

Martins Oak 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

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 Martin's Oak on 13 January 2015. Overall the practice is rated as requires improvement.

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.
- Some risks to patients were assessed and well managed, however not all environmental risk assessments had been carried out and the practice did not have a legionella risk assessment in place.
- Prescription pads were securely stored although there was no systems in place to monitor their use and prescription sheets stored in printers were not locked away when not in use.
- The practice had some safeguarding arrangements in place such as a children's safeguarding protocol, a safeguarding lead and training for all clinical staff.

However, not all administrative staff had attended safeguarding training, not all GPs had attended level 3 children's safeguarding training, and there was no child protection register or adult safeguarding protocol in place.

- There were infection control procedures in place, however due to changes in staffing and infection control leads, systems were not always clearly embedded. For example we did not see regular annual infection control audits having been carried out and there was no system in place for regular infection control training for all staff by the infection control lead, including handwashing.
- 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. However, the practice did not maintain a training log of all staff training including GPs and mandatory training was not up to date for all staff. For example administrative staff had not attended training in infection control and safeguarding.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure that the practice holds a child protection register of all children considered to be at risk.
- Ensure that the practice has a clear adult safeguarding protocol in place and that all staff are aware of how to raise concerns outside of the practice.

- Ensure that all staff attend relevant safeguarding training including reception/administrative staff and that all GPs have attended level 3 training in children's safeguarding.
- That the practice maintains a log of all staff training and that mandatory training requirements are met for all staff.
- Ensure that environmental and legionella risk assessments are carried out and regularly reviewed.
- Ensure that infection control procedures are clearly embedded and include regular annual infection control audits with action taken, the appointment of a dedicated infection control lead and infection control training for all staff.
- Ensure that there is a system in place to monitor the use of prescription sheets stored in printers including ensuring they are locked away when not in use.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, they did not have a child protection register or an adult safeguarding protocol in place. Not all GPs had attended level 3 children's safeguarding training and there was no evidence of administrative/reception staff having attended safeguarding training.

Although some risks to patients who used services were assessed, the risk assessment process did not include routine environmental risk assessments and the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. In addition the practice had not carried out and recorded a legionella risk assessment. While an infection control audit had been carried out the previous year we did not see that annual infection control audits were undertaken regularly and we did not see evidence of annual infection control training for all staff, including hand washing.

Requires improvement



Are services effective?

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

- Data 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 and were completed cycle audits.

Requires improvement



Summary of findings

- There was evidence of appraisals and personal development plans for all staff, however the practice did not monitor the training of all staff including GPs and administrative staff. This included aspects of mandatory training including safeguarding and infection control which not all staff had attended at an appropriate level.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

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.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Patients we spoke to on the day of inspection were consistently happy with the care they received.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example GPs attended regular locality meetings and engaged with other local practices to support each other and address issues identified for the locality.
- 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.
- 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.

Good



Summary of findings

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

There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Due to the issues identified within the practice the service is rated as requires improvement for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients had a named GP and there was a named GP allocated to each of the care homes the practice supported in order to provide continuity of care for older people.
- Flu vaccination rates for the over 65s were higher than the national and CCG averages.

Requires improvement



People with long term conditions

Due to the issues identified within the practice the service is rated as requires improvement for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators at 100% was better compared to the CCG (93%) and national (89.2%) average.
- 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.

Requires improvement



Families, children and young people

Due to the issues identified within the practice the service is rated as requires improvement for the care of families, children and young people.

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

Requires improvement



Summary of findings

- 71.8% of patients with asthma, on the register had had an asthma review in the preceding 12 months. This was 0.6% higher than the CCG average and 2.1% higher than the national average.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81.1%, which was higher when compared to the CCG average of 76.9% and the national average of 76.7%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses such as attendance at joint meetings and effective referrals.

Working age people (including those recently retired and students)

Due to the issues identified within the practice the service is rated as requires improvement for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- While the practice did not offer routine extended hours appointments, they were able to offer flexible pre-bookable appointments outside of normal surgery hours if necessary and patients were able to access telephone appointments.

Requires improvement



People whose circumstances may make them vulnerable

Due to the issues identified within the practice the service is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

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

Requires improvement



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns. All Staff knew who the safeguarding lead was and told us they would inform them or one of the other GPs of any safeguarding concerns. However the practice did not have a clear protocol in place informing staff of how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Due to the issues identified within the practice the service is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- 76.1% of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 77%.
- Performance for mental health related indicators was similar to the CCG and national average at 96.2% compared to 97.2% (CCG) and 92.8% (national).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and we viewed information available about these in the practice waiting area.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing better than local and national averages. 238 survey forms were distributed and 135 were returned. This represented 1.6% of the practice's patient list.

- 94% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 99% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 99% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).

- 96% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Patients commented on the polite and friendly staff that were kind and caring and stated that their needs were met and they were happy with the service they received.

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

Areas for improvement

Action the service MUST take to improve

- Ensure that the practice holds a child protection register of all children considered to be at risk.
- Ensure that the practice has a clear adult safeguarding protocol in place and that all staff are aware of how to raise concerns outside of the practice.
- Ensure that all staff attend relevant safeguarding training including reception/administrative staff and that all GPs have attended level 3 training in children's safeguarding.
- That the practice maintains a log of all staff training and that mandatory training requirements are met for all staff.
- Ensure that environmental and legionella risk assessments are carried out and regularly reviewed.
- Ensure that infection control procedures are clearly embedded and include regular annual infection control audits with action taken, the appointment of a dedicated infection control lead and infection control training for all staff.
- Ensure that there is a system in place to monitor the use of prescription sheets stored in printers including ensuring they are locked away when not in use.

Martins Oak 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 and a practice manager specialist adviser.

Background to Martins Oak Surgery

Martin's Oak Surgery provided general medical services to people living and working in Battle.

Martin's Oak Surgery has five partner GPs (male and female). There are three practice nurses and one healthcare assistant. There are approximately 8200 registered patients.

The practice was open between 08.30am and 6.30pm Monday to Friday. Between 8.00am and 8.30am calls were diverted to an out of hour's provider (IC24). Appointments were from 08.40am to 11.10am every morning and 4.00pm to 6.20pm daily. The practice did not operate extended surgery hours, however staff and patients alike told us there was flexibility to meet individual needs and that pre-bookable appointments outside of normal appointment times could be scheduled. The practice also offered ad hoc Saturday morning flu clinics. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

Services are provided from:

36 High Street

Battle

East Sussex

TN33 0EA

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider via NHS (111.).

The practice population has a higher proportion of patients over the age of 65 and almost double the average number of patients over the age of 85. They had significantly higher than average number of patients being cared for in nursing homes and a higher number of patients with a long standing health condition. They had a smaller percentage of patients under the age of 18 and a lower level of unemployment.

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.

Detailed findings

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 13 January 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, healthcare assistants and administrative staff including the practice manager and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we viewed summaries of significant events and minutes of meetings that demonstrated when a clinical incident occurred there was detailed discussions of what happened, possible actions and changes to protocols to ensure safety was improved.

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

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse; however there were areas where improvements needed to be made. For example:

- Arrangements were in place to safeguard children 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. However, there was no child protection register in the practice. There was also no adult safeguarding protocol in place so guidance for staff on adult safeguarding was unclear and staff were not able to identify who to contact outside of the practice if they had an adult safeguarding concern. There was a lead member of staff for safeguarding, all staff we spoke with knew who this was and stated they would refer all safeguarding concerns to this lead GP. The GPs attended safeguarding

meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and clinical staff had received training relevant to their role. The lead GP and one other GP were trained to Safeguarding level 3 but not all GPs had attained level 3 training.

Administrative staff had some understanding of safeguarding issues but not all administrative staff had attended safeguarding training.

- 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. A new practice nurse had been identified as the infection control clinical lead and they were booked to attend infection control lead training. The previous infection control lead had left the practice a few months before and interim arrangements were in place where nursing staff who had attended infection control training liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and clinical staff had received up to date training. Administrative staff had undertaken some aspects of infection control training on induction, for example sample handling and the use of spill kits. However, we did not see evidence of administrative staff having attended handwashing training or all staff attending annual infection control updates. We saw that an annual infection control audit had been undertaken for the current year and we saw evidence that action was taken to address any improvements identified as a result. However, we did not see evidence of regular annual infection control audits being carried out over time.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing

Are services safe?

was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored although there was no systems in place to monitor their use and prescription sheets stored in printers were not locked away when not in use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- 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.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and generally well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had undertaken some other risk assessments to monitor safety of the premises such as control of

substances hazardous to health and infection control and the use of display screen equipment (DSE). However, other risk assessments had not been carried out, for example general environmental risks and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. For example the GPs arranged their leave so that only one WTE (whole time equivalent) GP was away from the practice at one time.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 99.6% of the total number of points available, with 7.6% exception reporting. (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. Data from 2014/15 showed;

- Performance for diabetes related indicators at 100% was better compared to the CCG (93%) and national (89.2%) average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average at 89.4% compared to 92.3% (CCG) and 90.6% (national).
- Performance for mental health related indicators was similar to the CCG and national average at 96.2% compared to 97.2% (CCG) and 92.8% (national).

Clinical audits demonstrated quality improvement.

- We viewed five clinical audits that had been completed in the last two years; four of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included changes to a protocol for the use of compression stockings for patients with a DVT (deep vein thrombosis) that in turn led to improved usage as identified in the repeated audit cycle.

Information about patients' outcomes was used to make improvements.

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 administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. 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.
- 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. However, the practice did not have an up to date training log in place to monitor and track training for all staff, for example we saw certificates of training for GPs and nursing staff but it was unclear what training the administrative staff had received. In addition, monitoring of GP training was not undertaken by the practice as a whole. We saw that staff received ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information

Are services effective?

(for example, treatment is effective)

governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, not all administrative staff had received safeguarding or infection control training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis and that care plans were routinely reviewed and updated. For example we viewed an MDT summary that demonstrated the management of risk and MDT care planning.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- 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 and those at risk of an unplanned admission. Patients were then signposted to the relevant service.
- Dietary and smoking cessation advice was available from the practice and there were a range of local support services the practice told patients about.

The practice's uptake for the cervical screening programme was 81.1%, which was somewhat higher when compared to the CCG average of 76.9% and the national average of 76.7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.1% to 96.4% and five year olds from 91.7% to 95.2%.

Flu vaccination rates for the over 65s were 79.56% compared to the national average of 73.24%, and at risk groups 60.82% compared to the national average of 52.29%. These were above national averages.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 98% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 96% said the GP gave them enough time (CCG average 86%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 97% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).

- 95% said they found the receptionists at the practice helpful (CCG average 90%, national average 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 higher than local and national averages. For example:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 95% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- A practice nurse offered a weekly community service for patients who were housebound and those in local care homes or who found it difficult to get into the practice.
- Same day appointments were available for children and those with serious medical conditions. In addition the practice had a number of passing on the day patients, for example from tourists with minor illnesses and accidents who the practice made time to see when necessary.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice would register homeless people as patients if required.

Access to the service

The practice was open between 08.30am and 6.30pm Monday to Friday. Between 8.00am and 8.30am calls were diverted to an out of hour's provider (IC24). Appointments were from 08.40am to 11.10am every morning and 4.00pm to 6.20pm daily. The practice did not operate extended surgery hours, however staff and patients alike told us there was flexibility to meet individual needs and that pre-bookable appointments outside of normal appointment times could be scheduled. The practice also

offered ad hoc Saturday morning flu clinics. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 94% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 91% patients said they always or almost always see or speak to the GP they prefer (CCG average 72%, national average 59%).

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 for example, via a patient leaflet and information on the practice website.

We looked at eight complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw that complaints were discussed at partner meetings with staff involved as required and that learning was disseminated.

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 and clear aims and objectives as part of their statement of purpose. Staff we spoke with knew and understood the values.
- The aims and objectives of the practice were regularly reviewed and monitored by the partners at regular partner meetings.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. 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 there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings every three months, with additional GP and nursing meetings held every week.
- 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) and through surveys and complaints received. The practice had previously had a virtual PPG and in the year preceding our inspection had moved this to an in-person PPG where a few core members had met three times to discuss their role and how to take the PPG forward. Part of their remit was to produce a regular newsletter. The practice also used feedback from the Friends and Family Test (FFT) and the GP patient survey to review patient feedback.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to

improve outcomes for patients in the area. For example GPs attended regular locality meetings and engaged with other local practices to support each other and address issues identified for the locality.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>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 relevant environmental risks and undertake a legionella risk assessment. They had also failed to ensure the safety of prescription forms and ensure that they had an adequate system in place to assess, prevent and control the risk of infection.</p> <p>This was in breach of regulation 12(1) (2) (a) (b) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Safeguarding service users from abuse and improper treatment</p> <p>We found that the registered provider had not ensured systems and processes were established and operated effectively to prevent abuse of service users.</p> <p>This was in breach of regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Staffing

We found that the registered provider had failed to ensure and record that all staff received appropriate training as is necessary to enable them to carry out the duties they are employed to perform.

This was in breach of regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.