The Almondbury Surgery

Quality Report

Longcroft
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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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Almondbury Surgery on 9 June 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.
- Risks to patients were assessed. However we saw that an infection prevention and control (IPC) audit had not been undertaken by the provider within the last two years.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Urgent appointments were available the same day for patients that needed them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from patients through the patient participation group and the Friends and Family test.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Undertake an infection prevention and control audit and implement identified actions.
- Act on feedback provided by the GP national survey and the Friends and Family test to improve processes for making appointments.

Summary of findings

- Develop a strategic and business plan for the practice.
- Ensure clinical audit cycles are completed, to monitor and evaluate improvements in patient outcomes.

In addition the provider should:

- Review their approach to the use of care planning templates for patients with identified needs.
- Consider developing and providing a locum pack for use by temporary clinical staff.
- Consider including reference to the Parliamentary and Health Service Ombudsman in the written response to complaints.
- Consider seeking feedback from staff in relation to the strategic development of the practice.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and an 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.
- Risks to patients were generally assessed and well managed. However, the practice had not undertaken an infection prevention and control audit within the last two years.

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 were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. All staff had received an induction and were given a copy of the staff handbook.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice maintained and reviewed a variety of patient registers to support patients to avoid unplanned admission to hospital and attend annual reviews. These included patients with a learning disability and those with long term conditions such as diabetes.
- However, we saw that clinical audits were incomplete and were not undertaken using recommended methodologies. Some learning was shared in clinical meetings but stated actions and procedural changes were not consistently implemented.

Summary of findings

- The use of templates to assist in care planning for specific groups was not adopted consistently across the clinical team.
- The practice had a policy for the safe recruitment of locums but did not have a locum information pack in place.

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.
- 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 were told by patients that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- During the inspection we observed reception staff being courteous and helpful to patients.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- However, we saw that written responses to complaints did not advise patients of their right to refer their concerns to the Parliamentary and Health Service Ombudsman.
- Feedback from patients reported that accessing the appointment system was sometimes difficult and time consuming, although urgent appointments were available the same day.
- We saw that staff were able to organise urgent prescriptions for vulnerable patients and prioritised this group; liaising with pharmacies to ensure their patients' needs were met.
- The practice had begun to develop an approach to identify and support carers. However, this work was still in the early stages. The practice had identified 2% of its patient population as carers.

Summary of findings

Are services well-led?

Requires improvement

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

- The practice had a vision which was shared through a written mission statement, and this was displayed throughout the practice. However, not all of the staff we spoke to could recall what the mission statement was.
- The partners had not devised a written strategy to consider the future needs of the practice from a strategic, clinical or business perspective.
- There was a documented leadership structure and a governance structure underpinned by a broad range of policies and procedures that were regularly reviewed. However, there had not been a recent infection prevention and control audit.
- Staff told us they felt supported by management and that the partners were approachable. Nursing staff told us they attended weekly clinical meetings and were able to seek advice at any time. However, we were told that staff were not consulted for their views on how to improve the service or shape the future direction of the practice.
- There was an active patient participation group who had devised a patient survey and gave regular feedback to the partners on issues affecting patients, in particular advance appointment availability. Some changes had been implemented in response to patient feedback. For example, the telephone line had been changed from a premium to local call rate. However, we saw that no formal action plan had been written up by the practice to address issues in obtaining appointments and other areas identified in the GP patient survey as being of concern to patients.
- 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.

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 had a good relationship with a local residential care home for older people and undertook a weekly visit to review care and also undertook urgent visits as needed.

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.
- 78% of patients, newly diagnosed with diabetes were referred to a structured education programme. This was more than 11% higher than the local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered 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 accident and emergency (A&E) attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Summary of findings

- 81% of eligible women had received a cervical smear, which was similar to both the local and national averages.
- 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 and health visitors.

Working age people (including those recently retired and students)

Good

The provider was rated as good for working age people.

- The needs of the working age population, those recently retired and students had been identified. The practice offered health checks, smoking cessation advice and encouraged patients to live healthier lives.
- 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.

People whose circumstances may make them vulnerable

Good

The provider was rated as good for people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice 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. For example, clinicians were able to describe a recent safeguarding concern and how it was appropriately responded to.

People experiencing poor mental health (including people with dementia)

Good

The provider was rated as good for people experiencing poor mental health.

Summary of findings

- 68% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 11% lower than the local average and 9% lower than the national average. We explored these figures during the inspection and found that several of these patients had been registered with the practice on a temporary basis only; and that others were managed through other care pathways.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing higher than national averages for questions relating to clinical care. However, the practice was performing lower than national averages for responses relating to appointments and waiting times. Survey forms were distributed to 262 patients and 124 were returned. This was a response rate of 47% and represented 2% of the practice's patient list.

- 67% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 86% 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 87%.
- 44% of patients feel they don't normally have to wait too long to be seen compared to the national average of 65%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 84% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47comment cards which were all positive about the standard of care received. We spoke to four patients in person during our visit. Patients told us the surgery was always clean, reception staff were welcoming and the clinical staff were always compassionate and caring. However, a quarter of the comments we received said that obtaining an appointment was problematic, with difficulties in both contacting the surgery and in the availability of advance appointments.

The practice had collected data from the Friends and Family test. The most recent data up to January 2016 had responses from 33 patients. The results from the survey showed that reception and clinical staff were commended for their caring and friendly service. However, comments also criticised the difficulties encountered in making an appointment with reference to staff not always being sensitive to the practicalities of telephoning at a set time of 8am to secure a same day appointment. The Friends and Family test found that 64% of patients would recommend the practice.

The Almondbury 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 second CQC inspector.

Background to The Almondbury Surgery

The Almondbury Surgery, Longcroft, Almondbury, Huddersfield HD5 8XW, is a well-equipped purpose built premises situated in a semi-rural district of Huddersfield. It has good public transport links and ample parking and accessible facilities serving a patient list of 6,350. The patient population experiences average levels of deprivation and has both affluent and disadvantaged groups. The ethnicity of the community is mainly White British.

The practice has one full-time (male) and three part-time (two male, one female) GP partners. There is also a part-time advanced nurse practitioner and two part-time practice nurses (all female). They are supported by a part-time health care assistant and a team of administrative staff along with a full-time practice manager.

The practice is open 8am to 6pm Monday to Friday. Consultations are available throughout the day and the practice offers later pre-booked appointments with a GP on Monday 4.15pm to 7.45pm and on Wednesday 5.30pm to 7.40pm.

The practice delivers General Medical Services (GMS contract) for the Greater Huddersfield Clinical Commissioning Group. Out of hours services are provided by Local Care Direct when the practice is closed.

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 9 June 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, health care assistant, receptionists and the practice manager. We also spoke to spoke with patients who used the service.
- Observed how patients were being spoken to by reception staff as they attended the surgery.
- Reviewed several treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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.

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the procedure for issuing prescriptions for controlled drugs (medicines that require extra checks because of their potential for misuse) had been changed to improve monitoring and we saw evidence that this had been appropriately discussed with staff within the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and the practice had also assigned a deputy role with another practice nurse. In addition, a GP partner was also listed as a GP infection control lead. There was an infection control protocol in place and staff had received up to date training. However, there had not been a recent infection control audit undertaken.
- 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 practice to allow nurses to administer medicines, in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Vaccines and vitamin injections were given by health care assistants under the appropriate supervision of patient specific directions (PSDs). PSDs are written instructions for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

Good

Are services safe?

- We reviewed 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 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 reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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. We saw that a significant event had been recorded because a staff member was absent at short notice, leaving staff under additional pressure to provide reception services. A review had taken place to improve administration systems and the rota arrangements to reduce the likelihood of a reoccurrence.

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.

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 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 discussion at clinical meetings, audits and running searches through patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 99% of the total number of points available. This was 3% higher than the local average and 4% higher than the national average. The practice reported higher than average exception reporting with dementia care plan reviews. However, the practice told us that several of these patients were either temporarily resident or were being more appropriately managed through a palliative care pathway. The overall exception rate for the practice was 12% which is 3% higher than the local average and 2% higher than the national average.

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

- Performance for diabetes related indicators was higher than the national average. For example, 78% of newly diagnosed diabetics were signposted to an education programme, which was 11% higher than the national average. Management of blood pressure and foot examinations were also higher than the national average.
- Performance for mental health related indicators was higher than the national average for most QOF indicators. For example, 85% of patients with a serious mental illness had a care plan in place, which was 8% higher than the national average. 88% of this patient group also had a record of alcohol consumption recorded, which was 7% higher than the national average.

  There was evidence of quality improvement including clinical audit.

- There had been five clinical audits begun in the last two years; however none of these were completed audits as they had yet to be repeated. Two of these were not yet due for review and a third audit was undated. We saw evidence that several patients had been recalled following an initial audit to review the management of their medication. A minor surgery audit had led to a change in increasing excision margins. An audit that reviewed the number of vaginal swabs had been repeated a month following the initial review, however, there was no evidence that any altered protocol or learning had been implemented across the team in the ten months following the initial work.
- The practice participated in local audits and utilised the support of the local medicines management team to support patient care.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions such as diabetes or lung conditions could evidence ongoing clinical updates and attendance at appropriate study days.
- 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.

Good

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff we spoke with said they felt very supported and pleased to have been encouraged to broaden their skills and 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. A clinician had had an appraisal delayed due to an extended leave, however we saw that this was scheduled to take place shortly.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice had 30 patients registered at a local residential care home and visited each week to review the needs of patients. The residential home told us that this arrangement worked very well, as the GPs took it in turns to visit, ensuring that the needs of the residents were familiar to them. The residential home also told us that GPs would visit as needed for urgent home visits and discussed patient needs with staff and families in a collaborative and caring way. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were supported by the clinical team or signposted to the relevant service. For example, the health care assistants were trained to offer phlebotomy, health screening, blood pressure checks, spirometry and smoking cessation clinics. Nurses also undertook wound care and offered travel advice clinics. Links were maintained with the local Drug and Alcohol unit for patients who needed support with addition.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone 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. 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.

Childhood immunisation rates for the vaccinations given were high. For example, childhood immunisation rates for

Good

Are services effective?

(for example, treatment is effective)

the vaccinations given to under two year olds were 100% and the rate for five year olds from 90% to 100%.
This exceeded local and national averages which ranged from 93-96%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

During the inspection we received 47 patient Care Quality Commission comment cards. Patients said they felt the practice was welcoming, clean, offered very good clinical care and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 94% 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%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 96% 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%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 86% 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:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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 as required.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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 81 patients as carers (2% of the practice list) and had appointed a carers champion. The practice asked new patients if they were a carer as part of the initial health assessment and followed up existing patients opportunistically. Written information was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the family were routinely contacted by telephone. 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.

- The practice offered later appointments with a GP on a Monday and Wednesday evening until 8pm for patients who could not attend during normal opening hours.
- Patients were able to book appointments with a GP online.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, interpretation and translation services available.
- A consultant gynaecologist attended the practice on a monthly basis to offer a specialist clinic for woman that needed it.
- A support worker attended the practice regularly to support patients in reducing their dependence on benzodiazepines. Benzodiazepines are a range of medicines used in the treatment of severe anxiety. Medium or long term use can result in dependency.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were available throughout the day. Extended hours appointments were offered with a GP between 6-8pm on a Monday and Wednesday evening. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 66% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get urgent or same day appointments when they needed them. However, people said that it was difficult to get routine appointments with a preferred GP within a reasonable length of time. A total of 11 comment cards said that it was difficult to get a routine appointment within a reasonable length of time or that it was time consuming having to phone early in the morning to secure an on the day appointment due to delays in the telephone answering service.

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.

A GP was always consulted and determined the appropriateness of a home visit. 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and was visible within the practice.

We looked at 4 complaints received in the last 12 months and found that they had been handled appropriately. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For

Good

Are services responsive to people's needs?

(for example, to feedback?)

example, following a complaint the staff team reflected on their listening skills in supporting vulnerable patients in need of urgent prescriptions. We also saw evidence that clinicians were willing to meet with patients to resolve concerns. However, written responses to complaints did not contain reference to the Health and Parliamentary Ombudsman.

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 staff we spoke with during our inspection had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas. However, not all staff we spoke with could recall what the mission statement was.
- The practice had informal arrangements for planning the current and future strategy of the practice and were unable to provide us with any written strategic or business plan.
- We saw that there was limited workforce planning relating to future retirements of clinical staff.

Governance arrangements

The practice had a governance framework which supported the delivery of good quality care. However we found that there were several aspects of governance that required improvement.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained through the use of QOF and internal audit was used to monitor quality. However, we saw that clinical audit activity was incomplete.
- We saw that written responses to complaints did not advise patients of their right to refer their concerns to the Parliamentary and Health Service Ombudsman.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the provider had not undertaken a recent infection prevention and control audit.

Leadership and culture

Partnership arrangements at the practice were well established and embedded. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us that there was a warm and caring atmosphere amongst the staff team and that it was a good place to work. However, some staff we spoke to did not feel consulted or part of the ongoing strategic process.

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and reviewed the feedback from the Friend & Family Test.
- Access to timely routine appointments and the difficulty of reaching the practice by telephone had been raised as ongoing issues within the practice. The partners had yet to develop a strategic response to these issues.

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 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider had not established systems and processes that were effectively operated to ensure that the quality and safety of services provided in the carrying on of the regulated activities were assessed, monitored and improved. This was because the provider had not carried out an infection control audit or undertaken complete clinical audits. The provider had not actively sought the views of staff to drive improvement and had not developed a strategic plan for the current or future needs of the practice. The provider had not developed a strategic response to feedback from patients experiencing difficulties with the appointment system. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.