

Alton Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Key findings

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Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Alton Surgery on 13 June 2017. The overall rating for the practice was good with requires improvement in providing safe services. As a result we issued two requirement notices in relation to safe care and treatment and fit and proper persons employed. We carried out an announced focused inspection on 17 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the regulation breaches. We found that there were ongoing breaches of these regulations and a further breach in staffing. The overall rating remained good with requires improvement in safe services. The reports on the 13 June 2017 and 17 October 2017 can be found by selecting the 'all reports' link for Alton Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 16 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 17 October 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good with requires improvement in well led services.

Our key findings were as follows:

- There was a system in place for reporting and recording significant events. Staff understood their duty to raise concerns and report incidents and near misses. However, opportunities to improve identified ongoing errors had not been fully explored or addressed.
- Non-clinical staff had not received training to identify the rapidly deteriorating patient or the actions to take.
- Staff understood their responsibilities in safeguarding children and vulnerable adults from the risk of abuse. The practice told us they held three monthly safeguarding meetings at the practice to discuss safeguarding concerns, however the outcome of these meetings was not recorded.
- There were standard operating procedures (SOPs) to support the governance and effectiveness of the practice's dispensary and openness and honesty in the reporting of dispensing errors. However, opportunities to reduce errors were not always taken.

Summary of findings

- Staff were aware of current evidence based guidance.
- A formal system to ensure that professional registrations were in date had been implemented.
- A system of support and mentorship for nurses that prescribed had been implemented.
- Staff involved and treated patients with compassion, kindness, dignity and respect. The practice achieved high levels of patient satisfaction which were above local and national averages in all areas of their performance.
- Patients found the appointment system very easy to use and reported that they were able to access care when they needed it.
- The practice worked proactively with the patient participation group to meet the needs of their patients.
- There were clear responsibilities, roles and systems of accountability to support governance. However, policies and practice administration did not always provide assurance they were operating as intended.

- The service was not always transparent, open and honest when sharing information with the Care Quality Commission.

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

The provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Document the three monthly safeguarding meetings held at the practice to provide an audit trail of concerns and action taken.
- Provide non-clinical staff with training to identify the rapidly deteriorating patient and the actions to take.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Key findings

Areas for improvement

Action the service **MUST** take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service **SHOULD** take to improve

- Document the three monthly safeguarding meetings held at the practice to provide an audit trail of concerns and action taken.
- Provide non-clinical staff with training to identify the rapidly deteriorating patient and the actions to take.

Alton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Alton Surgery

Alton Surgery is registered with the Care Quality Commission (CQC) as a partnership provider in North Staffordshire. We previously carried out an announced comprehensive inspection at Alton Surgery on 13 June 2017. The overall rating for the practice was good with requires improvement in providing safe services. As a result we issued two requirement notices in relation to safe care and treatment and fit and proper persons employed. We carried out an announced focused inspection on 17 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the regulation breaches. We found that there were ongoing breaches of these regulations and a further breach in staffing. The overall rating remained good with requires improvement in safe services. The reports on the 13 June 2017 and 17 October 2017 can be found by selecting the 'all reports' link for Alton Surgery on our website at www.cqc.org.uk.

The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. Alton Surgery is a purpose built medical centre and has five treatment rooms and a dispensary. There is

easy access for disabled patients via electronic doors and disabled car parking spaces are available. The premises belong to NHS Property Services Limited who maintain the building and provide cleaning services.

The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 2,594 patients. Demographically the population is predominantly white British and has a higher than average over 65 years population of 25% in comparison to the CCG average of 21% and national average of 17%. The percentage of patients with a long-standing health condition is 54% which is comparable with the local CCG average of 56% and national average of 54%. The practice is a training practice for recently qualified doctors to gain experience in general practice and family medicine.

The practice staffing comprises of:

- Two GP partners (one male and one female)
- A salaried GP
- A recently qualified doctor gaining experience in general practice
- A female practice nurse and a clinical support assistant.
- A practice manager
- Three dispensary staff
- Two receptionists.

The practice is open between 8.30am and 6pm Monday to Friday except for Thursday afternoons when it closes at 1pm. Appointments are from 9am to 11.30am every morning and 4.30pm to 6pm daily except for Thursdays. Telephone consultations are available if needed. Pre-bookable appointments can be booked up to three months in advance and urgent appointments are available for those that need them. The practice has opted out of

Detailed findings

providing cover to patients in the out-of-hours period and Thursday afternoons. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Why we carried out this inspection

We previously carried out an announced comprehensive inspection at Alton Surgery on 13 June 2017. The overall rating for the practice was good with requires improvement in providing safe services. As a result we issued two requirement notices in relation to safe care and treatment and fit and proper persons employed. We carried out an announced focused inspection on 17 October 2017 to

confirm that the practice had carried out their plan to meet the legal requirements in relation to the regulation breaches. We found that there were ongoing breaches of these regulations and a further breach in staffing. The overall rating remained good with requires improvement in safe services. The reports on the 13 June 2017 and 17 October 2017 can be found by selecting the 'all reports' link for Alton Surgery on our website at www.cqc.org.uk. We also received information of concern from other stakeholders following our inspection on 17 October 2017.

We undertook a follow up comprehensive inspection of Alton Surgery on 16 March 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services safe?

Our findings

At our previous inspection on 17 October 2017, we rated the practice as requires improvement for providing safe services. This was because:

- Risks identified at our previous inspection were not risk assessed until the day of our follow up inspection. The practice gave us no assurances that the outcome of these risk assessments was shared with the appropriate staff.
- A risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury had not been completed.
- A formal system of support and mentorship for nurses who prescribed was not in place.
- A formal system to ensure that professional registrations were in date was not in place. We saw that the professional registration of a GP was about to expire but the practice were not aware of this.
- Recruitment procedures had not established whether staff were able, by reasons of their health and after reasonable adjustments, to properly perform tasks intrinsic to the work for which they were employed.

These issues had improved when we undertook a follow up comprehensive inspection on 16 March 2018. The practice, and all of the population groups, is now rated as good for providing safe services.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from the risk of abuse.

- The practice had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from the risk of abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. The GP partners told us three monthly safeguarding meetings were held at the practice to discuss children and vulnerable adults of concern. However, minutes to record the outcome of these meetings had not been completed.

- The practice worked with other agencies to support patients and protect them from neglect and abuse. For example, the GPs attended safeguarding conferences for children at risk of harm. Staff took steps to protect patients from the risk of abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- No new members of staff had been recruited since our previous inspection. We reviewed four personnel files of staff members and found there had been improvements in the information held about current staff. In particular, a formal system to ensure that professional registrations were in date had been implemented. Staff immunity against health care acquired infections had been assessed. Risk assessments had been completed to demonstrate how patients and staff would be protected if staff did not have the required immunity or declined advised immunisations. However, not all of the members of staff who had declined immunisations had been informed that a risk assessment had been completed but were aware of steps to take to mitigate risks. 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Clinical staff that acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. A recent infection control audit showed that the practice had achieved a 94% compliance rate in infection control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how

Are services safe?

to identify and manage patients with severe infections, for example, sepsis. The practice's computer system provided prompts to raise awareness of potential signs and symptoms of sepsis. Non-clinical staff had received training on basic life support however they had not received training to identify the rapidly deteriorating patient or the actions to take.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The practice used standard templates to support the assessment of patients with long term conditions.
- The practice had systems for sharing information with staff and other agencies, for example the out of hours service, to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The GPs did not routinely take emergency medicines on home visits however, it was evident through discussion with the GPs, and records seen, that they risk assessed the needs of patients before leaving the practice and took medicines they considered appropriate. The practice kept prescription stationery securely. Prescription stationary used in printers was tracked throughout the practice. We found a prescription pad that had not been included within the practice's tracking procedures. The practice informed us they no longer used prescription pads and would dispose of the prescription pad appropriately.
- At our previous inspection we informed the practice that they must implement a formal system of support and mentorship for nurses that prescribed. At this inspection

the practice nurse informed us that they attended the weekly clinical meetings with the GP partners where prescribing supervision was provided. However, there was no documentation to support this.

- Staff prescribed, administered and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship. Audits of antibacterial items and antibiotics prescribed demonstrated that the practice was the third lowest prescriber within the Clinical Commissioning Group (CCG).
- Patients' health was monitored to ensure high risk medicines were being used safely and followed up appropriately. The practice involved patients in regular reviews of their medicines.
- There were arrangements for dispensing medicines at the practice. The practice manager, who had not received appropriate dispensing training, assisted in the dispensary when required. However, an assessment of their competency to carry out this role had not been completed.

Track record on safety

- There were comprehensive risk assessments in relation to safety issues. For example, legionella and fire safety.
- At our previous inspection we informed the provider they must complete a risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury. At this inspection we found that a risk assessment had not been completed but the practice had arranged for the mercury blood pressure machines to be safely removed from the practice by an appropriate service.

Lessons learned and improvements made

The practice had systems in place to make improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice carried out an annual identification of themes and took action to improve safety in the practice. During the period

Are services safe?

between May 2017 and February 2018 the practice had identified 20 significant events. Seven of these were dispensing errors. The learning identified each time was to ensure that all dispensing work was double checked. We checked to see if the practice followed their standard operating procedures (SOP) for the dispensing of medicines in dosette boxes. The SOP stated before dispensing dosette boxes they must be checked by two dispensers. However, when we checked we found four dosette boxes that had only been signed as checked by

one dispenser. We discussed the dispensing of medicines with the GP partners. The GP partners informed us they would introduce regular assessments of dispensers' competencies to provide a greater understanding of how dispensing errors may occur.

- A clear process in regard to the receipt, analysis and response to Medicines and Healthcare products Regulatory Agency (MHRA) was in place. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Data from electronic Prescribing Analysis and Costs (ePACT) indicated that the prescribing rate for hypnotics (medicines used to aid sleep) was comparable with other practices showing that the practice was following national and local guidance. ePACT is a system which allows authorised users to access prescription data.
- ePACT data showed that the percentage of broad spectrum antibiotics, that can be used when other antibiotics have not been effective, was 7%. This was lower than the Clinical Commissioning Group (CCG) and national averages of 8.9%. It is important that this group of antibiotics are used sparingly to avoid medicine resistant bacteria developing and indicates that the practice was following national and local guidance. We saw that the practice was the third lowest in the Clinical Commissioning Group (CCG) for overall antibiotic prescribing.
- The practice used a texting system, for those patients who had decided to access this facility, to inform patients of test results.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

- The practice followed up older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, the practice nurse ran chair based exercise classes at the practice to improve patients' muscle strength and balance and reduce social isolation.

People with long-term conditions:

- Patients with a long term condition, such as asthma or diabetes, were offered an annual review with the practice nurse to review their health and effectiveness of their medication. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The Quality Outcome Framework (QOF) results for 2016/17 showed that care and treatment provided for patients with long term conditions were in line with or above local and national averages. QOF is a system intended to improve the quality of general practice and reward good practice.
- 70% of patients with asthma, on the register, had an asthma review in the preceding 12 months that included an assessment of asthma control. This was comparable with the CCG average of 77% and the national average of 76%.
- The percentage of patients with high blood pressure in whom the last blood pressure reading (measured in the preceding 12 months) was within recognised limits was 89%. This was comparable with the CCG 84% and the national average of 83%.
- 100% of patients with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was higher than the CCG average of 92% and the national average of 90%.
- The percentage of patients with diabetes, on the register, who had their blood pressure reading

Are services effective?

(for example, treatment is effective)

measured in the preceding 12 months and it was within recognised limits was 78%. This was comparable with the CCG average of 80% and the national average of 78%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates of 100% for all the vaccines given were above the target percentage of 90%.
- The practice offered post-natal checks for new mothers.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- Data from Public Health England showed the practice's uptake for cervical screening was 83%, which was above the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable with the CCG average of 85% and the national average of 84%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable with the CCG average of 91% and the national average of 90%.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health. This was above the CCG average of 92% and the national average of 91%.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the CCG and national averages of 97%. The overall exception reporting rate was 7% compared with the CCG average of 9.7% and the national average of 9.6%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate. We saw that exception reporting for patients experiencing poor mental health and patients with dementia were higher than the CCG and national averages. The GPs were aware of this and we explored this with them during our inspection. We saw there was a small number of patients in this population group registered with the practice and that all of the exceptions were valid and appropriate.

The practice had a comprehensive programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, an audit of patients with an irregular heart rhythm that received a medicine to slow down the blood clotting process had been completed by the practice. This was to ensure patients were within the 65% time in treatment range as recommended in National Institute for Health and Care Excellence (NICE) guidelines. The audit demonstrated that 28 out of 31 patients were in and three were out of range. Following a review of the three patients, ongoing monitoring was put in place and consideration of the use of an alternative medicine was to be discussed with the patients.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the use of the frailty index tool to determine the needs of older and vulnerable patients. The practice carried out minor surgery at the practice and had carried out an audit which demonstrated there had been no post-operative infections.

Are services effective?

(for example, treatment is effective)

Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. Following our previous inspection, the practice nurse had started to attend weekly clinical meetings with the GPs to ensure their competency in assessment, diagnosis and prescribing.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. There was a protocol in place to share information with the out of hours service (OOH) for those patients nearing the end of their life. We were told information was faxed to the OOH however this was not clearly recorded in the practice's computer system.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The percentage of new patients with potential cancer that were referred using the urgent two week wait referral pathway was 59%. This was comparable with the CCG average of 60% and the national average of 52%.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Public Health England cancer data showed that 85% of eligible females aged 50-70 years had been screened for breast cancer in last 36 months. This was comparable with the CCG average of 77% and the national average of 70%. Sixty-two per cent of eligible persons aged 60-69 years were screened for bowel cancer in last 30 months. This was comparable with the CCG average of 61% and the national average of 55%.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health. They worked closely with the patient participation group (PPG) to raise awareness of support available to patients to promote safety, health and wellbeing. For example, the PPG held awareness days at the practice which included input from the fire and police services, Headway, Health watch and the University of the Third Age (an international movement whose aims are the education and stimulation of mainly retired members of the community).

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions and obtained written consent for all first treatments.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural and social needs.
- Patients told us staff gave them very timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a notice at the reception desk informing patients of this.
- All of the 26 patient Care Quality Commission comment cards we received were highly positive about the service experienced. Patients told us staff were helpful, caring and friendly. They described the practice as fantastic, brilliant and wonderful and were highly complementary about access to the service. We also spoke with one patient and three members of the patient participation group, who were also patients, on the day of our inspection who supported these views.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and fifteen surveys were sent out and 113 were returned. This represented about 4.4% of the practice population. The practice was above average for all of its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%. (This was a reduction of 1% compared to previous survey results).
- 99% of patients who responded said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%. (This was a reduction of 1% compared to previous survey results).
- 98% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 96%. (This was a reduction of 2% compared to previous survey results)

- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 86%. (This was a reduction of 4% compared to previous survey results).
- 98% of patients who responded said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%. (This was a reduction of 1% compared to previous survey results).
- 100% of patients who responded said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and national average of 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%. (This was a reduction of 1% compared to previous survey results).
- 100% of patients who responded said they found the receptionists at the practice helpful compared with the CCG and national averages of 87%. (This was an increase of 6% compared to previous survey results).

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw information in the dispensing area informing staff how to access this service.
- Staff communicated with patients in a way that they could understand, for example, communication aids. The practice nurse described to us how they accessed easy read materials health promotion material for patients with a learning disability.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Are services caring?

The practice proactively identified patients who were carers. There was information in the waiting room and on the practice website encouraging patients to inform the practice if they were a carer. The practice nurse also informed us they used patient consultations to identify carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 78 patients as carers (3% of the practice list). Carers were offered flu immunisations to support them to stay fit and healthy. Staff had completed training to become a dementia friendly practice to ensure they were aware of the needs of patients with dementia and supportive to these patients and their carers.

If families had experienced bereavement, their usual GP provided a home visit at a flexible time and location to meet the family's needs and provide them with advice on how to find a support service. A member of the patient participation group spoke positively of how the GPs had proactively supported a bereaved patient.

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:

- 94% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%. (This was a reduction of 5% compared to previous survey results).
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%. (This was a reduction of 8% compared to previous survey results)
- 97% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG and the national averages of 90%. (This was a reduction of 2% compared to previous survey results).
- 96% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%. (This was an increase of 1% compared to previous survey results).

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, online services such as repeat prescription requests, advanced booking of appointments online and advice services for common ailments. The patient participation group (PPG) carried out surveys within the practice. One hundred and thirty-five patients (approximately 5% of the practice list) had been included in the latest survey. It showed that over a four year period the percentage of patients surveyed that booked appointments online had increased from 7% to 55% and online requests for repeat prescriptions had increased from 18% to 49%.
- The practice improved services where possible in response to unmet needs. For example, in response to requests from patients and the PPG patients can now book appointments online with the practice nurse.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. The practice met three monthly with the Integrated Local Care Team (ILCT), a team that included health and social care professionals, to discuss and manage their needs.

Older people:

- All patients had a named GP who supported them where they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for patients who were housebound.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local district nursing team, the palliative care nurse, the pulmonary rehabilitation team, the community psychiatric nurse and social services to discuss and manage the needs of patients with complex medical issues.
- The practice provided near patient blood testing for patients on a medicine used to slow down the blood clotting process. This meant older patients and those with mobility problems did not have to travel far to have this procedure carried out.

Families, children and young people:

- We found there were systems to identify and follow up children and young people who failed to attend hospital appointments. However, the action taken by the practice was not clearly documented in clinical notes.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone advice.
- GP telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including patients near the end of their life, carers and those with a learning disability.
- There were accessible facilities, which included a hearing loop, access to easy read materials health promotion material for patients with a learning disability and interpretation services.
- The practice was a single storey building with electronic front door access, parking for disabled patients and a disabled toilet. A wheelchair was also available for patients with mobility difficulties.

Are services responsive to people's needs?

(for example, to feedback?)

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Staff had completed training to become a dementia friendly practice to ensure they were aware of the needs of patients with dementia and supportive to their carers.
- Wellbeing counselling sessions were held at the practice for patients experiencing poor mental health.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs:

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The practice offered a texting service to inform patients of their test results.
- Waiting times, delays and cancellations were very minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. Comments from the Care Quality Commission comment cards and the PPG were extremely complementary about access to appointments.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly above local and national averages. Two hundred and fifteen surveys were sent out and 113 were returned. This represented about 4.4% of the practice population.

- 95% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 82% and the national average of 80%. (This was a reduction of 2% compared to previous survey results).

- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 71%. (This was a reduction of 1% compared to previous survey results).
- 96% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 75%. (This was a reduction of 2% compared to previous survey results).
- 96% of patients said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%. (This was a reduction of 4% compared to previous survey results).
- 100% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 92% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%. (This was a reduction of 2% compared to previous survey results).

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was readily available on the practice's website and in the practice leaflet. There was also a complaints policy to support this process. However, the leaflet, the website and the policy did not make reference to patients' rights to complain to NHS England or the Parliamentary and Health Service Ombudsman.
- Two complaints were received in the last year. One complaint was ongoing and the other was satisfactorily handled in a timely way.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing a well-led service. This was because:

- A system of assessing the competency of unqualified staff that assisted in the dispensary was not in place.
- A system of ensuring that standard operating procedures for the dispensing of medicines in dosette boxes was not in place.
- The service was not always transparent, open and honest when sharing information with the Care Quality Commission.
- Policies and practice administration did not always provide assurance they were operating as intended. Policies lacked content and information was not always aligned with other resources.
- Opportunities to improve ongoing errors had not been fully explored or addressed.

Leadership capacity and capability

- Leaders were knowledgeable about external issues and priorities relating to the quality and future of services. They understood the external challenges and were addressing them. For example, improving communication between the practice and district nurses.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Leaders had the experience, capacity and skills to deliver the practice strategy but did not always address risks to it. For example, there was no succession planning in place in the absence of the practice manager. Proactive action to address the risks identified within the dispensary from a review of significant events had not been effectively implemented.

Vision and strategy

The practice had a vision to provide excellent patient care in all their activities with the needs of the patient being foremost at all times. However, not all staff we spoke with on the day of our inspection were aware of this vision. The practice planned its services to meet the needs of the

practice population. For example, dementia training for staff to support the practice to become a dementia friendly service to ensure the needs of patients with dementia and their carers were understood.

Culture

The practice had a culture of high-quality care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. The practice nurse attended clinical supervision sessions with practice nurses from other local practices.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were very positive relationships between staff and teams.

Openness, honesty and transparency were demonstrated when responding to significant events. However, the service was not always transparent, open and honest when sharing information with the Care Quality Commission. At our previous inspections we informed the practice of the need to complete a risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury. This was due to the presence of a mercury blood pressure monitoring machine held on the premises. The practice manager informed us that they only had one machine however after the inspection external stakeholders informed us they had three. The practice

Are services well-led?

Requires improvement 

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

manager told us at our previous inspection that the blood pressure machine had been disposed of however when we checked it had not. We saw that at this inspection the mercury blood pressure machines had been safely removed from the practice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management. However, policies and practice administration did not always provide assurance they were operating as intended.

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, not all staff were aware of who the internal lead for safeguarding was.

Practice leaders had established policies, standard operating procedures (SOPs) and activities to ensure safety. However, some of these policies lacked content, information was not always aligned with other resources and SOPs were not always adhered to:

- We reviewed the one page policy for bullying and harassment. We found omissions in the policy such as definitions of bullying and zero tolerance and effective procedures to follow. However, we found this information was clearly recorded in the staff handbook. This was not referenced in the policy.
- The practice's complaints policy did not make reference to patients' rights to complain to NHS England or the Parliamentary and Health Service Ombudsman.
- SOPs to minimise the occurrence of dispensing errors were not always adhered to. There was no system in place to ensure that unqualified staff that assisted in the dispensary had the competencies to do so.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. Risk assessments we informed the practice they must complete at our previous inspection

had been completed. For example, risk assessments for staff that did not have immunity against some health care acquired infections. However, not all of the members of staff without this immunity had been informed that a risk assessment had been completed.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through discussion of their consultations, prescribing and referral decisions at weekly clinical meetings. Practice leaders had oversight of Medicines and Healthcare products Regulatory Agency alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. There was a business continuity plan in place to support staff.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.
- The practice used performance information which was reported and monitored.
- The practice used information technology systems to monitor and improve the quality of care.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.

Are services well-led?

Requires improvement 

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

- There was a very active patient participation group (PPG). The PPG carried out regular surveys to help to shape services. They told us their views were respected and acted on. For example, in response to requests from the PPG, patients can now book appointments online with the practice nurse.

Continuous improvement and innovation

There were systems and processes for learning and improvement in some areas. For example, concerns regarding a lack of clinical information to support the large number of requests for urine testing had been identified within the practice. In response to these concerns, the practice nurse developed an information slip for the receptionists to complete when in receipt of a urine sample. This was to ensure appropriate clinical information were available alongside the testing of urine samples.

However, we found opportunities to improve ongoing errors had not been fully explored or addressed. We saw seven dispensing errors had occurred in the nine months prior to our inspection and the learning need each time was to double check the work. The practice manager told us they carried out an annual review of trends and they would explore this more fully at the next annual review. Opportunities to implement systems prior to the annual review, such as monitoring compliance with standard operating procedures and assessment of the competencies of unqualified staff that assisted in the dispensary, had not been considered or carried out.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none">• Opportunities to improve ongoing errors, identified through the significant events process, had not been fully explored or addressed.• A system of assessing the competency of unqualified staff that assisted in the dispensary was not in place.• A system of ensuring that standard operating procedures were adhered to for the dispensing of medicines in dosette boxes was not in place.• Policies and practice administration did not always provide assurance they were operating as intended. Policies lacked content and information was not always aligned with other resources. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>