

The Lennard Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Lennard Surgery on 29 September 2015. 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, with the exception of those relating to recruitment checks and the management of legionella.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.

In addition the provider should:

Summary of findings

- There should be evidence that action plans were implemented and completed to rectify concerns found during infection control audits.
- The practice should have a system of recording comments / verbal complaints made to the service for audit purposes.
- Continue to develop a system of clinical audits and re-audits to improve patient outcomes.
- The practice should have a risk assessment and policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings).

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Improvements were required to ensure that information kept to support safe recruitment practices were in place including disclosure and barring checks being carried out on all staff with personal contact with patients before they commence working with patients.
- Safe systems should be in place to ensure that patients and staff are protected from the risk of legionella.
- Annual infection control audits were undertaken and we saw evidence that action plans were implemented to rectify concerns. However, there was no written evidence that follow up checks were taken to ensure they had been completed.
- The practice had fire risk assessments and carried out regular fire drills. However, their fire safety protocols did not match practices what were carried out by staff, such as the detail of the drills and checks in place.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice should develop a system of clinical audits and re-audits to improve patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and 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 and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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 this.
- 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.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. There were gaps in these arrangements to monitor and improve quality and identify risk in infection control and the prevention of risk of legionella.
- 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 knowing about notifiable safety incidents
- 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.

- 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. Care plans were in place for those identified at greater risk.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and better than national average. For example the percentage of the patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92.06% with the national average 88.35%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 84.27%, which was better than the national average of 76.9%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

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

Good



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).

Good



Summary of findings

- Performance for mental health related indicators was better to the national average. For example the percentage of patients with recognised/diagnosed disorder who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 88.37%, the national average was 86.04%
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 84.91% which was comparable to the CCG and national average of 83.82%.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was generally performing in line with local and national averages. Of the 274 survey forms distributed, 105 were returned.

- 68.9% found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 72.7% and a national average of 74.4%.
- 82.9% found the receptionists at this surgery helpful (CCG average 88.5%, national average 86.9%).
- 87.2% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85.4%).
- 94.9% said the last appointment they got was convenient (CCG average 91.2%, national average 91.8%).
- 80% described their experience of making an appointment as good (CCG average 72.5%, national average 73.8%).
- 48.8% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62.1%, national average 65.2%).
- 92.5% said the GP was good at listening to them (CCG average of 89.5% and national average of 88.6%).

- 85.9% said the GP gave them enough time (CCG average 86.5%, national average 86.8%).
- 94.1% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95.3%).
- 81.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.3%, national average 85.1%).
- 98.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.7%, national average 90.4%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. We were told that patients were pleased with the care and service they had received at the practice. They also told us they had been referred for appropriate treatment in a timely manner, never rushed and treated with dignity and respect.

We spoke with two patients during the inspection, who said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff

Action the service **SHOULD** take to improve

- There should be evidence that action plans were implemented and completed to rectify concerns found during infection control audits.

- The practice should have a system of recording comments / verbal complaints made to the service for audit purposes.
- Continue to develop a system of clinical audits and re-audits to improve patient outcomes.
- The practice should have a risk assessment and policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings).

The Lennard 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 nurse specialist advisor.

Background to The Lennard Surgery

The Lennard Surgery, 1 Lewis Road, Bedminster Down, Bristol, BS13 7JD provides support for approximately 7900 patients in the Bedminster Down area in South Bristol and in the neighbouring communities of Hartcliffe and Withywood, where there are high levels of deprivation. With one of the highest proportions of elderly patients in Bristol (20% over the age of 65), there is a higher number of people with multiple chronic diseases and age related conditions.

The Lennard Surgery is made up of three houses, previously domestic dwellings, and there are a number of adaptations that have been made including ramps to the entrance and one of the fire exits; a lift that serves the first floor consulting rooms and patient controlled self opening entrance doors.

There are nine consulting rooms over two floors; three treatment rooms and a phlebotomy room on the ground floor. The waiting room is not large but has recently been improved to accommodate wheelchair users and parents with baby buggies. There are three patients toilets including one with facilities for patients with disabilities.

Administrative offices, staff toilets, common room, kitchen and meeting room are also on the first floor. There are staff parking spaces but no car park for patients.

There are five partners and two salaried GPs, three male and four female. There are three practice nurses, who include nurse prescribers and an advance nurse practitioner. The practice has two health care assistants and a phlebotomist. The practice funds the Clinical Commissioning Group (CCG) pharmacist to attend the practice one day per week in addition to one day per week from the CCG. The clinical staff are supported by a general manager, practice manager and an administration team. The practice is a training practice for Foundation Level 2 doctors, post graduate training for newly qualified medical practitioners and is also involved in clinical research.

The practice telephone lines are open from 8:30am until 6:30pm Monday to Friday. Appointments are available for on the day urgent and pre-booked routine GP and nurse appointments from 08:30am to 1:00pm and 2:00pm to 6:30pm each day. Additional surgeries are open on two Saturday mornings per month for booked appointments for those patients who are not able to attend during the week. The practice provides 50/50 appointments, 50% of appointments are able to be pre-booked from six weeks in advance, and the rest are available on the day.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, patient participation, remote care monitoring and childhood vaccination and immunisation scheme.

The practice does not provide Out Of Hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the website.

Detailed findings

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 29 September 2015. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, pharmacist, managers and administration staff and spoke with patients who used the service.
- Observed how people were being cared for.
- 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

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 also a system for recording, managing and monitoring significant events on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, how staff had difficulties to respond to a patient presenting with shortness of breath and chest pain. The staff on duty identified the processes for responding to such an emergency did not provide the best immediate care and support to patients. The outcome was reception staff were given extra training to deal with potentially urgent calls and patients were directed to be seen by a GP promptly. In addition oxygen was stored upstairs so that it was readily available on both floors. Checks of the heart monitoring equipment were included in the regular checks for the resuscitation equipment.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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 lead GP for children's safeguarding was also the named GP for the Bristol

Clinical Commissioning Group (CCG) and therefore was able to share knowledge and practice learning to enhance care and support to patients. 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. Staff had undertaken domestic violence training and were involved with a project with Bristol University, a domestic violence referral project. GPs were trained to safeguarding level 3.

- Notices in the waiting room and other areas advised patients that nurses would act as chaperones, if required. Disclosure and barring checks (DBS) had been carried out on staff who carried out this role. (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). We were told that patients rarely requested a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action plans were implemented to rectify concerns. However, there was no written evidence to demonstrate that follow up checks were undertaken. We did note that minor adjustments to the baby nappy change area should be implemented. This was because there was no equipment or antiseptic wipes in place to clean the changing mat after use or the appropriate foot operated waste bin for the disposal of used nappies.
- The arrangements for managing medicines, including emergency medicines and vaccines, 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 Clinical Commissioning Group (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

Are services safe?

been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccines.

- We reviewed two personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, there was variable evidence available to show proof of identification and references had been obtained. There was some documentation in regard to qualifications and training certificates. Some registration details with the appropriate professional body had not been obtained, for example, for one GP there was no evidence of the General Medical Council registration check. A copy of a previous Disclosure and Barring Service (DBS) check (2013) with another employer had been retained in their records but no new one obtained by the provider. We were told by practice staff and saw that the appropriate checks through DBS had not been carried out on all of the staff employed at the practice. The general manager informed us that they were in the process of completing two DBS checks for an administrator and volunteer. There was no evidence a risk assessment had been carried out on these staff to ensure patients were safe until these DBS checks had been returned.

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 information on display in the practice. The practice had up to date fire risk assessments and carried out regular fire drills. However, their fire safety protocols did not match practices what were carried out by staff, such as the detail of the drills and checks in place. 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 also had a

variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control. There was no method or protocol for the checking of legionella in the water systems in the practice.

- 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. From discussion with staff at the practice, administration staff had multiple roles and could step in to cover different aspects of the service such as reception and prescription management.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.

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 and detail of the arrangements to relocate to another local GP service facility should access to the building be compromised.

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 95.2% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed:

- Performance for diabetes related indicators was similar to the Clinical Commissioning Group (CCG) at 91.2% and better than national average. For example, the percentage of the patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92.06% with the national average 88.35%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with recognised/diagnosed disorder who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 88.37%, the national average was 86.04%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 84.91% which was comparable to the CCG and national average of 83.82%.

- The practice provided insulin conversion. This is a process of introducing or amending insulin therapy to patients with Type II diabetes. This addition to the service meant that patients could obtain treatment and support in the locality.

Clinical audits demonstrated quality improvement:

- There had been two clinical audits commenced in the last 12 months, one of these audits was generated by a GP at the practice to look at specific drug treatment for patients with a diagnosis of an inflammatory disease such as rheumatoid arthritis. The other was participating in the Bristol Clinical Commissioning Group audit into antimicrobial prescribing. Neither audits had been completed, however, there was evidence to show that the initial audit to look at a specific drug treatment for patients with an inflammatory disease resulted in a decision aid being used by GPs to determine the prescribing of such medicines, a planned review of patients care scheduled and monitored prescriptions before they were renewed.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. We saw information about the commitment the practice had in participating in research. Recent research had included care and treatment for patients with chronic kidney disease, cellulitis, asthma and cancer. They had also participated in research regarding frequent attenders, patients with dementia and an oral nutritional support trial. One member of administration staff had been recognised by a university lead clinician for their work in initiating the trial at the practice and for supporting another practice to be involved in the research programme.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The implementation of a 'clinicians pack' provided to new, permanent and temporary locums and registrars ensured that they had easy access to and sufficient information in regard to protocols and guidelines when they commenced working at the practice.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- 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.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. 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 patients 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 patients moved between services, including when they were referred, or after they were discharged from hospital. The practice, jointly with three other practices, supported a Patient Champion, funded by the Clinical Commissioning Group to liaise between local support groups to ensure that patients were aware of what was available to support them in the community. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care

plans were routinely reviewed and updated. We heard from staff about their involvement with different pilots being carried out in the local area including one to improve care and treatment for patients with diabetes.

Consent to care and treatment

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

- Staff understood and adhered to 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 a patient's 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.

Health promotion and prevention

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

- These included patients in need of palliative care, 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.
- A dedicated nurse practitioner visited patients who were 'housebound' for acute, on-going chronic disease management and medicine reviews.
- Smoking cessation advice was available from a local support group.

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 84.27%, which was better than the national average of 76.9%. There was a policy to offer 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 above Clinical Commissioning Group (CCG) and

Are services effective?

(for example, treatment is effective)

national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.2% to 98.7% and five year olds from 96.3% to 100%. Flu vaccination rates for the over 65s were 81.78%, and at risk groups 61.26%. These were also above the CCG and national averages of 73.24% and 52.29% respectively.

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. The practice told us that they had been involved in the pilot five years ago when this was implemented and had found that it was one part of the service that was well used by patients particularly the working aged population. 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 11 patient CQC comment cards we received were positive about the service experienced. We were told that patients were pleased with the care and service they had received at the practice. They also told us they had been referred for appropriate treatment in a timely manner, never rushed and treated with dignity and respect. We spoke with two patients during the inspection, who said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Results from the national GP patient survey, July 2015, showed patients felt they were treated with compassion, dignity and respect. The practice was generally above average or similar to for its satisfaction scores on consultations with doctors and nurses. For example:

- 92.5% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89.5% and national average of 88.6%.
- 85.9% said the GP gave them enough time (CCG average 86.5%, national average 86.8%).
- 94.1% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95.3%).
- 81.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.3%, national average 85.1%).

- 98.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.7%, national average 90.4%).
- 82.9% said they found the receptionists at the practice helpful (CCG average 88.5%, national average 86.9%).

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 were 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:

- 88.3% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86.4% and national average of 86.3%.
- 91.6% said the last GP they saw was good at involving them in decisions about their care (CCG average 81.8%, national average 81.5%).

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.

The practice's computer system alerted GPs if a patient was a carer. The practice supported a Patients Champion to direct and signpost patients to external and voluntary support groups in the community. Written information was available to direct carers to the various avenues of support available to them. The development of the advance nurse practitioner role to provide 'housebound' patients with on-going care and treatment ensured that they had regular support in the community.

Are services caring?

Patients told us they valued the support provided to them and their relatives for end of life care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered routine appointments each day until 6:00pm and until 6:30pm for acute illnesses for working patients who could not attend during normal opening hours. Two Saturdays mornings per month were available for routine appointments for those working during the week.
- There were longer appointments available for people with a learning disability, long term conditions or with complex care needs.
- 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.
- There were disabled facilities, hearing loop and translation services available.
- The practice had a lift to improve access to the first floor consulting and treatment rooms.
- The practice was part of local pilot schemes to improve outcomes for patients in the area. For example the Diabetes Transformation Project.

Access to the service

The practice telephone lines are open from 8:30am until 6:30pm Monday to Friday. Appointments are available for on the day urgent and pre-booked routine GP and nurse appointments from 8:30am to 1:00pm and 2:00pm to 6:30pm each day. Additional surgeries are open on two Saturday mornings per month for booked appointments for those patients who are not able to attend during the week. The practice provides 50/50 appointments, 50% of appointments are able to be pre-booked from six weeks in advance, and the rest are available on the day.

Results from the national GP patient survey (July 2015) showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 84.9% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.2% and national average of 75.7%.
- 68.9% of patients said they could get through easily to the surgery by phone (CCG average 72.7%, national average 74.4%).
- 80% of patients described their experience of making an appointment as good (CCG average 72.5%, national average 73.8%).

However,

- 48.8% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62.1%, national average 65.2%). Patients we spoke with or received comments from did identify they did not always mind waiting as they knew they would be given the time they required for their consultations with GPs or nursing staff.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including posters and leaflets on display in the practice. Information could also be found on the practices website.

We spoke with the practice manager about complaints and we looked at the information of the two recorded complaints received in the last 12 months and found these were satisfactorily responded to in a timely way. We were told minor concerns or comments were responded to immediately including apologies and actions taken to prevent reoccurrence. We were also told these complaints and concerns were shared with staff. However, there was limited recorded information of how these verbal or minor concerns or comments were responded to, or if trends or themes of concerns were identified.

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 ensure that The Lennard Surgery staff and clinicians were able to provide patient's access to the right person at the right time for the right reasons. Their aims also included a statement that patients would be treated with the utmost courtesy and respect at all times, patients and their carers would be fully involved in the decisions regarding their treatment and treatment would be provided by a practice team with the right skills and training to carry out their duties. We found from discussions with staff this vision was understood and enabled by the staff team we met.

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.
- There was a comprehensive understanding of the performance of the practice.
- A programme of clinical and internal audit had commenced and was being used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Where there were gaps in identifying and managing risks such as legionella, infection control, fire safety the practice had commenced actions to be put in place to minimise or eliminate those risks.

Leadership, openness and transparency

They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always takes the time to listen to all members of staff. The practice had a system of rotation for the executive partner function every two to three years so that each member of the partnership had the right experience and understanding to manage the service.

Specific roles were also rotated within the partnership and within the salaried GPs; they told us they pride themselves on good communication and good integration with all levels of staff. We saw evidence of this during the lunchtime, where staff had joint discussions, sharing of thoughts and information. They also told us how new processes were discussed and agreed at team meetings and then put on the intranet so that all staff were involved in their development.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and 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.
- 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 confident in doing so 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

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.

- It had gathered feedback from patients through surveys and complaints received. There was a newly formed PPG, (patients from the virtual patients forum had been

Are services well-led?

Good 

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

invited by the practice to participate in), which was planning to meet on a regular basis and had yet to be involved in patient surveys or health promotion events at the practice.

- The practice had also gathered feedback from staff through different team meetings and the daily lunchtime meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Clinicians told us they valued providing support to trainees and it was evident that trainees found the practice a positive place to work as they had returned when they had qualified to work there. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the Diabetes Transformation Project.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Family planning services	Fit and proper persons employed
Maternity and midwifery services	19.—(1) Persons employed for the purposes of carrying on a regulated activity must—
Surgical procedures	(a)be of good character,
Treatment of disease, disorder or injury	(b)have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and
	(c) be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.
	(3)The following information must be available in relation to each such person employed—
	(a)the information specified in Schedule 3, and
	How the regulation was not being met:
	Personnel employed to carry on the regulated activity did not have the appropriate checks through the Disclosure and Barring Service or risk assessments to identify they were not required. The practice did not hold the required specified information in respect of persons employed by the practice as listed in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.