

Orchard Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Orchard Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Orchard Surgery on 29 September 2016. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The 40 patient comment cards we received and 10 patients we spoke with on the day of the inspection all stated they were happy with the care and treatment they received.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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 fire safety awareness, infection control and information governance training.

- 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 practice had good facilities and was well equipped to treat patients and meet their needs. This included automatic doors and a lift. The practice also had disabled facilities, baby changing facilities, a hearing loop and translation services were also available.
- 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 had a long-standing patient participation group, which was active and had made a number of improvements to the practice and ensured regular communication with the patients.

The areas where the provider must make improvements are:

- Ensure all staff receive training appropriate to their role and continue to improve records and oversight of training. Including that all staff complete fire safety awareness, infection control and information governance training.

The areas where the provider should make improvements are:

- Ensure that all staff are provided with guidance to identify and locate adults at risk alerts on the practice computer system.

- Continue to make assessments of cleanliness and address concerns, including that blinds and carpets are regularly cleaned. Continue to record and monitor cleaning undertaken.
- Consider completing a risk assessment or an enhanced Disclosure and Barring Scheme (DBS) check for all non-clinical staff who are trained as chaperones.
- Consider improvements to the recording of appraisals to enhance the management of the process.
- Ensure all practice policies and procedures are dated at the time of writing and last review.
- Review the locations of emergency equipment and medicines.
- Review the practice appointment system with consideration of patient comments regarding not being given sufficient time to make decisions about their care and appointments not running on time.

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 good for providing safe services.

Good



- There was an effective system in place for reporting 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 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.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice provided evidence that most staff had received training, however, we found gaps for fire safety awareness, infection control and information governance training.
- All patients had a named GP but could book an appointment with any GP. The practice also had a formal buddy system to ensure that each patient had a second GP to ensure continuity of care.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Summary of findings

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. We received 40 comment cards and spoke with 10 patients on the day of inspection, many of which commented on the caring attitude of GPs and nurses.
- 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, the practice were aware of plans for new housing in the area, and were in discussion with other practices to consider how they could accommodate the increase in patients, such as collaborating or merging.
- 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 lift, portable hearing loop, disabled facilities and baby changing facilities.
- 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 good for being well-led.

- 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.

Good



Summary of findings

- 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.
- 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.
- 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 patient participation group was active.
- There was a focus on continuous learning and improvement at all levels

Summary of findings

The six population groups and what we found

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

Older people

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

- 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.

Good



People with long term conditions

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.
- Performance for diabetes related indicators were in line with national averages. For example, the percentage of patients with diabetes whose blood glucose level was 64mmol/mol or less in the preceding 12 months was 81% compared with a national average of 78%.
- 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.
- 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.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- 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 90%, which was comparable to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was 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.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including 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.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- 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 89% which was comparable to the CCG average of 86% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. There were 219 survey forms distributed and 119 were returned. This represented a response rate of 54% and less than 2% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 77% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. There were two cards that contained less than positive comments and these were both relating to waiting times for appointments.

We spoke with 10 patients during the inspection and received feedback from five members of the patient participation group. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. There were some less than positive comments received which were regarding waiting time whilst at the surgery and not being given sufficient time during appointments.

Orchard 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, a practice manager specialist adviser and an Expert by Experience.

Background to Orchard Surgery

Orchard Surgery is located in Horsham within a purpose built premises that is attached to the town library. The practice provides medical services to approximately 9,420 patients.

There are five GP partners (three male, two female). Collectively they equate to approximately 4.5 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 four female members of the nursing team; three practice nurses and one health care assistant. 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 8am to 6pm Monday to Friday with telephone cover available until 6:30pm. Outside of the opening hours the practice is serviced by an out of hours provider.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided with 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, diabetes care (including insulin initiation), hypertension clinics and travel vaccines.

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.

At the time of inspection the provider registration certificate was incorrect. The practice told us they were in the process of updating the registered GP partners.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was 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 29 September 2016. During our visit we:

- Spoke with a range of staff including; GPs, nurses, the health care assistant, the practice manager and receptionists/administrators/secretaries.
- We spoke with 10 patients who used the service and we also received feedback from five members of the practice 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 staff we spoke with felt involved in the process, through meetings and information cascaded in emails. The practice also conducted an annual review of significant events at an all staff practice meeting and we saw evidence of the latest presentation delivered for the year 2015/2016.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a member of staff suffered a needlestick injury whilst assisting with an immunisation clinic. The practice acted quickly and in accordance with their protocol by contacting relevant organisations such as the needlestick hotline and occupational health. The staff member was offered appropriate vaccines as a result. The practice also considered further action and took the decision to provide extra sharps bins in the treatment room to ensure safe disposal of needles at all times.

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. One of the GP partners was the lead for safeguarding and the deputy practice manager provided administrative support. Children and adults at risk were identified on the practice computer system using an alert on their record, for example those at risk of harm, subject to safeguarding procedures or on a child protection plan. However, not all non-clinical staff were aware of the alert for adults at risk or where to find it. 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. 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). We noted although standard DBS checks had been completed, not all non-clinical staff who were acting as chaperones had an enhanced DBS or a risk assessment for this role (a standard DBS check, for example, does not check whether a person is on a barred list).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the majority of the practice to be clean and tidy, however we saw other areas of the premises that required further attention. For example we found stained carpets and unclean furniture, blinds and windowsills. We were told all carpets had been deep cleaned three months before this inspection, but staff felt they needed to be replaced. One of the practice nurses was the infection control clinical lead who told us they had raised concerns about the cleaning. In order to address the concerns, the

Are services safe?

practice held a meeting with the supervisor of the cleaning contractors a week prior to our inspection. The issues had been highlighted in order to monitor and resolve the concerns. The practice staff did not have a communications book to highlight areas for further cleaning to the contractors and we were told they would put this into place. The infection control nurse had also developed a daily and weekly cleaning task list to log that treatment areas were checked and cleaned.

- The infection control lead liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. The infection control lead had taken steps to ensure staff knowledge, for example an educational video was emailed to all staff and a poster was created to display in each treatment room providing guidelines such as for hand hygiene and sharps use. Annual infection control audits were undertaken and we saw evidence of the most recent audit in June 2016 and we saw a clear action plan to address any improvements identified as a result. The practice had also arranged for a clinical waste audit which was conducted in July 2016; actions were being completed 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 practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We viewed a sample of PGDs and saw they had been completed correctly in line with legislation.
- We reviewed five 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 staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and policies and carried out regular fire drills, the most recent of which was a full evacuation completed in August 2016. 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 weekly rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice told us that GP locums were used approximately twice per month and were from a trusted pool of four regularly used locums.

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.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice although some were separate to the emergency equipment. 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.

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. We saw examples where the practice manager had cascaded latest guidance or alerts to the clinical staff and also had completed searches of patients to find those affected.

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 98% 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 national averages. For example, the percentage of patients with diabetes whose blood glucose level was 64mmol/mol or less in the preceding 12 months was 81% compared with a national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was 85% which was comparable to the national average 84%.
- Performance for mental health related indicators were comparable to the national average. For example, 89%

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 88%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 89% which was comparable to the CCG average of 86% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice sent us evidence of six clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- 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 whether patients with gout were receiving recommended tests to identify additional conditions. Data was collected prior to and after interventions from the audit were implemented. It was found that the audit achieved an improvement in ensuring patients received recommended tests, for example the number of patients who had their blood glucose levels checked increased from 52% to 76%. The audit also opened up a discussion within the practice to make further improvements, such as using a template for GPs to use as a prompt. The practice made the decision to hold an educational event for GPs, nurses and reception staff to ensure tests were completed as per the guidance.

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 included that a manager completed a training needs analysis with the new staff member to tailor their training needs. The practice then 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

Are services effective?

(for example, treatment is effective)

example, we were told by the nursing team that they attended regular study days and engaged in networking events such as a lead nurse forum and diabetic nurse forum.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The 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. The practice told us that staff received annual appraisals, which they completed every October, but they did not keep an overall log to record these were completed. We checked five staff files and found evidence that their appraisal had been completed in 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. Staff had access to and made use of e-learning training modules and in-house training. The deputy practice manager had recently taken responsibility of certain tasks, including appraisals and training. We noted that the recording of completed training by all staff was in a transition of improvement to enhance efficiency and oversight of the requirements. We checked the records for four staff members and were not able to locate evidence that fire safety awareness, infection control and information governance training had been completed.

Coordinating patient care and information sharing

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

- This included care and risk assessments, medical records and investigation and test results. We also saw examples of comprehensive and personalised care plans for patients with a learning disability and for patients with long term conditions.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. This included a process to refer patients to be seen by a specialist within a maximum of two weeks where cancer is suspected.
- All patients had a named GP, but were able to see any GP of their preference. The practice also had a formal buddy system to ensure that each patient had a second GP to ensure continuity of care.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw comprehensive minutes for meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We saw that a health visitor regularly attended along with a community matron, a district nurse and social services.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Advice on patients' diet was available from the nursing team. The practice worked with a local wellbeing hub to coordinate patients requiring smoking cessation advice.

The practice's uptake for the cervical screening programme was 90%, which was comparable to the CCG average of 84% 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in

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

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

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout our inspection we observed that members of staff were courteous, friendly and attentive with patients both in person and on the telephone. The reception desk was away from the waiting area, which meant conversations at the desk could not be overheard. Whilst observing the waiting area we saw that reception 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 40 patient Care Quality Commission comment cards we received were positive about the service experienced. We spoke with 10 patients on the day of inspection, many of which commented on the caring attitude of GPs and nurses. They said that staff were helpful, courteous and treated them with dignity and respect. Many of the cards commented that the GPs and nurses were caring and approachable, treating patients with understanding and personal care. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We received feedback from five 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 comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% 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%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 87% 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 96% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 84% 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%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

We spoke with 10 patients on the day of inspection who told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

Are services caring?

- 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.

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, including a carers support newsletter. 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. We spoke with the practice care coordinator, who was relatively new in post, and told us the practice had identified 140 patients as carers (1.5% of the practice list); the youngest of which was 42 years and the oldest was 94

years. They tried to proactively identify carers through the registration form or encourage identification opportunistically at appointments. Written information was available to direct carers to the various avenues of support available to them and we were told of plans to create a dedicated area in the waiting room to display help and information. They also hoped to arrange for a carer support worker to attend the practice and describe the support available, plus form links with the NHS carers team to share newly registered carers, in order to offer support at an early stage.

One of the 10 patients we spoke with on the day of inspection was a carer and specifically commented on the support they had received from the practice.

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

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 other practices to consider how they could accommodate the increase in patients, such as collaborating or merging.

- There were longer appointments available if required. This included younger patients, and those with a learning disability, dementia or poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had arranged for an external audit to be completed to ensure they were compliant with the Disability Discrimination Act two years prior to our visit. We saw that various improvements had been completed as a result including automatic doors and a door bell. The practice also had a lift, 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.
- The practice had a separate telephone line for local care homes to ensure they had priority access to the surgery and its services. This was also available to district nurses, hospice teams and any patients on the admissions avoidance scheme.
- Patients had online services available that included booking/cancelling appointments and ordering repeat prescriptions.
- The practice offered text message reminders for appointments.
- Appointments were offered to patients with no fixed address.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice offered a variety of services including chronic disease management, family planning, new baby checks and baby immunisations. A community midwife also held a weekly clinic at the surgery.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. 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. On the day of our inspection we saw that urgent appointments were available the same day and a GP or nurse appointment within two days.

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.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 79%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.
- 83% 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%.

People told us on the day of the inspection that they were able to get appointments when they needed them, however five of the 10 patients we spoke with told us that appointments did not run on time with quoted times being between 10 to 40 minutes late. There were also comments made that they were not given sufficient time in appointments, although this may have been related to misunderstandings of the practice system. For example patients were offered 5 minute urgent appointments, 10 minute standard appointments and 20 minute appointments for those who 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, the practice told us they conducted around eight home visits per day. They had recently conducted an audit of their home visits and as a result found that housebound patients were not being coded on the practice system, which has since been resolved.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

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

We looked at six complaints received in the last 12 months and we saw evidence that they had been fully investigated, with transparency and openness. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. The practice also conducted an annual review of complaints at an all staff practice meeting and we saw evidence of the latest presentation delivered for the year 2015/2016.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement, 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 dated which would present difficulties for staff to determine whether the information was up to date.
- An understanding of the performance of the practice was maintained. This included that performance statistics were monitored by the practice manager, deputy practice manager and an administrator.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. This included a weekly partner and manager meeting, quarterly nurse and GP meetings, and individual staff meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. They were happy with the methods of communication within the practice such as email updates, practice meetings and notifications.
- Staff commented that they enjoyed working at the practice and that they felt respected, valued and supported, particularly by the partners in the practice. They said that all staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the long-standing patient participation group (PPG) and through surveys and complaints received. The PPG consisted of approximately 250 members and a smaller committee met regularly, along with an annual general meeting. We received feedback from five members of the PPG who told us they provided patient feedback and submitted proposals for improvements to the practice management team and GPs, who they had built a good relationship with. For example, the PPG had

Are services well-led?

Good 

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

raised funds to help the practice purchase equipment such as a blood pressure machine in the waiting area, a water fountain and hearing loop. They had also worked with the practice to improve the queueing system and update the practice website. They told us they hoped to develop the virtual side of the PPG, along with other improvements such as a monthly desk at the practice to enable members to speak with patients.

- The practice used a variety of methods to gather patient feedback including a feedback box in the waiting area and an annual patient survey. We saw the results of the most recent survey were on display in the waiting area and the practice had shown what they had done with the comments, including what action was being taken.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example they were developing new templates in order to conduct a type of advanced care planning, which would be completed within a longer appointment time and ensure a more comprehensive plan would be completed.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	How the regulation was not being met:
Maternity and midwifery services	<ul style="list-style-type: none">We found that the registered provider had not ensured systems and processes were established and operated effectively to ensure that all staff had received training at the suitable level for their role.
Surgical procedures	This was in breach of regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	