

Sovereign Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sovereign Practice on 26 April 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 assessed and well managed.
- 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.
- Data showed patient outcomes were lower than the national average. Although some audits had been carried out, we saw limited evidence that audits were driving improvements to patient outcomes.
- 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 with a named GP and there was continuity of care, with all patients being offered an appointment on the same day.
- 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.

Summary of findings

The areas where the provider must make improvement are:

- Ensure that a comprehensive programme of clinical audits and re-audits is implemented to improve patient outcomes.
- Ensure that the recent improvement in QOF scores is proactively driven forward and solutions identified to continue improving in those performance areas.
- Ensure that cleaning schedules include sufficient detail to be fully auditable.
- Ensure that a system for managing and monitoring the need for role specific refresher training is introduced.

The areas where the provider should make improvements are:

- Ensure that a robust and auditable system of recording actions and outcomes is implemented in relation to significant events.
- Ensure that minutes of meetings incorporate a process for taking actions forward.
- Ensure that additional activity is undertaken to identify and register those patients with caring responsibilities.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. However, the audit trail of actions and outcomes was not robust.
- 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 where appropriate, 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 requiring improvement for providing effective services.

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or below average compared to the national average. This had been recognised by the practice and we saw some evidence of improvement.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was limited evidence that audit was driving improvement in patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, however there was no formal method of identifying refresher training requirements.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice as comparable to local and national averages for care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Two GPs from the practice were part of a CCG working group driving the development of a new model of 'Accountable Care' forward.
- The practice also engaged in a project to review patients over the age of 75 years currently taking multiple medicines.
- Patients said they were able to make an appointment with a named GP and there was continuity of care.
- The practice operated a same day appointment service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.

Good



Summary of findings

- 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.

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 offered home visits to housebound older people to be immunised against flu.
- The practice had employed pharmacists whose role included conducting medicines reviews for those patients over the age of 75 years.

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.
- The practice offered home visits for housebound patients requiring a diabetic review or an INR review.
- Retinal screening was available on-site for diabetic patients.
- The practice offered a self-test facility for blood pressure which was situated in the waiting area.
- The practice had purchased a wheel chair weighing scale to support the on-going care of patients locally.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 76% compared to the national average of 81%
- The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 89% compared to the national average of 94%.
- Longer appointments and home visits were available when needed.
- 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.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years 79% compared to 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 and health visitors.
- The practice offered family planning clinics both within and outside of core hours.
- The practice offered immunisation clinics for children, teenagers and travellers.

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).

Good



- 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.
- The practice offered evening and early morning pre-bookable appointments
- GP telephone consultations were available throughout the day.
- The practice offered evening family planning clinics.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There was some evidence of proactivity in the identification of carers.
- The practice held a palliative care register.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 75% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 71% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- One GP was trained to conduct dementia assessments and clinics were held on site.
- The practice accommodated trained personnel to deliver counselling and cognitive behaviour therapy clinics.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with national averages in the majority of areas. 236 survey forms were distributed and 120 were returned. This represented 0.83% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 18 comment cards, 16 of which were very positive about the standard of care received. Two cards contained both negative and positive comments. The positive comments were related to the care given and the staff. The negative comments were related to obtaining appointments. Overall, patients described staff as friendly, helpful, caring and polite. Several of those cards had been completed by patients with long-term conditions and these cards praised the practice for its management of that condition.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. In the six months from October 2015 to March 2016, the practice received a total of 405 friends and family comment cards. 377 (93%) stated that they would be either highly likely or likely to recommend the practice to friends and family. 14 (3.5%) were neutral and 14 (3.5%) stated that they would be unlikely or highly unlikely to recommend the practice to friends and family.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that a comprehensive programme of clinical audits and re-audits is implemented to improve patient outcomes.
- Ensure that the recent improvement in QOF scores is proactively driven forward and solutions identified to continue improving in those performance areas.
- Ensure that cleaning schedules include sufficient detail to be fully auditable.
- Ensure that a system for managing and monitoring the need for role specific refresher training is introduced.

Action the service **SHOULD** take to improve

- Ensure that a robust and auditable system of recording actions and outcomes is implemented in relation to significant events.
- Ensure that minutes of meetings incorporate a process for taking actions forward.
- Ensure that additional activity is undertaken to identify and register those patients with caring responsibilities.

Sovereign Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Sovereign Practice

Sovereign Practice is situated at Princes Park Health Centre, Wartling Road, Eastbourne East, Sussex, BN22 7PG close to a large residential area and the local football ground. The building is purpose built and accommodates a number of additional services such as x-ray, MRI and ultrasound scanning. There are plans to extend the practice further and provide more services in order to reduce the requirement for patients to travel to local hospitals for diagnostic procedures.

The practice offers treatment for disease, disorder and injury, family planning, maternity and midwifery services, minor surgical procedures and diagnostic and screening procedures.

There are six GPs at the practice. Four are male and two are female. Five GPs are partners with one salaried GP.

There are five practice nurses and six health care assistants.

The practice manager is also a partner at the practice and there is a team of administrators and receptionists.

The practice is open between 8.25am and 6.00pm.
Appointments are from 8.30am to 11am and 3pm to

5.10pm. Extended hours pre-bookable appointments are offered between 6.30pm to 7.40pm on Tuesdays and Thursdays and on Wednesday mornings between 7am and 8.10am.

The practice operates a duty doctor system from 8.00am to 8.30am and also from 6.00pm to 6.30pm. This is accessed by calling IC24. Patients can access health care via the NHS 111 service at all times when the practice is closed.

The practice has 14413 patients on the register. 32% of patients are aged 65 years and over. 59% of patients have a long-standing health condition and 52% of patients are either working or in full time education.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 April 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs nurses, healthcare assistants and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for.
- 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 the issues involved, areas for concern, recurrence prevention, action to be taken, by whom and a review date. We saw evidence that the practice complied with the specific legal requirements under the duty of candour 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, an error in relation to the identity of a patient led to an unnecessary diagnostic procedure being conducted. The patient was informed of the error and the matter was discussed at the partners meeting. This led to a review of workloads and consideration of the employment of an additional part-time GP. All GPs were reminded of the importance of spending time corroborating patient details.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- 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 practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. However, the cleaning schedules did not specify rooms, days of the week or desk top equipment. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. We were unable to identify an infection control policy at the time of the inspection, however, this evidence was promptly submitted post-inspection. The practice had engaged an infection control specialist to provide regular staff training and conduct the annual infection control audit. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Are services safe?

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the 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. Risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), were managed by the landlord of the premises. The practice held copies of relevant documentation and could demonstrate that policies and risk assessments were in place.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, and random sample checks of patient records.

The practice could demonstrate that access to a variety of diagnostic services on site had improved the efficiency of diagnosis and referral for specialist care. Examples included:-

- A patient presented at the surgery with a suspected fracture and was immediately referred on site for an X-ray and then to the A&E plaster room. A follow up appointment was made for the fracture clinic on the following day. This was all accomplished within two hours and prevented potential long waiting periods in a busy A&E.
- A patient presented with a chest infection that was not responding to standard treatment. This led to an X-ray which was reported on within six hours. An urgent specialist referral was able to be made within 24 hours of attending the surgery.

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 82% of the total number of points available.

There were two areas in the 2014 to 2015 data where exception reporting was shown to be significantly higher than the CCG or national averages. However, the practice evidenced that the exception reporting data collected for

the year 2015 to 2016 was much lower and in line with the anticipated CCG and national averages. The practice was unable to offer an explanation for the unusually high results.

This practice was an outlier for a number of QOF (or other national) clinical targets. Data from 2014 to 2015 showed:

Performance for diabetes related indicators was worse than the national average.

- The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March was 89% compared to the national average of 94%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 65% compared to the national average of 88%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 67% compared to the national average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 76% compared to the national average of 81%.

However, the practice had taken steps to improve performance and produced evidence of that improvement from the 2015 to 2016 data (not yet published or verified). This data showed that:-

- The percentage of patients with diabetes who received influenza immunisation had increased from 89% to 94%.
- The percentage of patients with diabetes who had had a foot examination had increased from 65% to 83%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months had increased from 67% to 76%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less had increased from 76% to 85%.

Performance for mental health related indicators was worse than the national average.

Are services effective?

(for example, treatment is effective)

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 75% compared to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 71% compared to the national average of 88%.
- The percentage of patients with physical and/or mental health conditions whose notes recorded their smoking status in the preceding 12 months (01/04/2014 to 31/03/2015) was 84% compared to the national average of 94%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 65% compared to the national average of 90%.

The practice had taken steps to improve performance and produced evidence of that improvement from the 2015 to 2016 QOF data (not yet published or verified). This data showed that:-

- The percentage of patients with poor mental health whose care had been reviewed in a face-to-face review had had increased to 83%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded had increased from 65% to 74%.

Performance in other clinical areas was lower than the national average.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2014 to 31/03/2015) was 71% compared to the national average of 84%.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2014 to 31/03/2015) was 65% compared to the national average of 75%.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) was 78% compared to the national average of 90%.

The practice had taken steps to improve performance and produced evidence of that improvement from the 2015 to 2016 QOF data (not yet published or verified). This data showed that:-

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less had increased from 71% to 77%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months had increased from 78% to 80%.

There was limited evidence of improvement through clinical audit.

- There had been five clinical audits completed in the last two years. However, only one of these was a completed two cycle audit where the improvements made were implemented and monitored. One example was an audit into the prescribing of the medicines Citalopram and Escitalopram, used for treating depressive illness. The audit led to a greater knowledge of these medicines and the potential side effects and other medicine interactions. An improvement in prescribing practice was noted with safe dosages of Citalopram being taken in all cases and Escitalopram no longer being prescribed.

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 that role specific training was in place. However, there was no formal process for managing and monitoring this training and there was a reliance on staff coming forward to seek out refresher training when their skill was due to expire.

Are services effective?

(for example, treatment is effective)

- 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.
- There was a system of appraisals in place. All staff had received an appraisal within the last 12 months.
- Staff were supported to access appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

Staff sought patients' consent to care and treatment 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.

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. Patients were signposted to the relevant service.
- Smoking cessation clinics were held on site.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0% to 98% compared to the CCG averages of 1% to 95% and five year olds from 89% to 98% compared to the CCG averages of 90% 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.

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.

16 of 18 patient Care Quality Commission comment cards we received were completely positive about the service experienced. Two cards contained both positive and negative comments. The negative comments were in relation to booking appointments. Overall, 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% 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%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%

- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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 response 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:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 had limited success in identifying carers and had identified 54 patients as carers (0.3%% of the practice list). The practice recognised the importance of supporting patients with caring responsibilities and had displayed a notice on all clinical

room doors to encourage those with such responsibilities to come forward and register. Each GP knew his or her own carers and ensured that support and respite was offered as appropriate. 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 followed by appropriate activity to meet the family's needs and signposting them to support services if required.

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. Two GPs from the practice were part of a CCG working group driving the development of a new model of 'Accountable Care' forward. The benefits of this project included the dilution of bureaucracy, the ability to bid for larger contracts, share resources and reduce the impact of retirement on practices by more efficient personnel management.
- The practice also engaged in a project to review patients over the age of 75 years currently taking multiple medicines. This led to a review of 468 patient's notes and 201 face to face reviews. Results included 188 medicines being removed as they were no longer needed or recommended; 181 cases where therapy was stopped and 63 cases where the dosage was reduced. Projected cost savings were expected to be approximately £25,000, improved care was delivered and it was anticipated that there would also be a reduction in hospital admissions.
- The practice offered extended hours on Tuesday and Thursday evenings until 7.40pm and also on Wednesday mornings between 7am to 8.10am, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice operated a same day appointment system and all patients requesting an appointment would be offered one that day. In addition 30% of appointments were pre-bookable up to two weeks in advance.
- The practice offered a travel clinic which was open to registered patients and non-registered patients. A full list of applicable charges was on the practice website.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.25am and 6.00pm Monday to Friday. Appointments were from 8.30am to 11am every morning and 3pm to 5.10pm daily. Extended hours pre-bookable appointments were offered between 6.30pm to 7.40pm on Tuesday and Thursday evenings and 7am to 8.10am on Wednesday mornings. In addition to pre-bookable appointments that could be booked up to two weeks in advance, all patients were offered a same day appointment.

The practice operated a duty doctor system from 8.00am to 8.30am and also from 6.00pm to 6.30pm. This was accessed by calling IC24. At all other times when the practice was closed patients were asked to contact the NHS 111 service.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 60% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice conducted its own patient survey in March 2016. 285 replies were received. The results showed that 92% of patients surveyed were satisfied with the practice's opening hours and 70% thought it was very or fairly easy to get through on the telephone.

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

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- 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. Leaflets were available in the waiting area and there was a detailed section on the practice website.

We looked at 31 complaints received between 20/2/2014 and 26/4/16 and found that they were investigated promptly and in an open and transparent manner. The

complainant was provided with a written response containing an explanation and/or an apology as appropriate. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, one patient complained about a long delay whilst waiting to be seen at the surgery. It had not been communicated to the patient that they had been offered a 'sit and wait' appointment which was likely to involve a period of waiting. The patient received an apology and staff were reminded to inform and apologise to patients regarding any clinic that was running late.

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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was forward thinking and keen to provide many diverse clinics and diagnostic services on-site reducing the need for patients to travel to local hospitals.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- There was limited evidence of clinical and internal audit, however, the practice was aware of the need to make improvements in this area.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

- The practice gave affected people reasonable support, truthful information and a verbal and written apology where appropriate.
- 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. However, the minutes did not incorporate a process for taking actions forward.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that Clinical Commissioning Group (CCG) led training days were held every four months.
- 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 PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, additional parking for disabled blue badge holders, and an improved screen for the waiting room as the previous one had been difficult for patients to read.
- The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Are services well-led?

Good 

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked closely with the CCG on local projects to improve outcomes for patients in the area. For example. The practice was engaged in a project to review patients over the age of 75 years currently

taking multiple medicines. Projected cost savings were expected to be approximately £25,000, improved care was delivered and it was anticipated that there would also be a reduction in hospital admissions.

The practice was a training practice and supported the training of new GPs and also medical students.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered provider did not have effective systems and processes in place to conduct a programme of regular audits of the service provided, and use those audits to improve the quality of the service and/or patients outcomes.</p> <p>We found that the registered provider did not have effective systems and processes in place to manage and improve performance under the Quality of Outcomes Framework.</p> <p>We found that the registered provider did not have effective systems and processes in place to monitor and audit the cleaning.</p> <p>We found that the registered provider did not have effective systems and processes in place to manage and monitor the role specific refresher training requirements.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	