

The Forge 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?

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 Forge Surgery on 13 April 2016r. The overall rating for the practice was good. The practice was rated as requires improvement for providing safe services and good for providing effective, caring, responsive and well led services. The full comprehensive report on the 13 April 2016 inspection can be found by selecting the 'all reports' link for The Forge Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 14 September 2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system for reporting significant events. The recording of events, relating to the duty of candour, was limited. The practice did not always keep records of action taken (or if no action was necessary) in response to receipt of all patient safety alerts.

- The practice had some defined and embedded systems to minimise risks to patient safety. However some areas such as infection prevention control and lone working.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. 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 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.
- Some areas of governance for example, implementation of infection control measures, management of safety alerts and the duty of candour required improvement.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. .

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Review the use of patients' records so that staff can better identify vulnerable adults and children.

- Review the arrangements for lone working to ensure that appropriate help was available to staff in the event of an emergency.
- Review the reporting of significant events. The current reporting system did not include the need to consider the duty of candour.
- Review the arrangement for management of infection prevention and control to ensure they are effective.

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



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 systems, processes and practices to minimise risks to patient safety. However, the practice did not always keep records of action taken (or to confirm no action was necessary) in response to the receipt of all patient safety alerts. There was a lack of knowledge about the correct disposal of clinical waste.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents. However, arrangements for lone-working had not been fully assessed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were considerably better than the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Most 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.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

Requires improvement



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. However the recording of the duty of candour requirement was incomplete. For example there was no record of the verbal communications with the patient.
- The partners encouraged a culture of openness and honesty.

Summary of findings

- The practice had some defined and embedded systems to minimise risks to patient safety. However some areas such as infection prevention control, record keeping and safety alerts were not well embedded.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- GPs undertook the lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. For example, 92% of patients with diabetes had an acceptable blood pressure reading in the preceding 12 months, compared with a national average of 78%. The percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 92% compared with a national average of 88%.
- The practice had scored 100% in all 14 areas of disease management measured under the Quality and Outcomes Framework system.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Summary of findings

- All these patients had a named GP and there was a system to recall patients for 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

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. However children at risk were not “flagged” on the practice’s patient record so that all staff were aware of when they were dealing with them.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- 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.

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.

Good



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- Vulnerable patients were not “flagged” on the practice’s patient record so that staff were aware of when they were dealing with a vulnerable patient.

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).

- The practice carried out advance care planning for patients living with dementia.
- Seventy seven percent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 78%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was better than the national average. For example 94% of patients with schizophrenia bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 July 2017. The results showed the practice was performing in line with or above local and national averages. Two hundred and seventy four survey forms were distributed and 118 were returned. This represented 3% of the practice's patient list.

- 81% described their overall experience of the practice as good compared to the clinical commissioning group (CCG) average of 80% and the national average of 85%.
- 81% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 73% said they would recommend the practice to someone new to the area compared to the CCG average of 72% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards of which 34 were entirely positive about the standard of the service. Two comments were negative about aspects of care. Five cards commented that it was difficult to get an appointment. However of the 34 positive comments eight specifically mentioned the ease of getting appointments. The national GP patient survey rated the practice more highly than practices locally and nationally for ease of making an appointment.

We spoke with four patients during the inspection. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The Forge Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser and a CQC assistant inspector.

Background to The Forge Surgery

The Forge Surgery is located in a residential area of Gravesend, Kent and provides primary medical services to approximately 3800 patients. The practice is based in Fleet Health Campus a purpose built health centre which is shared with other GP practices, a walk-in centre and a community pharmacy. The centre is purpose built and has good access for wheelchairs and disabled facilities. There is a large car park for patient use.

There are two GP partners at the practice, one female and one male. There are two locum female practice nurses. The GPs and nurse are supported by the practice manager and a team of three reception/administration staff.

The practice demographic is similar to the national average though there are fewer male patients between the ages of 15 and 44 than nationally. Unemployment in the area is higher than the national average. High demand for health services is sometimes correlated with higher unemployment.

The practice is open from Monday to Friday between 8am and 6.30pm. Appointments are from 9.30am to 1pm and from 4.30pm to 6.30pm. There is an extended hours surgery on Monday evening from 6.30pm to 8pm. Appointments

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

The practice runs a number of services for its patients including; chronic disease management, new patient checks, minor surgery, family planning and travel advice. The practice does not provide out of hours services which are accessed through NHS 111. There is information on the practice's website and displayed at the practice regarding accessing care when the practice is closed.

Services are provided from

The Forge Surgery,
Fleet Campus,
Vale Road,
Gravesend,
Kent,
DA11 8BZ.

Why we carried out this inspection

We undertook a comprehensive inspection of The Forge Surgery on 13 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe services.

We also issued a requirement notice to the provider in respect of safety and required them to produce an action plan, within 28 days, designed to address the issues. We undertook a comprehensive inspection on 17 September

Detailed findings

2017 to check that action had been taken to comply with legal requirements. The full comprehensive reports can be found by selecting the 'all reports' link for The Forge Surgery on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 17 September 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, administrators, reception staff and managers. We spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of 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.
- Looked at information the practice used to deliver care and treatment plans.

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.

Are services safe?

Our findings

At our previous inspection on 13 April 2017, we rated the practice as requires improvement for providing safe services because:

- We found that one significant adverse incident that had not been recorded. This meant that the practice's procedures had not been followed which could impact on their ability to learn from the event and prevent its reoccurrence.
- Staffing levels for GPs were too low. The practice must review the staffing levels to ensure that there are enough suitably qualified and experienced staff to meet the care and treatment needs of the patients, in light of the significant continued increase in patient registrations.

These arrangements had improved when we undertook a follow up inspection on 17 September 2017. The practice is rated as good for providing safe services.

Safe track record and learning

There was a system 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 did not support the recording of notifiable incidents under the duty of candour. In that the form made no mention of the need to consider 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).
- From the documented examples we reviewed we found 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. However, there was no record of the verbal communications with the patient and thus no record of what information was initially provided to the patient.
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. This had improved since the last inspection in that the processes were more rigorous but the detail recorded on the events was limited. For example under

the heading "could the event have been avoided?" and "can it be stopped from happening again?" both reports stated "yes" without the detailed investigation which could help the practice learn more from the event.

- The practice carried out an analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that the factors leading to the prescribing of the incorrect dosage of medicine had been discussed.
- The practice received safety alerts through the Central Alerting System (CAS). This is a system for issuing patient safety alerts, important public health messages and other safety critical information and guidance. The alerts were received by the practice manager and passed on the GPs.

Overview of safety systems and process

The practice had have clearly defined systems, processes and practices to minimise risks to patient safety. However they were not always consistently implemented

- Arrangements for safeguarding 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. Since the last inspection we saw that the policies had been made available to staff through the practice's computer system and staff told us how they accessed them. There was a lead GP for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. All nursing staff had completed safeguarding children level two. All other staff had completed safeguarding children level one. The staff we reviewed had completed safeguarding adults training. Vulnerable patients were not "flagged" on the practice's patient record so that all staff were aware of when they were dealing with a vulnerable patient.
- 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.

Are services safe?

(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, however there was a lack of knowledge about the disposal of clinical waste.

- We observed the premises to be clean and tidy. The practice had cleaning schedules and monitoring systems.
- A regular locum nurse was the infection prevention and control (IPC) clinical lead. They told us that they had not had the comprehensive training for the role. We found that clinical waste processes were not being followed. For example we saw a bin, marked for an orange bin bag which contained a yellow bag. Staff following the instruction notice would therefore put orange waste (which can be treated prior to disposal) in a yellow (waste which must be incinerated) bag. The safe disposal of waste is governed by 3 Health Technical Memorandum (HTM) 07-01 and is dependent upon the right type of waste being placed in the correctly coloured bags. We found that contaminated sharps had been placed in the wrong boxes. From discussions with staff about these issues we identified that there was a lack of knowledge about procedures.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that the latest schedule from Public Health England (PHE) regarding vaccines was available.

The staff team at the practice were mainly longstanding. We reviewed one personnel file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification (smart card), references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).

There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staffing levels had been reviewed since our inspection of 16 April 2017. Extra staff were being recruited to reception and GPs were working additional shifts.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. As GPs sometimes worked alone at the practice in the evenings, there was a panic button available for them to use in an

Are services safe?

emergency. However, staff we spoke with were unsure who was alerted if the panic button was activated. It was unclear what help would arrive if staff activated the panic button.

- 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 for major incidents such as power failure or building damage, the plan had been updated since the last inspection. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 13 April 2017, we rated the practice as good for providing effective services. At our inspection on 17 September 2017 the practice remains rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The overall clinical exception reporting rate was 5% compared to a CCG average of 7% and a national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was better than the national average. For example, 92% of patients with diabetes had an acceptable blood pressure reading in the preceding 12 months, compared with a CCG and national average of 78%; and the percentage of patients

with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 92% compared with a CCG average of 91% and a national average of 88%.

- Performance for mental health related indicators was better than the national average. For example 94% of patients with schizophrenia bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%.
- The practice had scored 100% in all 14 areas of disease management measured under the QOF system.

There was evidence of quality improvement including clinical audit:

There had been three clinical audits commenced in the last two years, two of these were completed audits where improvements were implemented and monitored.

Findings were used by the practice to improve services. For example, recent action taken as a result included, improvement to the take up of the pneumococcal vaccination by patients. An audit of shingles vaccination showed an improvement in the uptake of 70 year olds from 30% to 50%, in 71 to 72 year olds from 66% to 74% and no change in 78 to 79 year olds at 67%.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an informal induction system for all newly appointed staff which included shadowing and training. The majority of staff were longstanding team members. We saw that the training included such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and updates shared via email.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice was signed up to a learning pod which staff could access for training purposes.

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. Information such as NHS patient information leaflets were also available.
- 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 services 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 evidence that multi-disciplinary team meetings and palliative care meetings took place on a monthly basis. The plans were routinely reviewed and updated for patients with complex needs. Clinical meetings were held on average every two weeks and were minuted.

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.

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 drug and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 90%, which was higher than the CCG average of 87% and the national average of 81%. The practice also encouraged its patients to participate in national programmes for bowel and breast cancer screening and the uptake for these were comparable to the CCG and national average. For example, females aged between 50-70 screened for breast cancer in last 36 months was 79% compared to the CCG average of 72% and the national average of 72%; and persons aged between 60-69, screened for bowel cancer in the last 30 months was 53% compared to the CCG average of 56% and the national average of 58%.

Childhood immunisations are measured across four areas, the percentage of children under one year old with a full course of recommended vaccines and three areas of vaccination for children of two years of age. The figures are aggregated to provide a score out of 10. The practice scored eight and a half. The national average is nine

The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. 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. There were systems to help 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.

Are services caring?

Our findings

At our previous inspection on 16 April 2016, we rated the practice as good for providing caring services. At our inspection on 17 September 2017 the practice remains rated as good for providing effective services

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 39 of the 41 patient Care Quality Commission comment cards we received were positive about the care they received at the practice. The two negative comments concerned medicines issues. Patients said they felt the practice offered an excellent care and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 79% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 79% say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 84% and the national average of 86%.

- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 92% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 90% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 98% found the receptionists at the practice helpful compared with the CCG average of 84% 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.

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 70% say the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 95% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

Are services caring?

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

a number of support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 53 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. This was also available on the practice's website and the patient participation group had facilitated a carer's learning set at the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 13 April 2016, we rated the practice as good for providing responsive services. Following our inspection on 14 September 2017 the practice remains rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered an extended hours clinic on a Monday evening until 8pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or complex needs.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Same day appointments were available for all patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The premises and services had been designed to meet the needs of patients with disabilities, including a ramp at the front of the building and a lift to the first floor premises.
- Translation services were available.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups. Long-term conditions clinics were run by the GPs.

Access to the service

The practice was open between 8am and 6.30pm every day except Thursday when it closed at mid-day. Appointments were from 9.30am to 1.00pm and 4.30pm to 6.30pm. Extended hours appointments were offered from 6.30pm to 8pm every Monday. Cover was provided by a local GP in the event of emergency on a Thursday afternoon. After 6.30pm patients were advised to call NHS 111.

All the patients that called the surgery were given an appointment or a telephone consultation on the day they called. If the telephone consultation resulted in a patient

requiring an appointment they were seen the same day. Patients were able to book appointments with a GP up to a week in advance. We were told that patients who called the surgery in the morning were given a morning appointment and that afternoon slots were kept for patients who telephoned later in the day.

A practice nurse was available every morning from 8.35am to 11.30am and on Wednesday afternoons from 2pm to 5.45pm. These appointments could be booked up to four weeks in advance.

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

- 78% are satisfied with the surgery's opening hours compared to the clinical commissioning group (CCG) average of 69% and the national average of 76%.
- 81% found it easy to get through to the practice by telephone compared with the CCG average of 59% and the national average of 71%.
- 91% were able to get an appointment to see or speak with someone the last time they tried compared with the CCG average of 80% and the national average of 84%.
- 89% said the last appointment they got was convenient compared with the CCG average of 75% and the national average of 81%.
- 81% described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 71% of patients said they did not normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

GPs telephoned the patient in advance of a home visit in order to make an informed decision according to clinical need. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system 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. There were posters and leaflets in the waiting area. Information was available on the practice's website.

We looked at three complaints received in the last 12 months and found that the complaints were dealt with in a timely way and handled in a satisfactory manner. The practice demonstrated a culture of openness and transparency when dealing with complaints. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example, two complaints involved access to appointments and the practice had increased lunchtime appointments from 12 noon until 1pm in response.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 16 April 2016, we rated the practice as good for providing well led services. However following our inspection on 14 September 2017 the practice is rated as requires improvement for providing well-led services.

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care, however this was not consistently implemented. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff told us that since the last inspection there was more clarity about the lead roles.
- Practice specific policies were implemented and were available to all staff. This again was an improvement since the last inspection when they had not always been available
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There was a comprehensive understanding of the performance of the practice regarding patients' care and the effectiveness of their treatment. Indeed the results for the clinical treatment of patients were considerably higher than the national averages with the practice had scored 100% in all 14 areas of disease management measured under the QOF system.
- However there were failings in the arrangements for identifying, recording and managing risks, and for implementing mitigating actions. These included for example; limited knowledge and implementation of infection control measures and a lack of understanding about how staff, working alone in the evening were protected.
- The practice received safety alerts through the Central Alerting System (CAS). This is a system for issuing patient safety alerts, important public health messages

and other safety critical information and guidance. The alerts were received by the practice manager and passed on the GPs. There was no system for checking whether the alerts that required action had been actioned. Therefore the practice could not evidence if patients, who might need a review following an alert about a medicine they were taking had been reviewed.

- Vulnerable patients were not "flagged" on the practice's patients' record so that all staff were aware of when they were dealing with a vulnerable patient.

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 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). However the recording of the duty of candour requirement was incomplete, for example there was no record of the verbal communications with the patient. Some staff had received training on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems 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. However the practice did not always have the written material to evidence this.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. These were minuted and staff had access to the minutes.

Are services well-led?

Requires improvement 

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

- 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. 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 through:

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met

quarterly, with both GP partners and the practice manager in attendance. They carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a survey identified patients' dissatisfaction with the parking arrangements. The poor communication about the arrangements was identified as the issue and the practice have produced notice to keep the patients informed. A further survey is planned to see if the communication has been effective.

- The NHS Friends and Family test, complaints and compliments received
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management add your own examples of where the practice had listened to staff feedback. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not have an effective system or process that enabled them to assess, monitor and litigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The practice did not have an effective system for the management of infection prevention and control.• There was a lack of understanding about how staff working alone in the evening were protected.• There was a lack of system to check that safety alerts were actioned• Vulnerable patients were not identified on the practice's patient record so that all staff were aware of when they were dealing with a vulnerable patient.• The incident reporting form did not support the recording of notifiable incidents under the duty of candour.• The recording of the duty of candour requirement was incomplete. For example, there were no records of the verbal communications with patients involved in significant events. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>