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. The practice translated their practice leaflet on request for any patient into their first language.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 190 patients as carers, 3% of the practice list. The practice did not routinely undertake annual reviews for these patients, but ensured that their needs were discussed during long term condition appointments or when the attended the practice at other times.

Written information was available to direct carers to the various avenues of support available to them.

Practice staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card/letter. 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.

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.

- Appointments were available on the same day, outside school and core business hours to accommodate the needs of children and working people. Routine, pre booked, GP and nurses appointments were available on a Saturday morning
- There were longer appointments available for patients with a learning disability or any patient that needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Two weekly GP clinics and weekly phlebotomy clinics were held in the village of Mundford for those that found it difficult to travel to the main site.
- There were facilities for patients with disabilities and translation services available.
- The practice worked closely with community midwives, mental health link workers, and promoted provision of these services from the surgery premises where possible.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours were offered on Saturdays mornings. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were in line or above when compared with the local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.

Comment cards we reviewed and patients we spoke with, told us on the day of the inspection that they were able to get appointments when they needed them and generally with the GP of their choice.

The practice had a system in place to assess:

- 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 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.
- Following learning from a complaint, the practice delegated a named lead for each complaint. This ensured that the most appropriate person managed the process, involving all those that needed to be. They managed the time frames and expectations of the complainant. The practice manager was the designated responsible person who had oversight of all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, both in the waiting area and on the web site.

From August 2015 to June 2016, five complaints had been received. Each complaint had been detailed and lessons were learnt. For example, in November 2015, the practice received a complaint regarding treatment a patient had received. The practice had responded to the patient and NHS England giving details of their actions. This included a review of the incident with the appropriate staff and other agencies. We saw in the minutes of a meeting held May 2016 that the clinical team discussed the incident,

Good

Are services responsive to people's needs?

(for example, to feedback?)

communicated with outside agencies that were involved, and shared learning. The shared learning included GP communication skills, review of, and improvement to systems.

The practice collated any complaints and significant events across both sites. This enabled them to undertake an analysis of trends and review actions taken to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice team were able to tell us their strategy which reflected the vision and values.

The practice told us that their driving improvements were to secure appropriate premises and ensure that succession planning was reviewed. The practice was aware that the population of the area was likely to rise significantly over the next few years and that they needed to prepare for this.

Governance arrangements

The overarching governance framework which supported the delivery of the strategy and good quality care needed to be improved:

- The practice did not have robust risk assessments to ensure that patients and staff were kept safe from harm. For example the practice did not have adequate fire safety management or oversight of training in place.
- Practice specific policies were implemented and were available to all staff.
- The management team had an understanding of the performance of the practice; this would be further improved with the comprehensive programme of audits that they planned to introduce within three months.
- The practice did not have but had planned a programme of clinical and internal audit to monitor quality and to make improvements.
- There were some arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions. However, these needed improvement.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

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 practice 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 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, and a verbal and written apology
- The practice did keep written records of verbal interactions as well as written correspondence. They shared compliments and good practice with the staff.

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

- Practice staff told us the practice held regular team meetings, for example a lunch time meeting was held each week for all the staff. This meeting included discussing complaints and feedback, and learning from events. GPs and nurses met each day at the end of morning sessions to discuss home visits and share learning or gain peer support.
- The management team produced and shared a newsletter for all staff. These contained a great deal of information for example; the newsletter for May included a significant event report. This event had happened at the other practice: however the management team used this to share learning to both sites. A breach of patient confidentiality had been reported; the newsletter outlined the event and gave a detailed review of information governance. Also included was an update on infection control and the use of personal protective equipment (gloves, aprons, masks, and goggles).
- 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

Are services well-led?

Good

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

supported in doing so. For example, a staff member had asked if they could reduce the length of their appointment slots, the management team agreed with a review date to ensure that the staff member was able to cope with the shorter times. The staff member we spoke with was very pleased with the outcome.

- Staff said they felt respected, valued and supported, particularly by the partners and management team 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.

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 virtual patient participation group (PPG) and through surveys and complaints received. The practice had also gathered feedback from patients on the service that had been provided prior to their taking over. The practice used this information to improve service. In order to understand different population groups better the practice undertook some focused feedback. For example in August 2016, they were particularly encouraging patients or their relatives who were born outside of the UK to complete the questionnaire enabling them to review their services and meet those patients' needs.
- The practice had gathered feedback from practice staff during their appraisals, one to ones and at meetings. Practice staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **The practice had not undertaken regular fire drills to ensure that patients and staff were kept safe.** **We found that some of the actions identified in the fire risk assessment had not been completed within the time period stated.**