Bursledon Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

On 20 June 2016 we carried out a comprehensive inspection at Bursledon Surgery. Overall the practice was rated as inadequate and placed in special measures for a period of six months. The practice was found to be inadequate in safe, effective, responsive and well led, and requires improvement in caring.

As a result of that inspection we issued the practice with warning notices in relation to the safety and governance at the practice.

The issues of concern related to the safe domain and included:

- shortfalls in significant event reporting and sharing of learning;
- safe handling of medicines and prescriptions;
- shortfalls in infection control processes;
- shortfalls in managing medicines and healthcare products;
- regulatory agency alerts and safeguarding arrangements.

The issues of concern related to the well led domain included:

- a lack of formal governance arrangements and systems for assessing, monitoring and mitigating risks.
- There were limited quality assurance processes in place to demonstrate that service provision was monitored and improved where needed.

At the inspection in June 2016 we also made requirement notices regarding: staff levels; provision of staff training and appraisals; and appropriate checks being carried out prior to a member of staff commencing employment.

We then carried out a focused inspection of the practice on 6 December 2016 to establish whether the requirements of the warning notices had been met. We found improvements had been made but further work was needed to ensure there were suitable procedures in place to manage business resilience and continuity when needed, for example in the event of a power failure to the practice. The practice was issued with a requirement notice for improvement to ensure it had a business continuity and resilience plan in place.

Summary of findings

We carried out an announced comprehensive inspection at Bursledon Surgery on 20 April 2017 to assess compliance with the requirements and also to ensure changes made as a result of the warning notices were embedded.

The practice was found to be good in safe, effective, caring, responsive and requires improvement in well led.

Overall the practice is now rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was a system in place for reporting and recording significant events. Monitoring of actions recommended following a significant event was not consistent and the practice could not demonstrate fully that learning had been shared with relevant members of staff.
- Staff were aware of current evidence based guidance.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns, but learning was not consistently shared with relevant staff and actions were not monitored.
- Patients we spoke with said they found it easy to make an appointment with a named GP 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.
- There was a leadership structure and staff usually felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure governance arrangements are demonstrate a clear oversight of service provision, such as ensuring all staff receive suitable training on the Mental Capacity Act 2005 and are able to apply it according to their role.

In addition the provider should:

- Review arrangements to make sure all patient group directives are authorised and signed by relevant staff.
- Review arrangements to ensure a comprehensive understanding of the performance of the practice is maintained and ensure that learning has been shared with relevant staff and actions taken are monitored
- Continue with remedial works needed as a result of the Legionella risk assessment.
- Review equipment provided for patient use, in particular chairs and baby changing facilities.
- Review arrangements for providing translation services when a patient is accompanied by a family member.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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?

Good

The practice is rated as good for providing safe services.

• There was a system in place for reporting and recording significant events however learning from events was not always recorded consistently and learning shared with relevant staff.

• When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

• The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

• Risks to patients were assessed and managed however improvements could be made in relation to patient group directives and legionella risk reduction.

Are services effective?

Good

The practice is rated as good for providing effective services.

• Not all staff received suitable training on the Mental Capacity Act 2005.

• Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at in line with 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

• Data from the national GP patient survey showed patients rated the practice in line with 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.

Summary of findings

• Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

• Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

• Patients said they found it easy to make an appointment with a named GP 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. Improvements were needed in provision of equipment for patients, in particular chairs and baby changing facilities.

• 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, but this needed to be consistent and actions monitored.

Are services well-led?

Requires improvement

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

• The practice had a revised vision and a strategy, staff were now aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management.

• There was an improved 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 practice acted on significant events and complaints; but further improvements were needed to ensure that learning was shared with relevant staff and actions taken were monitored. Training was provided on the Mental Capacity Act 2005, but this was not completed by all relevant members of staff.

• The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty.

• The practice 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

Good

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 patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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 apriority.
- Performance for diabetes related indicators was similar to the clinical commissioning group (CGG) and national averages.Exception reporting for all diabetes indicators was lower than the CCG average of 14% and the national figure of 12%.
- For example, the percentage of patients with diabetes, on the register, in whom the last average blood glucose levels were within acceptable limits in the preceding 12 months was 79%compared to the CCG average of 67% and the national average of 68%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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.

Summary of findings

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

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's uptake for the cervical screening programme was71%, which was statistically comparable to the CCG average of79% and the national average of 76%.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. However, there were areas of good practice.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Not all relevant staff had received training on the Mental Capacity Act 2005 and the practice could not demonstrate fully how it was implemented.
- 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- 89% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG average of 78% and the national average of 78%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive,agreed care plan documented in the record, in the preceding 12months was 62%; compared with the CCG average of 77%; and the national average of 78%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 263 surveys were sent out and 112 were returned.

This represented 3% of the practice's patient list.

• 82% of patients found it easy to get through to this practice by phone compared to the national average of 73%.

• 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.

• 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

• 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

We spoke with 16 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The most recent Family and Friends Test result, in February 2017, showed 90% of 21 responders would recommend the practice to others.

Bursledon 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 manager specialist adviser and an Expert by Experience.

Background to Bursledon Surgery

Dr Vivian Ding is a solo registered provider at Bursledon Surgery, The Lowford Centre, Portsmouth Road, Lowford,Southampton, Hampshire, SO31 8ES.

There is one female GP who is also the provider; a salaried GP who is male; an advanced nurse practitioner and a practice nurse as well as a health care assistant and a phlebotomist. The practice is supported by a practice manager, a reception and administration team and a deputy practice manager.

The practice currently provides services for approximately 3,825 patients. The practice has slightly higher than average numbers of patients aged four years and under;and 30-34 years old.

The practice is a teaching practice (teaching practices take medical students and training practices have GP trainees and F2 doctors). The practice is not currently teaching any medical students. The practice is part of the NHS West Hampshire Clinical Commissioning Group (CCG).

Bursledon Surgery serves the whole of Bursledon as well as the surrounding areas of Lowford, Old Netley, Butlocks Heath, Netley and Hamble-Le-Rice, Swanwick, Sarisbury Green and parts of Hedge End and Sholing. The population for this practice is recorded as being in the fourth less deprived decile and are predominantly white British.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are from 8.30am to 6.30pm daily. Extended hours appointments are offered at the following times from 7.30am to 8am on Mondays and Wednesdays and 6.30pm to 7.30pm on Thursdays.

When the practice is closed patients are advised to dial 111 for the local out of hours service

Regulated activities are provided from Bursledon Surgery,The Lowford Centre, Portsmouth Road, Lowford, Southampton, Hampshire, SO31 8ES which was visited during the inspection.

Why we carried out this inspection

We undertook a comprehensive inspection of Bursledon Surgery on 20 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months. The full comprehensive report on the 20 June 2016 inspection can be found by selecting the 'all reports' link for Bursledon Surgery on our website at www.cqc.org.uk.

We also issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the law by 31 October 2016. We undertook a follow up inspection on 6 December 2016 to check that action had been taken to comply with legal requirements.

Detailed findings

We undertook a further announced comprehensive inspection of Bursledon Surgery on 20 April 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 April 2017.

During our visit we:

• Spoke with a range of staff including GPs, practice nurses, the practice manager and members of the administration and reception team. We spoke with patients who used the service.

• Observed how patients were being cared for in the reception area and talked with carers and/or family members

• Reviewed an anonymised sample of the personal care or treatment records of patients.

• Looked at information the practice used to deliver care and treatment plans.

• Reviewed governance processes and procedures.

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.

Good

Are services safe?

Our findings

What we found at our previous inspection in June2016

The practice was rated as inadequate for providing safe services:

• There was an insufficient process for identifying,reviewing and analysing incidents in order to learn from incidents and improve care for patients.

• Staff had not received adequate training in safeguarding children and vulnerable adults from abuse.

• Recruitment processes did not ensure that all relevant checks were carried out prior to staff being employed.

• Disclosure and Barring checks were not carried out prior to staff working unsupervised in the practice.

• Processes in place for the safe management of medicines, within the practice, did not ensure that medicines were handled safely and appropriately.

• Staff had not received training in infection control and the practice did not have sufficient processes in place for monitoring infection control within the practice.

• There were insufficient plans in place for dealing with emergencies and major incidents within the practice. Staff had not received training in basic life support.

What we found at this inspection in April 2017

These arrangements had improved when we undertook a follow up inspection on 20 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

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

• The practice now used a computer system, which enabled all significant events recorded to be seen by the clinical commissioning group (CCG) for analysis and identification of trends across the CCG area. The system also enabled staff to record any significant events directly onto the system, which the practice manager was able to monitor.

• Staff told us that open reporting was encouraged to drive improvement.

• The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

• We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

• The practice carried out an analysis of the significant events. However monitoring of actions recommended following a significant event was not consistent and the practice could not demonstrate fully that learning had been shared with relevant members of staff.

• We reviewed safety records, incident reports, patients safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, in response to two needle stick injuries, staff who were taking blood now had ten minute appointment slots, rather than five minute slots to allow for careful disposal of sharps. The phlebotomists were also able to indicate they were too busy to manage adhoc blood requests to avoid double booking of appointments.

• The practice had processes in place to manage alerts from the Medical and Health Regulatory Agency and when needed carried out searches on patients records to identify any areas for action.

Overview of safety systems and processes

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

• Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

Good

Are services safe?

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

• Relevant alerts had been placed on patients' records if they were subject to safeguarding concerns.

• A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

• The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. 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. For example, bowls were purchased for cleaning equipment used when recording peak flow. This is a test to measure lung capacity.

• The practice premises had been deep cleaned and the practice nurse responsible for infection control worked with the cleaning company, to maintain appropriate standards.

• The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines, which we noted to be comprehensive and safe.The practice had a system in place for monitoring when reviews of high risk medicines were needed and ensured that all necessary tests, such as blood tests,had been carried out prior to the review.

• The practice carried out regular medicines audits, withthe support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

• Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We noted that all the PGDs we looked at apart from the one which covered travel vaccines had been appropriately authorised by the practice and signed by staff who administered the vaccines. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

• We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. If a DBS was not deemed necessary then a risk assessment was completed to demonstrate why it was not required. However, the form for this was titled 'for non-disclosure of convictions'. We found information within recruitment files was clearly set out and readily accessible.

• When locum GPs or nurses were used the practice ensured that all relevant checks had been carried out prior to them working.

Monitoring risks to patients

Risks to patients were assessed and managed.

• There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.

• All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control ofsubstances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Work had been planned to ensure that areas identified for improvement in the Legionella risk assessment were carried out, such as the removal of'dead legs' in the plumbing system, where water could stagnate and provide an opportunity for bacteria to grow.

Good

Are services safe?

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and majorincidents

The practice had 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. A first aid kit and accident book were available.

• Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in June 2016

The practice was rated as inadequate for providing effective services:

- Measures to monitor and improve patient outcomes were inconsistent. Limited audits were undertaken to support quality improvement. The practice did not compare its performance to others or shared learning internally.
- The practice were unable to demonstrate staff had the skills, knowledge and experience to deliver effective care and treatment, as there were significant gaps in training records.
- There was an informal, undocumented induction process for staff and an information pack was available which did not contain policies for staff to refer to.
- There was no formal process in place for identifying the role specific training that staff needed.
- Staff had not received training in key areas such as infection control, basic life support and safeguarding.
- There was not a robust system of appraisals, meetings and reviews of practice development needs to identify the learning needs of staff.
- The practice had less than the local percentage of women aged 25 – 64 attending for cervical screening.

What we found at this inspection in April 2017

These arrangements had improved when we undertook afollow up inspection on 20 April 2017.

The provider is now rated as good for providing effective services.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available. Unverified figures for the period April 2016 to March 2017 showed the practice had achieved 97% of the total number of points available.

Exception reporting for all clinical and public health domains were statistically comparable to clinical commissioning group (CCG) and national figures. (Exception reporting is the removal of patients from QOFcalculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to CGG and national averages. Exception reporting for all diabetes indicators was lower than the CCG average of 14% and the national figure of 12%.
- For example, the percentage of patients with diabetes, on the register, in whom the last average blood glucose levels were within acceptable limits in the preceding 12 months was 79% compared to the CCG average of 67% and the national average of 68%.
- Patients with diabetes on the register who had had a foot examination in the preceding 12 months totalled 90%, compared with the CCG of 80% and national average of 81%.
- 89% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG average of 78% and the national average of 78%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a

Good

Are services effective?

(for example, treatment is effective)

comprehensive, agreed care plan documented in the record, in the preceding 12 months was 62%; compared with the CCG average of 77%; and the national averageof 78%.

- Improvements had been made to the recall system for patients with long term conditions. There were longer appointments for patients with complex or multiple conditions. Blood tests were taken prior to the appointments in order that results were available at the review. The practice had a comprehensive timetable of when patients' reviews were due and this included information on whether they were housebound or had more than one condition.

There was evidence of quality improvement including clinical audit.

- We were shown example of two completed audits. One was a two cycle audit and the other was a three cycle audit. The improvements made were implemented and monitored. The three cycle audit focused on ensuring an electrocardiogram (ECG) was carried out when a patient was diagnosed with hypertension (high blood pressure). An ECG is a simple test that can be used to check your heart's rhythm and electrical activity.
- The first two cycles were carried out during 2015 and 2016. These showed limited improvement in the time period. The practice added an ECG to the routine tests carried out when a patient was first diagnosed with hypertension. A re-audit was undertaken for the period May to November 2016.
- Results from this showed that there was someimprovement, for example 11 patients had been diagnosed with hypertension; seven of whom had an ECG carried out within the first month of diagnosis, in line with best practice guidance. This compares with seven out of 27 patients who were audited for the first two cycles. The practice planned to audit this area on a yearly basis in order to monitor their compliance withbest practice guidance.
- The practice participated in local audits, such as antibiotic prescribing.

Effective staffing

Since the inspection in June 2016, the practice had employed three more reception/administration staff and a salaried GP.

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. A requirement had been made to ensure that the practice nurse who undertook family planning had received appropriate training. The practice informed us that this training was no longer required, as the nurse did not carry out this work anymore. GPs continued to carry out family planning.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changesto the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However six out of 15 staff had not received specific training on the Mental Capacity Act 2005. Two were clinical staff however one of these was newly recruited in April 2017. Four others were non clinical staff one of whom was recruited in March 2017.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 71%, which was comparable to the CCG average of 79% and the national average of 76%. Exception report for the practice was 6%, compared with the clinical commissioning group average of 5% and the national average of 7%. 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. For example, 68% of females aged between 50 – 70 were screened for breast cancer in the last 36 months, compared to the CCG average of 76% and the national average of 73%. The practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example,childhood immunisation rates for the vaccines given to under two year olds ranged from 95% to 98% and five year olds from 87% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

What we found at our previous inspection in June 2016

The practice was rated as requires improvement for providing caring services, as there was no carer's register.

What we found at this inspection in April 2017

These arrangements had improved when we undertook a follow up inspection on 20 April 2017.

The provider is now rated as good for providing caring services.

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.
- The reception area was open and patients we spoke with said they were concerned they could be overheard when talking with receptionists. The practice had put a specific sign on the floor which requested that patients wait behind until they were called to reception. There was also a small window to one side of the reception which allowed conversations to take place more privately. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The patient participation group (PPG) were unable to meet with us on the day of the inspection, but provided a written overview of the work they had done with the practice. The PPG considered that the practice staff were kind and caring and put patients at the centre of the service provided. 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 (published July2016) showed patients felt they were treated with compassion, dignity and respect. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group(CCG) average of 90% and the national average of 89%. This is a 2% improvement on previous survey results.
- 78% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of96% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90%and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

Good

Are services caring?

- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.Staff also spoke different languages so were able to assist with translation.
- Information leaflets were available in easy read format on request.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in June2016

The practice was rated as inadequate for providing responsive services:

- The practice had a system in place for handlingcomplaints and concerns however it was not easily accessible and required patients to ask staff how to make a complaint. It was unclear from records whether complaints had been thoroughly investigated and dealt with in a timely manner. There was no analysis of themes or trends and the practice was unable to demonstrate that how learning had been actioned, shared with relevant staff and monitored.

What we found at this inspection in April 2017

These arrangements had improved when we undertook a follow up inspection on 20 April 2017.

The provider is now rated as good for providing responsive services.

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, such as enabling patients to have their blood taken at different practices.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop andtranslation services available. However, the practice relied on family members to provide translation services in cases where a patient did not have English as their first language, which is not in line with best practice.
- The practice had a small passenger lift and there were automatic doors to the main entrance. There was also an area to park buggies or bikes.
- Accessible toilet facilities were available and baby changing facilities. We saw that straps were missing on the baby changing mat and there were no wipes for cleaning the surface.
- The corridors and doorways were wheelchair accessible and free from obstacles.
- The practice had chairs which were all the same height and we observed a patient having difficulty standing from one. We noted that staff gave assistance as needed.
- The practice had a portable hearing loop and if needed were able to arrange a sign language interpreter.

Access to the service

The practice was open between 8.30am and 6.30 pm Monday to Friday. Appointments were available between8.30am to 6.30pm daily. Extended hours appointments were offered at the following times from 7.30am to 8am on Mondays and Wednesdays and 6.30pm to 7.30pm on Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%. This was an improvement of 9% on previous survey results
- 82% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system contained within the practice leaflet and on posters displayed in the waiting area. The practice had implemented a 'You said, we did' notice board to show patients what they had changed in response to comments received.

We looked at 13 complaints received since October 2016 and found these were satisfactorily handled, dealt with in a timely way, and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient wanted to see a GP on the same day and was told this was not possible, even though a GP was available. One of the GPs was in reception and said they had slots free and could see the patient. The process was changed so it was the GPs decision to see patients if they had free time.

Are services well-led?

Requires improvement

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

Our findings

What we found at our previous inspection in June2016

The practice was rated as inadequate for being well led:

- The practice did not have a clear vision about how to deliver high quality care and promote good outcomes for patients. Or an overarching governance framework to support the delivery of good quality care.

What we found at this inspection in April 2017

These arrangements had improved when we undertook a follow up inspection on 20 April 2017. The provider is now rated as requires improvement for being well led.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had introduced an improved overarching governance framework which supported the delivery of the strategy and care. However more work was needed to ensure the framework was fully embedded in day to day to practice. We found:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However not all staff understood their responsibilities for the Mental Capacity Act 2005.
- All practice policies and procedures had been reviewed and updated as required to make sure they were relevant and information was current. These were easily accessible to staff on the computer system and in hardcopies when needed.
- An understanding of the performance of the practice was maintained. Further improvements were needed in monitoring learning and actions taken following significant events and complaints. Learning was not consistently shared with relevant staff and records did not show that actions taken were adequately monitored o make sure they were effective and changes needed were embedded.
- A programme of clinical and internal audit had been commenced to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

- The management team had been restructured since the appointment of a practice manager and deputy practice manager. Staff were confident in raising any concerns they may have with these members of staff. However, improvements were needed in the overall management style, as staff and patients reported that on occasion they were not confident in approaching the GPs, due to in consistent responses received. The management team acknowledged that improvements could be made and they would work with the staff to continue with teambuilding, being open and further develop trust and communication with staff and patients.
- Staff told us the practice held regular team meetings.
- Staff told us they had the opportunity to raise any issues at team meetings and were more confident than previously in doing so.
- Staff were involved in discussions about how to run and develop the practice and were encouraged to identify opportunities to improve the service delivered by the practice.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents.
- Improvements were needed to ensure learning was effectively shared and actions monitored. The practice had systems in place to ensure that when things went wrong with care and treatment:
- The practice gave affected patients reasonable support,truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

Are services well-led?

Requires improvement

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

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 patient participation group (PPG) met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. Their written information for us included positive comments on the management restructuring and the PPG considered they were being involved more with the running of the practice.

The practice had gathered feedback from patients through the PPG and through surveys and complaints received. For example, details of the PPG have been added to the patient information pack. There was a notice board in the reception area for the group to post patient information, on areas such as positive mental wellbeing.

Results from the most recent PPG survey in October2016 showed out of the 46 surveys completed:

- A total of 89% were able to arrange an appointment at a time which was convenient.
- A total of 69% waited less than one week for an appointment and 94% considered this was a reasonable time to wait.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they were more confident in providing feedback and considered they were being listened to. Changes made as a result of feedback included more reception staff being available and more administration staff being employed to ensure scanning and coding was kept up to date. They considered they were becoming more involved in the running of the practice.

Continuous improvement

There was a focus on learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice were part of a locality plan to improve patient access to primary care services. The introduction of a care navigator service provided support to patients to minimise the risk of unnecessary hospital admissions.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Systems and processes must be established and operate effectively for good governance of the practice.** **The practice did not have governance oversight of all activities, for example to ensure the delivery of the Mental Capacity Act 2015 training and application by staff.** **This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations2014.**