Endless Street Doctors' 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Endless Street Doctors' Surgery on 17th May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well managed, with the exception of those relating to infection control and vaccine storage.

The areas where the provider must make improvement are:

- Ensure written consent is obtained for minor surgery which involved excisions (cutting the skin).

The areas where the provider should make improvements are:

- Ensure appropriate action is taken and recorded whenever the temperature recorded in the vaccine fridge goes outside the recommended limits.
- Ensure there is a full program of infection control audits undertaken.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- When things went wrong patients received reasonable support, truthful information and a written apology. They were told about any actions taken to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, there had been only one infection control audit undertaken in the last two years and we found some isolated areas of dust in one clinical area.
- The arrangements for storing vaccines were not adequate. We saw records of two incidents when the vaccine fridge temperature went above the recommended maximum limit and in both cases they were not recorded as a significant event and they was no evidence to show the practice had followed the appropriate protocols and guidance.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were at or above the national average.
- QOF data showed the practice was prescribing more Cephalosporins and Quinolones than the national average. (Cephalosporins and Quinolones are broad spectrum antibiotics and prescribing rates of these medicines are monitored due to concern they may encourage antibiotic resistance.) We saw the practice had done their own audit in response to this data and identified a number of actions to reduce their prescribing of these medicines
- 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.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- We found GPs were not routinely getting written consent for minor surgery which involved excisions (cutting the skin) in line with guidance.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in a local scheme to improve the care offered to people over 75 years of age. One aspect of the initiative involved the practice contacting patients on discharge from hospital to review their conditions and working with the local care coordinator to address any needs.
- Patients said the telephone triage system for urgent and same day appointments worked well but they sometimes had to wait a few weeks for a routine appointment with a GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led.

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, the procedures were not always implemented robustly. For example, we saw two occasions when the vaccine fridge thermometer recorded a temperature above the recommended limit. On both occasions the actions taken by senior staff did not meet the best practice guidelines.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, over the last two years there had not been an adequate programme of continuous internal audit to monitor quality and to make improvements. Specifically, there had been no infection control audits carried out until recently. We saw that these were now being restarted following the appointment of a new lead nurse.
- 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 patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- However, we found GPs were not routinely getting written consent for minor surgery which involved excisions (cutting the skin) in line with guidance.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. This includes proactively assessing patients who may be at risk of dementia by offering an assessment to detect early signs of dementia.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided weekly visits by a GP to two nursing homes and one residential home.
- The practice provided an enhanced service to vulnerable people over 75 years of age.

People with long term conditions

Good

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

- Patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were similar to the national average. For example 84% of patients with diabetes on the register had their cholesterol measured in the preceding 12 months compared to the national average of 81%.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were 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 95%, which was better than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Twenty one percent of patients on the list had registered for on-line services.
- Patients could be referred to an active health trainer at the practice who was able to give health advice, support and motivation to adults who wished to lead a healthier lifestyle. This included advice on healthy eating, losing weight, cutting down on alcohol, sexual health and stress and anxiety.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers.
- 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 identified and held a register of patients aged 14 years and over who had learning disabilities and offered an annual health check to these patients. 79% of patients on this list had received a health check in the last 12 months.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months (04/2014 to 03/2015), which is better than the national average of 84%.
- 100% of patients with a psychosis had their alcohol consumption recorded in the preceding 12 months (04/2014 to 03/2015), which is better than the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing slightly better than local and national averages. Two hundred and thirty six survey forms were distributed and 134 were returned. This represented 1.5% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% 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%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were mostly positive about the standard of care received. Patients said they received excellent care and were treated with kindness and respect. Some patients said getting a non-urgent doctor's appointment was difficult.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, three said it was difficult to get a routine GP appointment.

Endless Street Doctors' Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Endless Street Doctors' Surgery

Endless Street Surgery is located in three converted Georgian townhouses close to the centre of Salisbury.

Some of the consulting and treatment rooms are on the 1st floor. There is no lift but arrangements are in place to see patients in a downstairs consulting or treatment rooms where necessary.

The practice has a branch surgery in the village of Winterslow. We did not visit this site during our inspection.

Endless Street Surgery is a dispensing practice and has a dispensary in both the main and branch surgeries.

The practice delivers services to approximately 8,600 registered patients and has a higher than average number of patients over the age of 45. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the second least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 80 and 86 years, which is above the national average of 79 and 83 years respectively.

There are six GP partners and three salaried GPs providing a working time equivalent of five and a half GPs. Five are female and four are male. There are two practice nurses, two health care assistants, six dispensers, a driver (who delivers prescriptions) and a team of eight receptionists and administrators who support the practice manager and operations manager.

It is a training and teaching practice. (Teaching practices take medical students and training practices take qualified doctors training to be GPs).

The practice is open between 8am and 6.30pm Monday to Friday. Appointments with GPs are from 8.30am to 5pm daily. Extended hours appointments are offered between 6.30pm and 7.30pm on Monday and 7.30am to 8am on Tuesday. The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by MEDVIVO and is accessed by calling NHS 111.

Services are delivered via a General Medical Services (GMS contract). (GMS contracts are negotiated between NHS England and general practices for delivering medical services and are the commonest form of GP contract).

All services are provided from the following sites:

- 72 Endless Street, Salisbury, SP1 3UH.
- Winterslow Surgery, Middleton Road, Winterslow, SP5 1PQ.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 May 2016.

During our visit we:

- Spoke with a range of staff, including; four GPs, a nurse, a health care assistant, the practice manager, two dispensers and a receptionist.
- Spoke with nine patients who used the service, including two members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- 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.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events.However, they missed opportunities to record issues with the vaccine fridge as significant events, which meant they could not be sure all appropriate learning had been identified and shared.

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, there was an incident where a patient on palliative care was prescribed some "just in case" medicine which was not delivered. This was discussed at the weekly meeting and action taken to prevent this happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. Health care assistants were trained to level two.
- A notice in the waiting room and on consulting and treatment room doors 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. (DBSchecks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene in most areas.We observed most areas of the premises to be clean and tidy, although we found some isolated areas of dust in one clinical area.There was an infection control protocol in place and staff had received up to date training. However, there had been only one infection control audit undertaken in the last two years .We were told thepractice had been through a period of difficulties with the nursing team. They had recently recruited a new lead nurse who was going to be theinfection control clinical lead and we saw they were taking steps to review and (where appropriate) update the policies and procedures relating to infection control. For example, they had just completed an audit of handwashing. The lead nurse was liaising with the local infection prevention teams to keep up to date with best practice.
- We reviewed four 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.

Medicines Management

We looked at the arrangements for managing medicines including prescribing, handling, dispensing, storing and security. The practice had a dispensary offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy.

Good

Are services safe?

- The practice had a named GP lead, providing governance for the dispensaryand all members of staff involved in dispensing medicines had received appropriate training.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- We saw processes were in place to safely and accurately dispense medicines to patients. Practice staff told us about the procedures for managing repeat prescriptions, which included the review of high risk medicines, medicines requiring blood monitoring, and how they dealt with any that had exceeded the authorised number of repeats. All prescriptions were reviewed and signed by a GP before they were dispensed to the patient.
- Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored securely and managed in line with national guidance. For example, controlled drugs were stored in a controlled drugs cupboard and appropriate records were kept.
- Blank electronic prescription forms for use in printers were securely stored and we saw systems in place to monitor their use.
- The practice made some reasonable adjustments for patients who struggled to manage their own medicines, for example, by the provision of monitored dosage systems.
- The practice had a system in place to implement safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Any medicines incidents or 'near misses' were recorded for learning and the practice had a system of audit in place to monitor the quality of the dispensing process.
- Patient Group Directions 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.
- The arrangements for monitoring and recording issues with the vaccine fridge were not adequate. We looked at the routine recording of fridge temperatures and found that in December 2015 there had been five days when the temperature had been recorded at ten degrees Celsius which is two degrees above the maximum recommended limit of eight degrees Celsius. (When vaccines are stored above the recommended temperature there is a risk of them becoming ineffective which could put patients at risk.) The practice took advice from the fridge maintenance company who fitted a new thermostat and the vaccines were transferred to the vaccine fridge in the dispensary while the fridge was defrosted and reset.The day after the inspection we received further evidence from the practice showing the fridge maintenance company had found the fault lay with the fridge thermometer rather than the internal temperature. The practice also told us they had spoken to the vaccine manufactures who said the vaccines were safe to use.We saw minutes that showed the incident had been discussed at a practice meeting, but there was no evidence that they had identified what had gone wrong or made any changes to prevent it happening again. We were told that a second latch had been fitted to help ensure the fridge door was not left open although we saw no evidence that this was the cause of the problem. The practice did not follow Public Health England advice and contact NHS England.The practice missed the opportunity to record this issue as a significant event, which meant they could not be sure all appropriate learning had been identified and shared.
- We saw that a few days prior to our inspection there had been another incident when the vaccine fridge temperature had been recorded at nine degrees, which is one degree above the maximum recommended. The staff member responsible for recording the fridge temperatures had informedsenior staff. We were told this senior staff member had re-arranged the stock kept in the fridge and reset the thermometer. There was no evidence any further action had been taken. The practice did not follow Public Health England advice and contact NHS England.The practice missed the opportunity to record this issue as a significant event, which meant they could not be sure all appropriate learning had been identified and shared.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

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

Requires improvement

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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.5% of the total number of points available.

Data from 04/2014 to 03/2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example 84% of patients with diabetes on the register had their cholesterol measured in the preceding 12 months compared to the national average of 81%.
- Performance for mental health related indicators was better than the national average. For example, 100% of patients with psychosis on the register had their alcohol consumption recorded in the preceding 12 months, compared to a national average of 90%.

The practice was an outlier for the QOF indicator for antibiotic prescribing, which showed that 12% of antibiotic items prescribed were cephalosporins or quinolones compared to the national average of 5%. Cephalosporins and Quinolones are broad spectrum antibiotics and prescribing rates of these medicines are monitored due to concern they may encourage antibiotic resistance. This was discussed with the practice during our inspection. The practice had done their own audit in response to the QOF data and identified a number of actions which included two GPs attending an Royal College of GPs antibiotic prescribing course.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits completed in the last two years, two 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, recent action taken as a result of an audit of dementia diagnosis and referrals to the memory clinic, included an educational session for clinical staff.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nursing staff responsible for infection control attended infection control training.
- There had been no computer display screen risk assessment carried out for reception staff, nurses or GP's.
- 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,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

Staff sought patients' consent to care and treatment.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- However, we found GPs were not routinely getting written consent for minor surgery which involved excisions (cutting the skin) in line with guidance.

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 and alcohol cessation were signposted to the relevant service.
- Smoking cessation advice was offered by the practice.
- Chlamydia screening packs were available from the practice.

The practice's uptake for the cervical screening programme was 95%, which was better than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to clinical commissioning group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 96% and five year olds from 92% to 95%, compared to the CCG average range of 83% to 97% and 92% to 97% respectively.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 34 Care Quality Commission comment cards which were mostly positive about the standard of care received. Patients said they received excellent care and were treated with kindness and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Some patients said getting a non-urgent doctor's appointment was difficult.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable 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 91% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 154 patients as carers (1.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

The practice had been awarded a gold plus award for caring for carers by a local charity working in partnership with the local authority.

Staff told us that if families had suffered bereavement, they ensured to family was contacted and offered advice on how to find a support service if appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in a local scheme to improve the care offered to people over 75 years of age. One aspect of the initiative involved the practice contacting patients on discharge from hospital to review their conditions and working with the local care coordinator to address any needs.

- The practice offered extended hours surgery on a Monday evening and Tuesday morning for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments with GPs were from 8.30am to 5pm daily.

The practice operated a telephone triage system for urgent and same day appointments. A nurse or GP would ring patients back to discuss the problem and agree a course of action, which could be a same day appointment or a home visit. A triage GP was always available during opening times.

Pre-bookable appointments could be booked up to six weeks in advance.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

On the day of the inspection patients told us the triage system worked well but it was sometimes difficult to get a routine appointment without waiting a few weeks.

We noted that most of the consulting rooms were on the first floor and there was no lift. The practice told us they were aware of the difficulty this could cause some patients. They always ensured a ground floor room was available for patients who had difficulty with stairs and we saw an example of this during our inspection.

The practice offered a range of on-line services including appointment booking. Twenty one percent of patients on the list had registered for on-line services.

Listening and learning from concerns and complaints

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

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

We looked at three complaints received in the last 12 months and found they were handled with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, when a patient expressed concern about their confidentiality following a dispensing error the matter was investigated, a letter of apology was sent to the patient explaining what had happened and the standard operating procedure used by the dispensary was changed to prevent this happening again.

Are services well-led?

(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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly reviewed.

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 most staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff but not always implemented robustly. For example, we saw two occasions when the vaccine fridge thermometer recorded a temperature above the recommended limit. On both occasions the actions taken by senior staff did not meet the best practice guidelines.
- A comprehensive understanding of the performance of the practice was maintained
- Over the last two years there had not been an adequate programme of continuous internal audit used to monitor quality and to make improvements. There had only been one infection control audit carried out in the last two years. We saw that these were now being restarted following the appointment of a new lead nurse.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- However, we found GPs were not routinely getting written consent for minor surgery which involved excisions (cutting the skin) in line with guidance.

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 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.
- 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.
- We were told that the nursing team had recently come through a period of change. This had resulted in some areas, such as infection control, not being managed as robustly as they would have liked. There was now a completely new team in place and the practice had recently appointed a new lead nurse. We saw that she had started reviewing the policies and procedures to ensure they were operating in line with best practice.
- Staff said they felt respected, valued and supported, particularly by the partners in 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.

Are services well-led?

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, raised issues and submitted proposals for improvements to the practice management team. For example, when the PPG suggested the results of patient questionnaires should be put on the notice board in the waiting room, the practice agreed and this is now standard practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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. They were a training and teaching practice. (A teaching practice works with medical students while a training practice works with qualified doctors training to became GPs.)

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
Surgical procedures	Regulation 11 HSCA (RA) Regulations 2014 Need for consent How the regulation was not being met: GPs were not routinely getting written consent for minor surgery which involved excisions (cutting the skin) in line with guidance.