

Meadows Surgery

Quality Report

Temple Grove

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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?

Requires improvement



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 Meadows Surgery on 2 August 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.
- 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. However, we found gaps in training for the Mental Capacity Act 2005, infection control and information governance training.
- There was an open and transparent approach to safety and an effective system in place for reporting 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 arrangements to manage infection control and the recording of mental capacity assessments.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day. The 26 patient comment cards we received on the day of the inspection all stated they were happy with the care and treatment they received.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice held regular governance meetings and had a number of policies and procedures to govern activity, although not all were practice specific or up to date.
- There was a clear leadership structure and staff felt supported. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. They had made improvements to appointment length and availability in response to patient surveys.
- The practice had an active virtual patient participation group.

The areas where the provider must make improvements are:

- Ensure that all documents and processes used to govern activity are practice specific and up to date. This includes continuing the improvement of documentation and guidance to ensure consistent and timely care planning takes place.
- Ensure there are arrangements in place for the management of infection control and for the assessment, monitoring and minimising of associated risks. This includes that actions from infection control audits are monitored and addressed, and that all cleaning of clinical equipment is recorded.
- Ensure all staff receive training appropriate to their role and continue to improve records and oversight of training, infection control and information governance.
- Ensure all clinical staff are involved in the assessment, monitoring and improvement of the quality and safety of the services being provided by developing an inclusive on-going audit programme in a range of clinical areas.
- Ensure that the outcome is clearly recorded where a patient's mental capacity to consent to care or treatment has been assessed by a GP or nurse.

In addition the provider should:

- Continue improvements to the recording of complaints to enhance efficiency and the management of the process.
- Continue to monitor and improve processes for recording, acting on and monitoring significant events and ensure that lessons learnt are communicated to the appropriate staff to support improvement at all levels.
- Ensure patients who are carers and who are cared for are pro-actively identified and supported.
- Ensure there are arrangements to provide regular communication and updates to all staff.

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:

- There was an effective system in place for reporting significant events. We found that the practice had recently implemented a new recording process.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Some 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 arrangements to manage infection control.

Requires improvement



Are services effective?

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

- 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, but not all clinical staff felt involved in the process.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Most staff received training appropriate to their role, however there were gaps which they were addressing by developing a new training matrix.
- 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.
- There was evidence of appraisals and personal development plans for all staff.

Requires improvement



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- 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.

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, they were working with NHS England to consider expansion or a branch surgery to accommodate additional patients following new housing locally.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included a portable hearing loop, disabled facilities and baby changing facilities.
- The practice regularly attended to the residents of nearby care homes to provide services that included medicine reviews and health checks. We received positive feedback from one of the care home managers about the care and treatment received.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Requires improvement



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice held regular governance meetings and had a number of policies and procedures to govern activity, although not all were practice specific or up to date.
- 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. However we found areas for improvement, for example the oversight and completion of staff training, and the recording of consent where a patient's capacity had been assessed.
- 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 an active virtual patient participation group.

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, effective, and well-led, and good for 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.
- The practice regularly attended to the residents of a nearby care home to provide regular services that included medicine reviews and health checks. We received positive feedback from the manager of one of these care homes.

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, effective, and well-led, and good for 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 in line with national averages. For example, the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 94% compared with a national average of 88%.
- Longer appointments and home visits were available when needed.
- We saw examples of 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.

Requires improvement



Summary of findings

- 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.

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, effective, and well-led, and good for 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.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78% 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 provider was rated as requires improvement for safe, effective, and well-led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- 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



Summary of findings

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, effective, and well-led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



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, effective, and well-led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- Data from the Quality and Outcomes Framework (QOF) showed results were in line with national averages for this population group. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 86% which was comparable to 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.

Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. There were 256 survey forms distributed and 135 were returned. This represented a response rate of 53% and less than 1% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to 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 national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 26 comment cards which were all positive about the standard of care received.

We spoke with seven patients during the inspection. With the exception of one, these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient commented that it was difficult to make an appointment with a named GP and felt that sufficient information was not always given in order to make a decision about their care.

Meadows 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 Meadows Surgery

Meadows Surgery is located in a purpose built premises in the North West of Burgess Hill. The practice provides medical services to approximately 9,600 patients. The practice also provides care and treatment for the residents of nearby care homes, which serves individuals with mental and physical care needs, including dementia.

There are four GP partners and three salaried GPs (three male, four female). Collectively they cover 47 sessions, which is the equivalent of approximately 5.5 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.

There are five female members of the nursing team; three practice nurses and two health care assistants/phlebotomists. GPs and nurses are supported by the practice manager, a care coordinator and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the practice is located in an area that is considered to be in the least deprived decile nationally. The number of

registered patients suffering income deprivation is much lower than the national average. People living in more deprived areas tend to have greater need for health services.

The practice is open from 8:30am to 6pm Monday to Thursday and 8:30pm to 5:30pm on Fridays. A telephone service is provided between 8am and 6:30pm Monday to Friday, outside of these hours the practice is serviced by an out of hours service. Extended hours appointments are offered from 7:20am on Tuesday mornings.

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

The practice offers a number of services for its patients including; family planning, minor surgery, hypertension clinics, smoking cessation, and travel vaccines (including yellow fever).

The practice has a General Medical Services (GMS) contract with NHS England. (GMS 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 Horsham and Mid Sussex Clinical Commissioning Group.

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.

Detailed findings

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 2 August 2016. During our visit we:

- Spoke with a range of staff including; GPs, nurses, the practice manager and receptionists/administrators/secretaries.
- We also spoke with seven patients who used the service, including two members of the virtual patient participation group.
- Observed how people were being cared for, 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 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. 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 most staff we spoke with felt involved in the process, through meetings and information cascaded in emails. Although we saw that significant events were discussed at a clinical meeting, we noted that the learning outcomes and any subsequent actions had not always been recorded as completed or shared with all staff. However, the practice had recently introduced a new significant event review form in order to capture this information.

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 which had been recently reviewed but did not provide the lead for safeguarding, contained out of date information and did not include recent updates to legislation. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other

agencies. 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, nurses and health care assistants to level two or three and non-clinical staff to level one or two.

- A notice in the waiting room advised patients that chaperones were available if required. We saw evidence that all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams and attended twice yearly forums to keep up to date with best practice. We were told about appropriate cleaning carried out for the clinical equipment but we were not shown evidence this was recorded to log its completion. There was an infection control policy in place, which we noted was not practice specific, however the practice has since inspection sent us an updated policy. Staff had received up to date training, for example hand hygiene and handling spillages. Annual infection control audits were undertaken and we saw evidence of the most recent audit in September 2015; however we did not see evidence of an action plan to address any improvements identified as a result.
- 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). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the

Are services safe?

practice to allow nurses to administer medicines in line with legislation. We viewed a sample of PGDs and saw they had been completed correctly in line with legislation.

- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment, such as; proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients 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, carried out regular fire drills and had trained two members of staff as fire marshals. 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).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and details of an agreed buddy surgery should they be unable to continue services at the practice premises.

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 through a weekly meeting where necessary actions were identified and logged on the shared practice system. For example, non-clinical staff would be tasked to run a search 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 97% 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 or above national averages. For example, the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 94% compared with a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 81% which was comparable to the national average 84%.
- Performance for mental health related indicators were comparable to or above the national average. For

example, 96% 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 with a national average of 90%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 86% which was comparable to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- We saw evidence of three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. However, we noted that not all clinical staff felt involved with the practice audit programme.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit was conducted in response to latest guidance to determine what treatment asthma sufferers were currently prescribed and whether their care was being regularly reviewed. The audit, completed in March 2016, achieved a significant improvement in ensuring patients were prescribed appropriate treatment and additionally almost 90% of patients had received a review.

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 a checklist 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

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- 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. Although there were known gaps in training, we saw that the practice manager was in the process of developing a training matrix to improve oversight and recording of the staff who had completed their training requirements. This included that not all staff had completed training for infection control and information governance appropriate to their role.

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 saw examples of personalised care plans for patients with a learning disability and for patients with long term conditions. At the time of inspection we found it was not always possible to evidence some care plans for patients such as those on the admissions avoidance scheme, however the practice has since described their system for completing, discussing and recording such information. The practice has told us they are in the process of renaming documentation to bring it in line with national requirements and for clarity within the practice, ensuring that existing and new GPs are able to update and generate a care plan as required.
- The practice shared relevant information with other services in a timely way, for example when referring

patients to other services. This included that we saw evidence of a timely 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 patients were able to book an appointment with any GP at the practice. The practice also had a formal buddy system to ensure that each patient had a second GP for 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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity, but the practice was not always able to evidence that they recorded the outcome of the assessment.

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.
- Advice on patients' diet and smoking cessation advice was available from the health care assistant or local support groups.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78% and the national average of 74%. There was a policy to

Are services effective?

(for example, treatment is effective)

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 ensuring 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 CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 99% and five year olds from 91% to 99%.

Patients had access to appropriate health assessments and checks, which included health checks for new patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice also told us one of the health care assistants was due to complete training in order to offer NHS health checks for patients aged 40–74.

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 area was located away from the desk, which meant conversations 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 26 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. Many of the cards commented that the GPs and nurses were caring and thorough, treating patients with personal care. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and were happy with the service received.

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

- 95% 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%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 95% 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%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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.

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 above local and national averages. For example:

- 94% 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%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 95% 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.
- In the reception area we saw that the digital check in system had a number of different languages available.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 84 patients as carers (less than 1% 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 and we saw evidence of this in patient notes. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice were aware of plans for new housing in the area, and were in discussion with the NHS to consider extension or a branch surgery to accommodate the increase in patients.

- The practice offered extended hours from 7:20am on Tuesday mornings.
- There were longer appointments available if required. This included younger patients, and those with a learning disability, dementia or poor mental health.
- The practice had recently extended their standard appointment time for all patients, in response to a patient survey.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities, baby changing facilities, a hearing loop 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 was registered to provide the yellow fever vaccine, which can only be offered by a designated yellow fever vaccine centre.
- The practice offered a variety of services including chronic disease management, family planning, new baby checks and a weekly baby immunisation clinic. They also hosted a specialist diabetes nurse once per week.
- The practice regularly attended to the residents of nearby care homes to provide services that included medicine reviews and health checks. We received 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 visits were not rushed and families were involved where appropriate. It was commented by the manager that GPs were respectful and supportive, explaining treatment options and referring to other services if required. We were also told that the practice staff in general were helpful, polite and took the time to discuss queries.

Access to the service

The practice was open between 8:30am and 6pm Monday to Friday and 8:30pm to 5:30pm on Fridays. Extended hours appointments were offered from 7:20am on Tuesday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available on the day for people that needed them. We saw that an appointment with a GP or a nurse were both available within one week, which could be booked online or by phone. The practice also allocated a dedicated time each day to see urgent patients, which could be booked on the phone or as a walk in patient.

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.

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Out of the seven patients we spoke with, all but one told us that they were able to get appointments when they needed them.

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

Are services responsive to people's needs?

(for example, to feedback?)

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 five complaints received in the last 12 months and we saw evidence that they had been fully investigated, with transparency and openness. We saw satisfactory evidence of the recording process however we noted that the practice was improving their recording systems to enhance efficiency and management of the process. Lessons were learnt from individual concerns and complaints and also from analysis of trends, including that the practice conducted an annual review of all complaints. 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, aims and values which staff knew and understood.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 policies were implemented and were available to all staff, although we found some that were not practice specific or up to date.
- An understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements, although we found that not all clinical staff were involved in the process.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but we found areas for improvement, for example the management and monitoring of infection control, oversight and completion of staff training, and the recording of consent where a patients capacity had been assessed.

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, a weekly partner and manager meeting, along with a daily coffee meeting between the GPs and nursing team in order to discuss cases and share information.
- 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. The majority of staff felt they were kept updated about changes at the practice, word of mouth and a monthly practice meeting. Some staff felt that communication in between meetings could be improved, particularly to benefit part time staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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 their virtual patient participation group and through surveys and complaints received. The practice had selected 250 patients ensuring all population groups were included and communicated to them through emails, in order to carry out patient surveys and receive proposals for improvements to the practice

Are services well-led?

Requires improvement 

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

management team. The members we spoke with told us the practice were responsive to the group, and that regular surveys were sent out. One of the GP partners regularly liaised with the two members we spoke with and acted on their concerns. The group had contributed to decisions for improvement such as the extended hours, music in the waiting room and automatic doors that were installed to make the practice more accessible to disabled patients.

- We saw evidence that the practice had taken steps to understand the needs of their practice population and to gather information on patient satisfaction. For example they had conducted an audit of appointment needs over a number of years to determine the busiest surgery times.

- 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.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found 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 all staff receive training appropriate to their role, including infection control and information governance.• Ensured there were arrangements in place for the management of infection control and for the assessment, monitoring and minimising of associated risks. This includes that actions from infection control audits were monitored and addressed, and that all cleaning of clinical equipment was recorded. <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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found the registered 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 includes continuing the improvement of documentation and guidance to ensure consistent and timely care planning takes place.

This section is primarily information for the provider

Requirement notices

- Ensured that the outcome is clearly recorded where a patient's mental capacity to consent to care or treatment has been assessed by a GP or nurse.
- Ensured all clinical staff are involved in the assessment, monitoring and improvement of the quality and safety of the services being provided by developing an inclusive on-going audit programme in a range of clinical areas.

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