

Threeways

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?	Requires improvement		
Are services effective?	Good		
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 Threeways on 2 August 2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not assessed and well managed. The practice had not ensured that there was a failsafe system to monitor all cervical screening results were received back in the practice.
- The vaccine storage policy was not followed and no mitigating action was taken when there was a breach in the cold chain.
- 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.
- Patients said they found it easy to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- The provider should assess the risk to the health and safety of patients when receiving care and treatment. Including the safe management of medicines within the cold chain.

Summary of findings

- Ensure that patient specific directives (PSD) are used in accordance with national guidelines.
- Ensure that there is a failsafe system to monitor all cervical screening results are received back in the practice.
- Ensure that there is evidence of a programme of clinical audit to drive improvement to patient outcomes.

There were also areas of practice where the provider should make improvements:

- Ensure recruitment procedures are operated effectively to ensure that employees meet the requirements for the role. For example checks on locum GPs.
- Ensure all clinical staff have adequate indemnity insurance.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- The vaccine storage policy was not followed and no mitigating action was taken when there was a breach in the cold chain.
- Patient specific directives (PSD) were not signed by a prescriber until after administration.
- Blank printer prescription stationery was stored securely within the practice and was tracked to individual practitioners, in line with current national guidance.
- Recruitment checks were not conducted in line with current legislation. Nursing staff did not have current indemnity insurance.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Performance for osteoporosis related indicators was 100% compared to the local average of 96% and the national average of 83%.
- Performance for dementia related indicators was 100% compared to the local average of 99% and the national average of 95%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice held regular meetings designed to improve public health outcomes, including, contraception, travel and chronic disease clinics.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 95% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%). However, satisfaction regarding nursing staff had decreased since the previous survey. There had not been enough time to develop and implement an action plan. The management team were aware of the results.
- 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.
- Support was available at the practice and externally for those suffering bereavement or that had caring responsibilities for others.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



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 people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified older patients and coordinated the multi-disciplinary team for the planning and delivery of palliative care for patients approaching the end of life. The practice was aware of the gold standards framework for end of life care and knew how many patients they had who were receiving palliative care including a palliative care register.
- We saw unplanned hospital admissions and re-admissions care plan for the over 75's were regularly reviewed and improvements made.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were higher than national averages. For example, 100% of patients aged 50 or over (and who have not attained the age of 75) with a fragility fracture and confirmed diagnosis of osteoporosis, were currently treated with an appropriate bone-sparing agent. This was higher when compared to the local clinical commissioning group average (96%) and national average (81%).
- The practice was involved in a pilot project designed to improve the outcomes for people who live in care homes by increasing collaboration between providers.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 91% which was comparable to the clinical commissioning group (CCG) average of 92% and national average of 89%.
- Longer appointments and home visits were available when needed

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care
- Long term condition review clinics were held by the practice nurses.
- Performance for chronic obstructive pulmonary disease (COPD, a collection of lung diseases including chronic bronchitis and emphysema) indicators showed the practice had achieved 98% of targets which was similar when compared to the CCG average (99%) and higher when compared to the national average (96%).

Families, children and young people

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.
- Childhood immunisation rates for the vaccinations given were the clinical commissioning group (CCG) averages.
- 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 %, which was comparable to the CCG average of and 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.

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 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.

Good



Summary of findings

- The surgery offered extended late appointments every Thursday until 7pm and from 7.30am every Monday, Tuesday and Friday.
- The practice was proactive in offering online services for appointments and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had completed 100% of learning disability health checks, which is above the national average of 44%.
- Practice staff were trained to recognise signs of abuse within their vulnerable patients. This resulted in reception staff highlighting particular individuals to GPs that they felt needed further support.
- GPs worked within a multi-disciplinary team to ensure the best outcomes for vulnerable patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- 85% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the local average of 86% and the national average of 84%.

Summary of findings

- 83% of patients with a severe mental health issue who had a comprehensive, agreed care plan documented in the last 12 months, which was comparable to the local average of 89% and the national average of 77%.
- 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 July 2016. The results showed the practice was performing in line with local and national averages. There were 248 survey forms distributed and 101 were returned. This represented 1.6% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73% and the local average of 73%.
- 97% 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 85% and the local average of 84%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85% and the local average of 88%.

- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and the local average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards, which were positive about the standard of care received.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Feedback from the patients who used the service was positive and all of the patients we spoke with talked positively about the personalised and responsive care provided by the practice. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected.

Threeways

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

Background to Threeways

Threeways provides services from a purpose built two storey centre to patients living in and around Slough in Buckinghamshire. There are patient areas on two floors with the ground floor being accessible to patients with mobility issues, as well as parents with children and babies. It is a semi-rural practice with approximately 6000 patients on the practice list and is an area of the least deprivation.

The practice has a population distribution which has a lower number of patients aged 15-44 years and higher aged 45-49 years. Life expectancy is comparable with the national average and there is a lower percentage of patients that are unemployed.

The practice holds a general medical service contract and consists of five GP partners (three female and two male). There is one practice nurse (female), a healthcare assistant (male) and a pharmacist. The practice is a teaching practice for medical and nursing students.

The GPs and nurses are supported by a practice manager and a team of administration and reception staff. A wide range of services and clinics are offered by the practice including: asthma, diabetes, and minor surgery and child health/baby clinics.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 6pm every weekday. Extended hours appointments are offered between 7.30am to 8am and 6.30pm to 6.50pm Monday to Friday.

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website including how to access the service. The out of hour's service is provided by Care UK and is available after 6.30pm, weekends and bank holidays by calling NHS 111.

The service is commissioned by Chiltern clinical commissioning group (CCG). A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Services are delivered from: Pennylets Green, Stoke Poges, Slough, Berkshire, SL2 4AZ.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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 2 August 2016. During our visit we:

- Spoke with a range of staff (including the practice manager, three GPs, a health care assistant and three administration staff) and spoke with patients who used the service.
- 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.

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice identified that, although staff responded appropriately, changes to the emergency equipment could be improved following an emergency situation. A new emergency bag and different medicines were sourced.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, there was no evidence of any recruitment checks on two locum GPs that were working at the practice.

- The nursing staff did not have professional indemnity insurance (professional indemnity insurance provides cover for the legal costs and expenses in defending any alleged claims, as well as compensation payable to patients to rectify the mistake, if there are any).
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- The practice had made six safeguarding referrals in the last 12 months and had identified and responded to various needs of patients within the vulnerable group.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Blank prescription forms and pads were securely stored and tracked to individual practitioners.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had employed a pharmacist to support with this. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Specific Directions (PSDs) and Patient Group Directives (PGDs) had been adopted by the practice to

Are services safe?

allow nurses to administer medicines in line with legislation. A PGD is a written instruction for the supply and/or administration of a named licensed medicine for a defined clinical condition. Their use allows a registered health care professional to administer a prescription only medicine to a group of patients who fit the criteria without them necessarily seeing a prescriber. Health care assistants were trained to administer vaccines and medicines against a PSD from a prescriber. A PSD is a written instruction from a doctor or other independent prescriber for a medicine to be supplied or administered to a named patient. However, staff administering vaccines via a PSD were documenting on the patients notes that a prescriber had agreed the administration when this must be signed and documented by the prescriber prior to administration.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Monitoring risks to patients

Risks to patients regarding health and safety 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.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Threeways 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 96% of the total number of points available.

The most recent published exception reporting was lower when compared to the clinical commissioning group (CCG) and national averages. For example, the practice had 5% exception reporting compared to the CCG average exception reporting which was 8% and the national average of 9%. (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 2014/2015 showed:

- Performance for diabetes related indicators was 91% which was comparable to the clinical CCG of 92% and national average of 89%.
- Performance for mental health related indicators was 95% which was below the CCG average of 97% and above the national average of 93%.

- Exception reporting diabetes related indicators was 2% which was below the clinical CCG of 4% and national average of 5%.

There was evidence of quality improvement including clinical audit, with only one second cycle audit being completed in the last 12 months.

There had been four clinical audits undertaken in the last 12 months, one of these were completed audits where the improvements made were implemented and monitored. For example, one audit reviewed the management of patients with diabetes. The first cycle of audit, indicated 48% of patients were prescribed a statin (a medicine to reduce cholesterol levels), while 26% were prescribed a statin and had cholesterol levels within the recommended parameter. Following work to promote the use of statins to patients the second cycle of audit indicated 67% of patients were prescribed a statin, an improvement in the findings in the previous cycle.

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, for those reviewing patients with long-term conditions had regular training updates and protected study time.
- 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 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.

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. The practice identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for patients approaching the end of life. The practice was aware of the gold standards framework for end of life care and knew how many patients they had who were receiving palliative care including a palliative care register.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Clinics available in the practice included adult and baby flu vaccines, antenatal clinics with a midwife and contraceptive services. Patients were offered in house blood testing, blood pressure monitoring and minor surgical procedures.
- Annual diabetes, chronic obstructive pulmonary disease (COPD) and asthma checks were carried out by practice nurses.
- The practice was involved in a pilot project designed to improve the outcomes for people who live in care homes by increasing collaboration between providers.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice had failed to ensure that there was a failsafe system to ensure that all cervical screening results were received.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 62% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was higher when compared to the CCG average (59%) and national average (58%).
- 72% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar to the CCG average (76%) and the national average (72%).

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% compared to CCG average of 93% to 97%, and five year olds from 78% to 96% compared to CCG averages of between 79% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. 100% of patients with a learning disability had a health check in the last 12 months.

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 spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Feedback from the patients who used the service was positive and all of the patients we spoke with talked positively about the personalised and responsive care provided by the practice. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected.

All of the 17 patient Care Quality Commission comment cards we received were positive about the standard of care received when they attended the surgery. Patients said they felt the staff were helpful, caring and treated them with dignity and respect.

We spoke with one member 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 higher for its satisfaction scores on consultations with GPs. For example:

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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. The practice was higher for its satisfaction scores on consultations with GPs but lower for nurses. This was a decrease since the last GP patient survey. The low satisfaction with nurses had not yet been responded to as the results had just been published but the practice was aware of the results. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The waiting areas all had notice boards with key topics in the most common languages.

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 135 patients as carers (2.1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was followed by a patient consultation at a flexible time and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered early morning and late evening appointments for working patients who could not attend during normal opening hours.
- Appointments could be booked in person or over the phone. The surgery also provides an electronic prescribing service and online appointment booking.
- 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 vaccines available on the NHS as well as those available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 6pm every weekday. Extended hours appointments were offered between 7.30am and 8am Monday, Tuesday and Fridays, and 6.30pm and 7pm on Thursdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent on the day appointments were also available for people that needed them.

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

- 77% of patients were satisfied with the practice's opening hours compared to the local average of 73% and the national average of 76%.

- 80% of patients said they could get through easily to the practice by phone compared to the local average of 73% and the national average of 73%.
- 78% of patients said they could usually get to see their preferred GP compared to the local average of 63% and the national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them urgently and could usually get to see their preferred GP. Patients commented that they felt they had good continuity of care.

The practice had a system in place to assess:

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

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to patient's 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.

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 nine complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Lessons were learnt from individual concerns and complaints, and action was taken as a result to improve the quality of care. For example, there were a number of complaints regarding booking appointments. The practice actively encouraged patients to use the online booking service to improve access.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice's vision centred on keeping the patients needs at the forefront of everything.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had recently had changes to the management structure. It was clear on the day of inspection that although there were some governance issues identified, systems were in place to ensure these were rectified. Staff commented that although the changes had been difficult, they felt that clear improvements had been made within the last few months.

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, policies were not all reviewed regularly and were not up to date. For example, the complaints policy had two different names of who to contact (one of which no longer worked at the practice).
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements. However, we saw no future programme of clinical audit to improve care and treatment for patients.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating

actions. However, clinical systems to monitor processes, such as patient specific directives, lack of evidence for locum GP recruitment checks and checking of vaccine storage, failed to identify safety concerns.

Leadership and culture

On the day of inspection the GPs and practice manager demonstrated they had the experience,

capacity and capability to run the practice and ensure high quality care. The leadership team had recently stabilised and continues to develop. The practice manager told us it had been a challenge since taking over the practice in January 2016 but they were now confident that practice patients received safe, high quality and compassionate care.

The management team fully engaged with the inspection process. We were presented with extensive documents during the inspection and staff were keen to tell the inspection team how they felt the practice had improved over the last six months.

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.
- There was an appraisal programme for the full practice team; we saw the practice had gathered feedback from staff through staff meetings and discussions.

Are services well-led?

Good 

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

- 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 in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice told us that the PPG met regularly and carried out patient surveys.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider had failed to ensure that the cold chain policy was followed to mitigate any risks to patients.• The provider had failed to ensure that patient specific directives (PSD) were used in line with guidance.• The provider had failed to ensure that there was a failsafe system to monitor all cervical screening results are received back in the practice. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>