

Islip Surgery

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	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 Islip Surgery on 15 December 2015. Overall the practice is rated as good, but requires improvement in the safe domain.

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.
- Most risks to patients were assessed and well managed.
- The practice dispensed medicines. There were processes for managing medicines and they were mostly safe. However, the means of delivering some medicines to patients in isolated locations was not fully risk assessed and managed.
- 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.

Summary of findings

The areas where the provider must make improvement are:

- Assess and manage the risks involved with the delivery of prescriptions via patients and those in local community locations.

Additionally the provider should:

- Implement temporary patient group or specific directives while awaiting these from the CCG.
- Change the means of disposal of samples in clinical waste.

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.

- The dispensing of medicines to patients who required deliveries or local collection points was not appropriately risk assessed and managed.
- 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 safety incidents occurred, investigations took place and any action to improve processes was undertaken 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.
- Medicines and dispensing was managed well within the practice.
- Most risks to patients were assessed and well managed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Good



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 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 planned its services accordingly. For example, working with good neighbour schemes to provide transport for patients with limited mobility to the practice.
- Patients said they found it easy to make an appointment and 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 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 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.
- Patients in local care and nursing homes received responsive support from the practice and named GPs attended to support these patients.
- Access for patients with limited mobility was good including for those with mobility scooters.
- There were named GPs for this group of patients.
- Screening for conditions which patients in this population group may be at risk of was provided, such as dementia.

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.
- The practice achieved 100% on its quality outcomes framework scores in 2015 (QOF – A national monitoring tool for the performance of GP practices).
- The care of long term conditions was audited to identify where improvements in the management of a specific condition could be made.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured 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.
- Patients on long term medicines were reviewed appropriately to ensure their prescribed medicines were appropriate.

Good



Families, children and young people

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

Good



Summary of findings

- 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. Up to date childhood immunisation rates for the vaccinations given to under two year olds were 96% and for five year olds they were 92%. This was compared to the overall CCG average of 89%.
- Staff were aware of the circumstances and rights when gaining consent from patients under 16.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Priority appointments were available for children absent from school and those under five on the same day of request.
- GPs worked with midwives and health visitors in the provision of care.

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.
- Phone consultations were offered to patients.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for vulnerable patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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).

- The diagnosis rate for dementia exceeded the anticipated level of the condition in the practice population at 89% compared to the expected rate of 68%.
- Patients with memory problems were flagged on the patient record system.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Out of 18 patients eligible for a care plan to help manage their mental health conditions, 17 had care plans developed.
- All patients with mental health concerns who required a blood test were provided with one within the last year.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. 261 survey forms were distributed and 116 were returned. This represented 2% of the practice's patient list.

- 94% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 94% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 96% said the nurse gave them enough time compared to the local average and national average of 92%.
- 93% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%

- 96% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 85%.
- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 97% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 95% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 85% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 65% and national average of 65%
- 75% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards of which nearly all were positive about the standard of care received.

We spoke with 10 patients during the inspection. They all said they were happy with the care they received and thought staff were approachable, committed and caring.

The friends and family test was used at the practice and 93% of patients stated they were extremely likely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Assess and manage the risks involved with the delivery of prescriptions via patients and those in local community locations.

Action the service **SHOULD** take to improve

- Implement temporary patient group or specific directives while awaiting these from the CCG.
- Change the means of disposal of samples in clinical waste.

Islip Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a pharmacy inspector and an Expert by Experience.

Background to Islip Surgery

Islip Surgery has a patient list of 5900. It is located in a village and serves a population who predominately live in local villages and rural locations. There is a higher proportion of patients between 40 and 65 than the national average. GPs provided care to patients in local care and nursing homes.

The practice is registered to provide services from: Islip Surgery, Bletchingdon Road, Kidlington, Oxfordshire, OX5 2TQ

- There are four GPs working at the practice who are all partners, including two female and two male GPs. There are three practice nurses and a healthcare assistant. A number of administrative staff and a practice manager support the clinical team. There was a dispensary onsite, providing prescribed medicines for patients registered at the practice.
- This is a training practice and a GP in training worked at the practice, mentored by the qualified GPs.
- There were no regulatory concerns prior to this inspection and the practice had never been inspected before.

- The practice was appropriately registered with CQC to provide services.

Why we carried out this inspection

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

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

How we carried out this inspection

For example:

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 15 December 2015. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at records related to the management of the service.
- We spoke with the patient participation group.

Detailed findings

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 incidents referred to as 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.
- Significant events would be discussed at meetings and any action required disseminated to the relevant teams.
- The practice carried out a thorough analysis of the significant events.
- Events were revisited at a subsequent meeting to ensure any changes to policy or procedure were embedded.
- We saw examples of significant events. One example had led to discussion with staff about the emergency alarm process, to ensure staff had a full awareness in the event of an emergency.

National patient safety alerts were shared with relevant staff and action taken to ensure any risks identified were acted on.

When there were incidents which affected patient care patients received acknowledgement and an apology where necessary. They were also informed 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 from harm 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 GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to child safeguarding level three.

- 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 check (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. The practice nurse was the infection control clinical lead who followed appropriate guidance. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The most recent audit was March 2015. However, on the day of inspection we identified staff were disposing of urine samples via containers in clinical waste bins. They were not using an appropriate product to prevent spillages. We informed the infection control lead during the inspection so they could take action to mitigate the risk.
- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines checks to ensure medicines were safely stored and within their expiry dates. Fridges used to store medicines were monitored appropriately. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These were out of date as the practice was awaiting updated PGDs from the local CCG.
- The practice dispensed medicines to patients living in areas with poor access to pharmacies. We looked at the processes for making up patient prescriptions. We found a checking process for dispensed medicines was in place.
- The practice had a delivery driver to take medicines to patients who were isolated and needed their prescriptions delivered. Some patients received their medicines via delivery from other patients, with the consent of the recipient. However, there was no risk assessment or management of the system to ensure the

Are services safe?

patient received the prescription or that the medicines were handled appropriately in transit. Patients undertaking medicine deliveries had not been subjected to any background or recruitment checks and may not have been suitable to perform this role.

- Other patients collected their medicines from a local shop. The medicines could be stored there for up to four weeks before being returned to the practice if not collected. The shop workers were responsible for keeping the medicines stored safely. There was no risk assessment of the management and storage of medicines at this shop location. Fridges were used to store some medicines but temperature checking was not taking place. No signature was recorded for collected medicines to confirm the correct patient received the right medicines. The monitoring of this system was not ensuring the safe management of medicines left for collection. There was prompt action following our inspection to stop this method of dispensing medicines and an immediate review was started to ensure these methods were safe and appropriate.
- The dispensers were appropriately qualified. There were processes for dispensers to identify when patients were due to have their repeat prescriptions reviewed by a GP. Any returned medicines or other stock which needed to be destroyed was dealt with appropriately. The dispensary dealt appropriately with any medicine alerts.
- There was a stock of controlled drugs stored in the practice. They were stored securely and recorded appropriately to indicate when they were received and dispensed. There was an appropriate procedure for signing the receipt and dispensing of controlled drugs. The dispensary checked with a GP before any controlled drugs were dispensed.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Equipment was calibrated in line with manufacturers' instructions. There was a programme of portable appliance testing in place.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There were health and safety policies available for staff. One member of staff had received advanced training in health and safety and was nominated as the practice lead. They were proactive in ensuring adherence to health and safety executive guidance. Each department in the practice had individual risk assessments based on their functions. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There were medicines for the treatment of several medical emergencies including cardiac arrests and hyperglycaemia. All the medicines we checked were in date and fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- 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.

- 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.

External expertise and services were used to help patients with assessments and management of their conditions. For example, all newly diagnosed diabetics were referred to a locality run education session along with any family members or partners who wished to attend to help plan and manage their diabetic care.

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 100% of the total number of points available compared to the CCG average of 97% and the national average of 94%. Exception reporting was 8% compared to the local average of 10% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. The practice's QOF performance suggested they were providing good quality care to their patients and did not over use exception reporting.

- Performance for diabetes related indicators was 100% compared to the CCG average of 94% and national average of 89%.
- Performance for hypertension (high blood pressure) related indicators was 100% compared to the CCG average of 99% and national average of 98%.

- Performance for mental health related indicators was 100% compared to the CCG average of 95% and national average of 93%. Exception reporting for mental health indicators was similar to national and local averages except for women aged 25 to 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years. The exception reporting for this indicator was 33%.

Clinical audits demonstrated quality improvement.

- There had been 14 clinical audits undertaken in 2015.
- We saw that audits were repeated to identify whether improvements were being made as a result of audit cycles.
- Audits we reviewed demonstrated improvements in patient care.
- For example, an audit into patients who were on the admission avoidance register who had died, found out of 48 patients only two were not in their preferred place of death as per any advanced decisions made.

The practice monitored repeat prescribing to ensure that patients received reviews of their medicines when they required these, in line with national guidance. For patients on four or more medicines 99% of patients had up to date medicine reviews. For those on less than four 89% had up to date reviews. This indicated the practice's monitoring was effective.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions
- Staff who administered vaccinations 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.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support
- Staff received training that included: safeguarding, fire procedures, 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 plans, medical records and test results. Information such as NHS patient information leaflets was 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 with other health and social care services 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, such as when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 practice had a process for assessing patients' capacity to consent and making best interest decisions.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant services.
- There was a register of 112 patients who were deemed at risk of avoidable hospital admissions. These patients were provided with digital care plans that could be easily shared with other services, such as ambulance services or out of hours.
- Out of 696 registered smokers 510 were offered advice and 60 stopped successfully in 2014 to 2015.

The practice's uptake for the cervical screening programme was 89%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were 346 patients screened for bowel cancer in the previous two years compared to the CCG average of 59% and 21 for breast cancer in a three period compared to the CCG average of 75%. 11% of patients eligible for chlamydia screening undertook a test. The practice had exceeded its predicted rate of dementia diagnosis of 68% achieving 89% through proactive screening for the disease.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. Up to date childhood immunisation rates for the vaccinations given to under two year olds were 96% and for five year olds they were 92%. This was compared to the overall CCG average of 89%.

Flu vaccination rates for at risk groups in 2015 were as follows:

- For over 65s was 85% compared to national average of 73%.
- For patients at risk due to health problems flu vaccination rates were 55% compared to the national average of 55%.

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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Nearly all of the 29 Care Quality Commission comment cards we received from patients were positive about the service experienced. All of the patients we spoke with told us the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 94% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 94% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.

- 96% said the nurse gave them enough time compared to the local average and national average of 92%.
- 93% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%
- 96% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 94% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

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 also a carer. The practice had identified 2.4% of the practice list as carers (145 patients). Written information was available to direct carers to the various avenues of support available to them. During carer's week a stand was available in the waiting area to provide information and support to carers.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. There was a counselling service available for patients.

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 planned delivery of its services based on the needs of this population. The patient list had a high proportion of patients living in isolated areas.

- The practice participated in a good neighbour scheme which enabled patients to provide lifts to patients in rural isolated areas who found it difficult to travel independently.
- A delivery service was provided for patients who needed their medicines dispensed directly but had limited access to the practice. There were longer appointments available for patients with a learning disability or complex health problems.
- A local nursing home benefitted from a designated GP who visited weekly and they had priority access to GPs when needed.
- The practice considered the needs of patients who had hearing difficulties by offering appointment bookings via email, flags on the system so staff knew to physically go and call patients when they were in the waiting area and a hearing aid loop was available.
- Home visits were available for older patients and patients who would benefit from these.
- The premises were accessible for patients with limited mobility.
- Appointments for children were prioritised in the triage system for same day appointments. Any one telephoning to request an urgent appointment for a child under five or a child of school age, who was missing a day at school were given an appointment that half day with no need for further telephone triage, unless requested.

To encourage continuity of care there was a usual doctor system to encourage patients to see the same doctor where possible, particularly if patients had multiple health issues.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments could be pre-booked and same day appointments were also available. There was a triage

(GP call back system) for patients requesting same day appointments. This enabled the practice to prioritise urgent cases and provide alternative services, where patients could access care more easily elsewhere, such as a pharmacy. There was a process for reception staff to follow in order to ensure urgent cases were offered appointments without a call back where necessary.

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.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 97% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 95% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 85% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 65% and national average of 65%
- 75% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

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

Listening and learning from concerns and complaints

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

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

We looked at complaints received in the last 12 months and complaints were acknowledged and responses were sent once investigations were completed. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed on the website.
- The practice had a robust strategy and structure to deliver aims and objectives.

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.
- The practice staff described a departmentalised structure and there was a lead for each of the departments. For example, a dispensary and reception lead.
- Practice specific policies were implemented and were available to all staff and these were kept up to date.
- A comprehensive understanding of the performance of the practice was maintained through clinical audit, patient satisfaction and risk assessing.
- There were arrangements for identifying, recording and managing risks, but not all risks had been identified, specifically those related to the dispensing of medicines away from the practice.

Leadership and culture

The partners in the practice supported staff. They included the practice manager in the running of the service. This enabled the practice manager to be proactive in implementing changes to non-clinical processes where required. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 safety incidents occurred:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology where required.
- Where investigations found concerns this led to changes in practice or learning outcomes for staff.

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

- Staff told us the practice held regular team meetings for all staff groups including nurses and reception staff.
- Daily meetings took place among GPs.
- Partners meetings were held fortnightly.
- 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 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) which was a virtual group with 220 members who received information such as the newsletter. There was a core PPG which met regularly and we spoke with four members of the group. They told us they felt involved in the running of the practice. The friends and family test was used at the practice and 93% of patients stated they were extremely likely to recommend the practice.
- The partners and manager discussed patient feedback monthly and we saw action noted on the basis of this feedback. For example, improved information on the hearing aid loop, on booking appointments and better communication when GPs were running late was all implemented.

Are services well-led?

Good 

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

The practice had gathered feedback from staff through appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	How the regulation was not being met: The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with the dispensing of medicines where a third party was involved including patients and local services. There was not sufficient checking of medicines prior to dispensing. The management of medicines did not always protect patients from risks associated with their dispensing. This was in breach of regulation 12(1)(2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.