Drs Swoffer and Hoshyar

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?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Swoffer and Hoshyar on 16 June 2016. 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 for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of those relating to the spread of legionella infection and safe recruitment of staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Most staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not received mandatory training in information governance or the application of the Mental Capacity Act.
- Data showed patient outcomes compared well to the national average, with the exception of those for patients with diabetes. The practice had taken steps to address this. Although some audits had been carried out, the programme of audits was limited.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had produced a leaflet which was available in the waiting room to encourage patients who were also a carer to register this with their GP.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.

Summary of findings

- 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 risks to patients are fully assessed and managed, including those relating to legionella infection.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure staff complete mandatory training as required for their roles.
- Carry out a full programme of clinical audits and re-audits to improve patient outcomes.

In addition the provider should:

- Ensure there is a robust future business plan with strategies to deal with anticipated increased demand for services.

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?

Requires improvement

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

- There was an effective system for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices to keep patients safe and safeguarded from abuse. However, they were unable to demonstrate that all staff had received safeguarding training to the appropriate level.
- Not all risks to patients who used services were assessed and managed, for example those relating to legionella infection and the safe recruitment of staff.
- Identified improvements to infection prevention and control had not all been made, and sharps bins were not always used in accordance with safe practice guidelines.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were at or above average compared to the national average. Where they were lower than average, the practice had taken steps to improve outcomes for patients
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvements, although the programme of audits was not comprehensive.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, although some lacked training in, for example, fire safety and the application of the Mental Capacity Act.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff understood the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Are services well-led?

Requires improvement

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

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and staff felt supported by management.
- Governance at the practice was not formally structured and audits were limited. Not all risks had been identified and managed, for example those relating to legionella infection and safe recruitment of staff.
- All staff had received inductions and had received regular performance reviews and attended staff meetings.
- The practice did not have a robust business plan including strategies for dealing with anticipated increases to demand for services.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- A specialist nurse was attached to the practice who performed over 75 year health checks in the community for housebound patients and those living in care homes.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. However, staff with expertise in diabetes had not been replaced when they left the practice.
- The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding year was 82% compared to the CCG and national average of 94%. The percentage of patients with diabetes, on the register, who had a foot examination in the preceding year was 48% compared to the CCG average of 85% and the national average of 88%.
- 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.

Summary of findings

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems 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 similar to local averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 91%, which was better than the CCG average of 83% and the national average of 82%.
- 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.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safe and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was

Summary of findings

rated as requires improvement for safe and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example the practice's patient participation group (PPG) was organising an event for people who may be isolated, to offer them support.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 93% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the CCG average and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding year was 95% compared to the CCG average of 87% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty one survey forms were distributed and 127 were returned. This represented 2.2% of the practice's patient list.

- 84% of respondents found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) and national average of 73%.
- 83% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 76%.
- 97% of respondents described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 92% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were mostly positive about the standard of care received. Eight of the patients who completed comment cards told us that they found the practice to be caring. Three respondents commented that they were able to get appointments. However, two patients told us that they sometimes had difficulty with making appointments.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice had not received any completed friends and family test feedback forms during the period 1 January to 31 May 2016.

Drs Swoffer and Hoshyar

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a CQC assistant inspector.

Background to Drs Swoffer and Hoshyar

Drs Swoffer and Hoshyar, also known as Oak Hall Surgery, provides primary care services for New Romney, Kent and the surrounding area.

Most patient areas are accessible to patients with mobility issues, as well as parents with children and babies. Where areas are not accessible, staff make arrangements to ensure that patients can receive care in accessible areas.

The practice staff consists of four GPs (3.29 whole time equivalents (WTE)), three of whom are partners, three nurses (1.59 WTE) and two healthcare assistants (0.96 WTE) as well as reception and administrative staff. There is a practice manager. One of the GPs is female and three are male. All of the nurses and healthcare assistants are female.

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice has a patient population of approximately 5,714. The proportion of older patients is higher than the national average. The practice is in an area with a slightly lower than average deprivation score and average levels of unemployment. 95% of the population in the area of the practice is white British.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 1pm and 2pm to 6.30pm daily. Extended surgery hours are offered from 6.30pm to 7pm Monday to Wednesday. The practice closes at 4.10pm on Thursdays for staff training. There are arrangements with other providers (Invicta Health) to deliver services to patients outside of the practice's working hours.

Services are provided from Oak Hall Surgery, 41-43 High Street, New Romney, Kent, TN28 8BW.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 June 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff, including the practice manager, three GPs, one nurse, one healthcare assistant (HCA) and four administrative staff and spoke with seven patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an effective system 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. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Staff were informed of incidents via email and they were discussed at staff meetings. We saw minutes of meetings that confirmed this.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had purchased an additional oxygen cylinder for use in emergencies following an incident when the emergency supply was almost used up for one patient.

Overview of safety systems and processes

The practice had systems, processes and practices to help keep patients safe and safeguarded from abuse. However, these were not always fully implemented.

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs did not attend safeguarding meetings but always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. However, the practice was unable to demonstrate that nursing staff had been trained in safeguarding to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, staff acting as chaperones were not trained for the role. The practice told us that chaperone training was due to take place imminently and we saw a copy of an email that confirmed this.
- When we inspected the practice we observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and clinical staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address improvements identified as a result. However, we saw that some items identified in the audit remained outstanding. For example, the floor in the minor operations room did not continue up the wall and there were holes left from rawl plugs in the wall that had not been filled. This meant that the practice could not ensure that the environment in the minor operation room was clean.
- The practice used disposable curtains which were dated with the date on which they were put up. Disposable curtains should be in use for no more than six months. We observed that one set of curtains was dated more than six months prior to our inspection.
- Not all sharps bins were used appropriately. We found one sharps bin in the nurse's room which had not been dated and which was overfull. When we pointed this out, staff immediately removed, locked and dated the sharps bin and replaced it with a new one which they signed and dated. A second sharps bin was dated but was over 3 months old and a third was not signed or dated.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

recording, handling, storing, security and disposal). Staff monitored the temperature of refrigerators used to store vaccines. There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found that some recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body. However, the practice did not ask for full employment histories on its application forms and four of the personnel files we looked at either had no employment histories or there were unexplained gaps in people's employment. Clinical staff had had the appropriate checks through the Disclosure and Barring Service. Non-clinical staff did not have DBS checks, however, the practice had undertaken risk assessments relating to the lack of DBS checks and carried out mitigating actions. These were recorded in the relevant staff files.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures 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 assessed a variety of other risk to monitor safety of the premises such as control of substances hazardous to health and infection control and security. The practice had carried out an analysis of the water systems to detect the legionella bacterium in February 2015. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, there was no risk assessment for legionella and the practice did not carry out regular flushing of all pipes or regular water temperature monitoring.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. Flow charts were available to help staff respond to an emergency in the various areas of the practice, and to show how to respond to an emergency telephone call.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Staff told us that they discussed changes to NICE guidelines at their weekly meeting and made changes to policies as needed. However, there was no formal documented governance system to ensure all staff read and acted upon new NICE guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, they had undertaken an audit of patients simultaneously using Triptan (drugs that are used to ease the symptoms of a migraine) and Selective Seratonin Reuptake Inhibitors (SSRIs) (commonly prescribed antidepressants) following revised guidance and had changed their medication regime.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available compared to the clinical commissioning group (CCG) and national rate of 95%. Exception reporting was comparable to the CCG and national averages. (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). For example, the practice exception rate for hypertension was 2.1% compared to the CCG average of 3.9% and the national average of 3.8%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was not as good as the CCG and national averages. For example, the percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding year was 82% compared to the CCG and national average of 94%. The percentage of patients with diabetes, on the register, who had a foot examination in the preceding year was 48% compared to the CCG average of 85% and the national average of 88%. The practice told us that this was because a member of staff who carried out diabetic clinics had left the practice. They explained that a diabetic nurse had recently been appointed to the practice and that this was now an area of focus for the practice.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding year was 95% compared to the CCG average of 87% and the national average of 88%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding year was 93% compared the CCG and national average of 84%.
- The practice reviewed their QOF results and had implemented an action plan to improve outcomes. For example, they had improved screen prompts so that staff were alerted to recalling patients for relevant clinics.
- There was a designated member of staff who monitored QOF results and sent recalls and reminders to patients to attend relevant appointments.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits undertaken in the last two years. However, only one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of minor surgery included ensuring patients received comprehensive information about wound care following surgery.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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

- The practice had a short induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, one of the practice nurses was due to study for a diploma in diabetes.
- The practice was supporting the healthcare assistant to undertake their nurse training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with 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. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However, staff had not all received fire safety training and the practice was unable to provide evidence to show that nurses had undertaken Mental Capacity Act 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 the shared drive on the practice's computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs and for those receiving end of life care. There were good links between the practice and the authorities concerned with safeguarding children.

Consent to care and treatment

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

- Staff we spoke with 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.
- The process for seeking consent was monitored through patient records audits.
- There were appropriate forms for recording patients' consent prior to having minor surgery.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 91%, which was better than the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There

Good

Are services effective?

(for example, treatment is effective)

were systems 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.

Childhood immunisation rates for the vaccinations given were similar to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 95% (CCG range 82% to 96%) and five year olds from 83% to 96% (CCG range 80% to 96%).

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception area was open plan. However, reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff told us that they would use a telephone away from the main reception desk, or in a private room to make calls that might be sensitive.

All of the 18 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 one member of the patient participation group (PPG). 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:

- 92% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 90% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 97% of respondents said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 93% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 99% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 99% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 89% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 84% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 93% of respondents 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%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- Staff told us they could offer longer appointments for patients who had difficulty understanding their care.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 73 patients as carers (1.3% of the practice list). The practice had written a leaflet which was available in the waiting room entitled "Letting your GP know you are a carer", outlining how patients should register that they are a carer with their GP, and two further leaflets signposting carers to other support services.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and give advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended surgery hours on Monday to Wednesday evening until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- A specialist nurse was attached to the practice who performed over 75 year health checks in the community for housebound patients and those living in care homes.
- There were disabled facilities, a hearing loop and translation services available. The practice building was listed but had been adapted to suit the needs of patients. For example, a stair lift had been fitted so that patients could access one of the treatment rooms.
- One of the consulting rooms was located on the first floor which was not accessible using the stair lift. However, staff told us that doctors would make arrangements to see patients on the ground floor if they were unable to use the stairs.
- The practice was aware that it might need to expand to accommodate additional patients in the area. However, the practice did not have robust plans to deal with additional patients, such as by employing nurse practitioners. The practice's ability to develop and expand within the existing practice building was limited.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 1pm and 2pm to 6.30pm daily. Extended hours appointments were offered from 6.30pm to 7pm Monday to Wednesday. The practice closed at 4.10pm on Thursdays for staff training. In addition to pre-bookable appointments that could be booked up to four weeks in advance for doctors and six weeks for nurses, urgent appointments were also available for people who 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.

- 81% of respondents were satisfied with the practice's opening hours compared to the CCG and national average of 78%.
- 84% of respondents said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

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

The practice had a system to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the 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, there was a practice complaints leaflet available to patients which set out how to complain, how the practice would handle the complaint, and where patients could go for further help.
- The number of complaints received was low, with only five received during the period June 2015 to May 2016.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at five complaints received in the last 12 months and found that the practice had handled these in line with its published complaints procedure. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following complaints about access to appointments, the practice had initiated a patient survey to gather data about patient expectations and experiences relating to booking appointments.

Are services well-led?

Requires improvement

(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 provide high quality care and promote good outcomes for patients.

- The practice showed us a document which set out the goals and objectives of the practice.
- The practice had undertaken an analysis of its strengths and weaknesses but there was no robust strategy and supporting business plan which reflected the vision and values of the practice and which was regularly monitored.
- Staff were not clear about the vision and strategy for the practice.

Governance arrangements

The practice had an active governance culture. However, there was no overarching framework that formally supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Managers were supportive of staff and often helped out when staff were busy.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was evidence that the practice undertook some clinical audit. However, clinical audit was limited and audit cycles were not always complete.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, not all risks had been formally assessed. For example, those relating to legionella infection.
- There was no formal documented governance system to ensure all staff read and acted upon new NICE guidelines.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff said the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- 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 and supported in doing so.
- 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 PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG was organising and advertising a patient event to support patients who may be at risk of becoming isolated.
- The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they

Are services well-led?

Requires improvement

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. All staff had appraisals which identified future learning and training needs. Staff told us that the practice was an integral part of the local CCG federation and was discussing its thoughts on the future development of the practice with other members of the federation.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with the spread of legionella infection, to ensure that infection control audit findings led to improvements, to properly manage the safe disposal of sharps and they had not ensured that staff received all mandatory training appropriate to their roles. This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not do all that was required to evaluate and improve their practice because they did not have a comprehensive programme of complete clinical audit cycles. This was in breach of regulation 17(2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Requirement notices

The provider did not have effective recruitment procedures to ensure that persons employed had the qualifications, skills and experience required because they did not ensure that all staff provided a full employment history.

This was in breach of regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.