

The Village Surgery

Quality Report

113 East Barnet Road,
Barnet,
London
EN4 8RF
Tel: 0208 449 6443
www.thevillagesurgerynewbarnet.nhs.uk

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to The Village Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	21

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Village Surgery on 22 October 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough and people did not always receive a verbal and written apology.
- Risks to patients were assessed and well managed, with the exception of those relating to infection prevention and control (IPC) and pre-employment checks.
- Data showed some patient outcomes were low for the locality such as the care for people with diabetes and hypertension.
 - Clinical audits demonstrated quality improvement.

- Patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested and routine appointments with a GP were usually available within three working days.
- Patient survey feedback was above local and national averages regarding appointments access.
- Practice specific policies were up to date and readily available to all staff but some had not been implemented. For example some staff members had not received annual infection prevention and control training which was not in accordance with the practice's policy.
- The practice's patient participation group (PPG) had not met for more than 12 months. The practice could not demonstrate that it had proactively sought feedback from patients.

The areas where the provider must make improvements are:

Summary of findings

- Undertake infection prevention and control audits so that risks are identified and acted upon.
- Ensure recruitment arrangements include all necessary pre-employment checks such as DBS checks and risk assessments for staff undertaking chaperoning duties.

In addition the provider should:

- Reconvene its PPG so that it can proactively seek patients' views on how the service is delivered.
- Review its significant events reporting and recording systems to ensure they are being identified, recorded, used to identify risks and continuously improve patient safety.
- Introduce a system for checking expiry dates of emergency medicines.
- Demonstrate systems for support to patients when things go wrong.
- Ensure there is a record of clinical meeting discussions so as to enable reflection on outcomes being achieved and to identify improvement areas such as regarding performance on diabetic care and hypertension.
- Undertake Control of Substances Hazardous to Health (COSHH) risk assessments.
- Review systems for updating and monitoring QOF performance; particularly care for people with diabetes and hypertension; and consider working more closely with its Clinical Commissioning Group in this regard.
- Ensure that induction takes place for all newly appointed members of staff.

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, as there are areas where improvements must be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- 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, the practice was not undertaking annual infection and prevention control audits and pre-employment checks were not on file for some staff members.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed some patient outcomes were low for the locality such as the care of people with diabetes and hypertension.
- Clinical audits demonstrated quality improvement.
- Multidisciplinary working was taking place but was generally informal and record keeping was either limited or absent.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand although learning from complaints was not formally recorded.

Are services well-led?

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

- The practice had a clear vision to deliver personalised and patient centred care. It also had a statement of purpose and staff we spoke with knew and understood its values
- The practice had a number of policies and procedures to govern activity. These had been recently updated and were accessible to staff but some had not been adhered to (such as the IPC policy).
- The practice's PPG had not met for more than 12 months.
- The practice could not demonstrate how it proactively sought feedback from patients and acted on their views.

Requires improvement



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 provider was rated as requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, some examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable to the national average.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.
- If patients were unable to visit the practice nurse's upstairs consulting room, alternative appointments were arranged for a downstairs consulting room to be used.
- Patients from this population group spoke positively about care and treatment provided.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes whose last measured total cholesterol (within the preceding 12 months) was 5 mmol/l or less was 66% compared with the 82% national average.
- Longer appointments and home visits were available when needed. However, not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- 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 for the standard childhood immunisations were above local CCG averages.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours.
- The practice's uptake for the cervical screening programme was 80% which was comparable to the national average of 82%.
- Multidisciplinary working was taking place with health visitors. However these were informal and record keeping was limited or absent.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- 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.
- Patients could book appointments or order repeat prescriptions online.
- Health promotion advice was offered and there was accessible health promotion material available through the practice.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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)

The provider was rated as requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, some examples of good practice:

- 77%
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to 86% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It 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 people with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015. The results showed the practice was performing above local and national averages. There were 258 survey forms distributed for The Village Surgery and 108 forms were returned. This is a response rate of 42%.

- 95% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 96% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 97% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 97% said the last appointment they got was convenient (CCG average 90%, national average 92%).

- 89% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 94% usually waited 15 minutes or less after their appointment time to be seen (CCG average 57%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received with key themes being that appointments were accessible, that clinicians were knowledgeable and that reception staff were helpful and courteous.

We spoke with three patients during the inspection. They spoke positively about the care they received and told us they thought staff were polite, knowledgeable and kind.

Areas for improvement

Action the service **MUST** take to improve

- Undertake infection prevention and control audits so that risks are identified and acted upon.
- Ensure recruitment arrangements include all necessary pre-employment checks such as DBS checks and risk assessments for staff undertaking chaperoning duties.

Action the service **SHOULD** take to improve

- Reconvene its PPG so that it can proactively seek patients' views on how the service is delivered.
- Review its significant events reporting and recording systems to ensure they are being identified, recorded, used to identify risks and continuously improve patient safety.
- Introduce a system for checking expiry dates of emergency medicines.

- Demonstrate systems for support to patients when things go wrong.
- Ensure there is a record of clinical meeting discussions so as to enable reflection on outcomes being achieved and to identify improvement areas such as regarding performance on diabetic care and hypertension.
- Undertake Control of Substances Hazardous to Health (COSHH) risk assessments.
- Review systems for updating and monitoring QOF performance; particularly care for people with diabetes and hypertension; and consider working more closely with its Clinical Commissioning Group in this regard.
- Ensure that induction takes place for all newly appointed members of staff.

The Village 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 advisor and a practice manager specialist advisor.

Background to The Village Surgery

The Village Surgery is located in Barnet, North London. The practice has a patient list of approximately 4,300. Fourteen percent of patients are aged under 18 (compared to the national practice average of 14.8%) and 20% are 65 or older (compared to the national practice average of 17%). Fifty three percent of patients have a long- standing health condition, whilst 13% have carer responsibilities.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises one male GP partner (8 sessions per week), one female GP partner (8 sessions per week), one female salaried GP (2 sessions per week), one female practice nurse (8 sessions per week) practice manager and administrative/reception staff.

The practice holds a Personal Medical Service (PMS) contract with NHS England. This is a locally agreed alternative to the standard General Medical Service (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice's opening hours are:

- Monday – Friday: 8.30am-1pm and 2pm-6.30pm.

Appointments are available at the following times:

- Monday- Friday: 9am -12pm and 3pm - 6:30pm.

Outside of these times, cover is provided by an out of hours provider.

The practice is registered to provide the following regulated activities which we inspected: treatment of disease, disorder or injury; diagnostic and screening procedures; family planning; and maternity and midwifery services.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 October 2015. During our visit we:

Detailed findings

- Spoke with a range of staff including partner GPs, practice nurse, practice manager and reception staff; and spoke with patients who used the service.
- Reviewed the personal care or treatment records of patients.
- Observed how people were being cared for and talked with carers and/or family members
- 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 are provided for specific groups of people and what good care looks 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

The practice had systems in place for reporting and recording significant events but reviews and investigations were not thorough enough. We reviewed safety records, incident reports and the practice's significant events log which showed that three significant events had been recorded since January 2014. For example, the log showed that an October 2014 safeguarding incident had also been recorded as a significant event and that changes had been implemented following the incident such as reviewing safeguarding contact details to ensure they were up to date and readily available to staff.

However, although we were told that when significant events occurred they were reviewed at one of the practice's weekly team meetings to ensure that learning was shared, these meetings were not routinely minuted and so the practice could not demonstrate that learning from significant events had been shared and used to continuously improve patient safety.

Another significant event related to a delayed patient referral. We noted that the patient had received reasonable support but there was no evidence that they had received an apology or been advised of what the practice had done to prevent the same thing happening again.

Overview of safety systems and processes

We looked at systems, processes and practices in place to keep people safe and safeguarded from abuse. We noted the following:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 relevant to their role. GPs and the practice nurse were trained to safeguarding level 3.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. The practice nurse and practice manager acted as chaperones and had

been trained for this role. However, at the time of our inspection the practice had not undertaken disclosure and barring service checks (DBS checks) for these staff members or risk assessed the practice manager's duties to determine the need for a 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. Shortly after our inspection, we were sent confirming evidence that a DBS check was on file for the practice nurse.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC policy in place but we noted that the practice was not following aspects of the policy. For example, the policy stated that all staff should regularly attend IPC training but records showed that this had only taken place for the practice nurse and practice manager. In addition, the practice was not undertaking annual IPC audits to identify and act on infection risks. This was also not in accordance with the practice's IPC policy.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed seven personnel files and found that five contained appropriate recruitment checks that 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

Are services safe?

Barring Service. However, two files (the newest member of staff and the long term GP locum) did not contain pre-employment checks. We were told that this would be immediately addressed.

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. The practice undertook a fire risk assessment in October 2015. 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 not undertaken risk assessments such as Control of Substances Hazardous to Health (COSHH) and legionella (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 that 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.
- Staff had received annual basic life support training in August 2015 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. There was also a first aid kit and accident book 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 fit for use although there was no system in place for regular checks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- However, there was no evidence that the practice monitored that these guidelines were followed through risk assessments, audits or random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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. At the time of our inspection, the most recent published results showed that 87% of the total number of points available were gained by the practice, with 4% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed:

- Performance for diabetes related indicators was 77.7% which was 12.6% below the CCG average and 12.4% below the national average.
- Performance for hypertension related indicators was 66% (which was below the CCG average by 23.5% and below the national average by 22.4%).
- Performance for mental health related indicators was 88.5% which was 4% below the CCG average and 1.9% below the national average.
- Performance on dementia related indicators was 100% which was 5.2% above the CCG average and 6.6% above the national average.

We noted that the practice's below average performance on diabetic care was partly attributable to its performance on the percentage of diabetic patients referred to a patient education programme and to its

performance on the percentage of diabetic patients who had had flu immunisation in the previous 12 months. However, there was no evidence that the practice was aware of this or taking action to improve performance in these two areas (although clinical audits were taking place to improve patient outcomes for other aspects of diabetic care).

The practice's below average performance on hypertension was attributable to its performance on the percentage of patients with hypertension whose last blood pressure reading was 150/90 mmHg or less. However, we noted that the practice undertook annual patient reviews which included blood pressure monitoring and which therefore contributed towards increased QOF performance in this area. It appeared that the practice was undertaking the clinical activity but not reviewing or appropriately recording this activity as part of QOF performance monitoring. We noted that the practice was not routinely working with its CCG to see how it could improve its QOF data monitoring and collection systems.

Weekly clinical meetings took place with the two GP partners and practice nurse but these were not routinely minuted to enable monitoring of patient outcomes and identify improvement areas as necessary.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last 12 months; both of which were completed audits where the improvements made were implemented and monitored.
- Audit findings were used by the practice to improve services. In October 2014, the practice had undertaken an audit to see whether diabetic patients prescribed medicine X had also had a recent renal function test (a test of their kidney function). Patients with diabetes have high blood glucose (sugar levels) which over time can cause a range of problems including kidney disease. The audit highlighted that 15 of the 92 patients identified had not had a renal function test. These patients were invited to the practice for a test and a Feb 2015 reaudit highlighted that this number had reduced to 7 patients.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had a formal induction programme for newly appointed non-clinical members of staff covering topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality although we noted that this had not been completed for the newest staff member (May 2015).
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for staff administering vaccines, reviewing patients with long-term conditions and treating patients experiencing poor mental health.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Non clinical staff had had an appraisal within the last 12 months.
- Staff received training that included: chaperoning, safeguarding and basic life support. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Multi-disciplinary team meetings took place on a two monthly basis but were not routinely minuted.

Consent to care and treatment

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

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

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80% which was comparable to 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 94% and five year olds from 90% to 97% compared respectively to 72% to 80% (CCG) and 64% to 91% (national).

Flu vaccination rates for the over 65s were 73% and at risk groups 62%. These were respectively above or comparable to CCG and national averages.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

All of the 23 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients who also fed back that they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff were kind and responded compassionately when they needed help and provided support when required. For example, driving a patient home from the practice during bad weather and offering water to older patients during summer months.

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

- 92% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 84%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 94%)

- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 90%).
- 96% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

We noted that one of the practice's toilets was accessed via an area where patient records were stored. This potentially meant that members of the public had access to patient records. We brought this to the attention of the practice and were advised that access to the toilet would be restricted to staff members only.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13% of the practice list as carers. 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population and worked to secure improvements to services where these were identified. For example:

- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- On line appointment booking and repeat prescriptions were available.
- There were longer appointments available for people with a learning disability.
- Upon request, a breastfeeding room was available.
- Interpreting facilities were available including British Sign Language.

Reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services. For example, the practice nurse's treatment room was located on the first floor and the building did not have a lift. Staff told us that they scheduled appointments so that patients with impaired mobility were treated in a ground floor treatment room.

Access to the service

The practice's opening hours are:

- Monday – Friday: 8.30am-1pm and 2pm-6.30pm.

Appointments are available at the following times:

- Monday- Friday: 9am -12pm and 3pm - 6:30pm.

Outside of these times, cover is provided by an out of hours provider. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

A GP partner told us that the practice had stopped providing extended opening hours four weeks ago due to appointment slots often not being booked. We were told that routine appointments with a GP were usually available within 3 working days. Patients on the day spoke positively about how they could access emergency and routine appointments when they needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 89% patients described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 94% patients said they usually waited 15 minutes or less after their appointment time (CCG average 57%, national average 65%).

Listening and learning from concerns and complaints

We looked at the practice's system for handling complaints and concerns. We noted the following:

- 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 such as in reception, in a patient information leaflet and on the practice website.

Records showed that the practice had received two written complaints in the last twelve months and that they had been satisfactorily handled and dealt with in a timely and open way. For example, one complaint related to a delayed hospital referral. The practice had made contact with the hospital and was able to confirm that the hospital letter had been received. However, there was no documented evidence of practice staff learning from the complaint including a review of its processes to minimise the chance of reoccurrence.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver personalised and patient centred care within available resources. The practice also had a statement of purpose and staff we spoke with knew and understood its values.

Governance arrangements

We looked at governance arrangements and noted the following:

- There was a programme of continuous clinical audit which was used to monitor quality and to make improvements.
- Practice specific policies were up to date and readily available to all staff but some had not been implemented. For example IPC audits were not taking place in accordance with the practice IPC policy.
- There were limited arrangements for identifying, recording and managing risks, issues and implementing mitigating actions including those relating to significant events analyses, staff recruitment checks, IPC and COSHH.
- Clinical meetings were not routinely minuted and so it was unclear how some patient outcomes were being monitored and improved as necessary. For example, it appeared that the practice's QOF performance negated the actual level of clinical activity regarding patients with diabetes and hypertension.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. The practice had some systems in place for knowing about notifiable safety incidents. However, when there were unexpected or unintended safety incidents the practice did not always give affected people a verbal and written apology.

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

- Staff told us that the practice held regular team meetings although these were not routinely minuted. The practice manager told us that because the staff team was small, she routinely held regular one to one discussions with individual staff members.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt supported if they did.
- 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

- There was a limited approach to obtaining the views of people who used the service. We were told that the practice's patient participation group (PPG) had not met for over 12 months but were further advised that a meeting was to take place shortly, so that the practice could proactively seek patients' feedback in service delivery.
- We were told that the practice routinely gathered feedback from staff through staff meetings and discussions but these were not minuted. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by:</p> <ul style="list-style-type: none">• Failing to undertake IPC audits in order to identify and act on infection risks. <p>This was in breach of Regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Transport services, triage and medical advice provided remotely	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to ensure that recruitment procedures were established and operated effectively by:</p> <ul style="list-style-type: none">• Failing to ensure that there were pre-employment checks undertaken for staff members in accordance with Schedule 3 Information Required in respect of

This section is primarily information for the provider

Requirement notices

persons employed or appointed for the purpose of a regulated activity; including all necessary DBS checks and risk assessments for staff undertaking chaperoning duties.

This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.