

The New Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to The New Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The New Surgery on 28 October 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff had received training in safeguarding children and understood their responsibilities to raise concerns. Some staff were awaiting training in adult safeguarding. All staff who undertook chaperone duties had been trained and were supervised.
- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The premises were clean and tidy. The practice had an infection prevention control lead and an annual infection control audit had been conducted.
- Risks to patients were assessed and well managed with the exception of those relating to recruitment checks for locum GPs.
- Practice staff had undertaken basic life support training and had access to emergency equipment and medicines.
- The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards. Data showed patient outcomes were similar to or above the local and national averages. Clinical audits had been conducted and used to inform services. The practice actively engaged with the CCG in monitoring their performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services was available and used by the clinical team to assist patients to understand and manage their conditions
- Complaints were thoroughly investigated and responded to in a timely and appropriate manner. Lessons learnt were clearly identified and sharing disseminated but not recorded.

Summary of findings

- Urgent appointments were available on the day they were requested and patients reported high levels of satisfaction with the accessibility of the service.
- The practice did not hold regular practice management meetings but spoke regularly with staff to discuss issues as they occurred. Staff reported feeling valued and supported by their peers and the practice management team.
- The practice invited and considered feedback from staff and patients.

The areas where the provider must make improvements are:

- Ensure all necessary pre-employment checks are conducted for staff.
- Conduct a legionella risk assessment and undertake appropriate actions.

In addition the provider should:

- Ensure records are maintained of checks on equipment and of discussions with staff.
- Ensure the needs of carers are identified and met.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. The practice acted on medicines alerts and audited their patient data to ensure they had acted in a timely and appropriate way to keep patients safe. Staff understood their responsibilities to raise concerns and were confident to raise these with the practice management. When things went wrong, reviews and investigations were thorough and lessons learned identified were shared. Records of investigations were maintained but discussions with staff were not consistently recorded or issues revisited to check learning has been embedded.

Risks to patients who used services were assessed; the systems and processes to address these risks were implemented such as conducting infection prevention control audits and fire risk assessments. However, we found no recruitment policy for the appointment of locum GPs and appropriate recruitment checks had not been conducted for all staff currently employed by the practice. The practice staff had received training in infection prevention and control.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards. Data showed patient outcomes were in line with or above the CCG and national averages. Clinical audits were conducted and used to inform and improve patient outcomes. Staff had access to training and had received annual appraisals. Patient risks were identified and managed through care plans and shared appropriately through multidisciplinary working.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice similar to the local and national averages. 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 community and voluntary services was available, easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Patients were able to book on line appointment and order prescriptions. The practice operated extended opening hours on a Monday and urgent same day appointments were available. The practice had adapted their premises to accommodate patients with physical disabilities who may require wheelchair access. The practice complaints policy informed patients of their right to advocacy services or to appeal the decision of the practice if dissatisfied. The complaints we viewed had been thoroughly investigated and responded to in a timely and appropriate manner.

Good



Are services well-led?

The practice is rated as good for being well-led. Since taking on the practice in April 2013 the practice has been developing and establishing their clinical and managerial system. The staff had confidence in their management, they told us they felt valued and were aware of their responsibilities, voicing their commitment to the patients and the practice. The practice had a vision to provide excellent care and was aware of the evolving and increasingly challenging landscape in which they operate within. The practice invited feedback from staff and patients and listened to it, whilst accepting the need to formalise their recording of issues and response to them. Staff received inductions and appraisals and attended staff meetings.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for providing effective, caring, responsive and well-led services; it is rated as requires improvement for safe services. The concerns which led to this rating apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. They identified patients at risk of unplanned hospital admission and placed them on their admission avoidance register developing care plans, supporting patients to better manage their conditions. Multiagency working was integral to their care plans with close working with the community matrons, falls and continence teams. Patients were ensured same day access to a GP including home visits where necessary. Vaccination programmes such as shingles, pneumococcal and shingles were advertised and invitations sent to remind patients. The practice welcomed the involvement of families and friends in the assessment and management of patient conditions with the patient's consent.

Good



People with long term conditions

The practice is rated as good for providing effective, caring, responsive and well-led services; it is rated as requires improvement for safe services. The concerns which led to this rating apply to everyone using the practice, including this population group.

The practice had conducted an analysis of the needs of this population group and identified similarities with the 75years and over group. The GPs led on all chronic disease management in partnership with the practice nurse. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care such as community geriatricians, specialist nurses and Basildon Hospital Advice and Guidance system.

Good



Summary of findings

Families, children and young people

The practice is rated as good for providing effective, caring, responsive and well-led services; it is rated as requires improvement for safe services. The concerns which led to this rating apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances or those who failed to attend appointments.

The practice provided antenatal care and advice, referring patients to the maternity service only after a full review of their medical needs has been conducted. Maternity care was conducted in partnership with the community midwifery team who attends the surgery. The practice conducted maternal post-natal and six to eight week baby development checks and worked with the community paediatric service and rapid access paediatric clinic.

Immunisation rates were high for all standard childhood immunisations. Appointments were available outside of school hours including telephone and emergency access. The premises were suitable for children and babies. Information was available on their website and within their waiting area on health and social care services.

Good



Working age people (including those recently retired and students)

The practice is rated as good for providing effective, caring, responsive and well-led services; it is rated as requires improvement for safe services. The concerns which led to this rating apply to everyone using the practice, including this population group.

The needs of the working age population, including those recently retired had been identified. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. They had pre-bookable, on the day and telephone appointments and had introduced extended hours, proving popular with patient who worked during the day. The practice offered online services (appointment booking, prescription ordering and web GP services) as well as a full range of health promotion and screening (such as the national cancer programme, health checks, opportunistic smoking cessation advice and clinics available) that reflected the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for providing effective, caring, responsive and well-led services; it is rated as requires improvement for safe services. The concerns which led to this rating apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances. It had carried out annual health checks for people with a learning disability. The practice nurse had undertaken specialist training in learning disabilities and worked with the community learning disability nurse to better understand and respond to patient needs. They offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They told vulnerable patients about how to access various support groups and voluntary organisations. Staff were aware of their responsibilities to report concerns and share information with partner health and social care services.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing effective, caring, responsive and well-led services; it is rated as requires improvement for safe services. The concerns which led to this rating apply to everyone using the practice, including this population group.

The practice was proactive in conducting screening for dementia, undertaking annual dementia reviews and considered patients for their admission avoidance register. The GP's undertake specialist assessments and refer to the memory assessment service for early diagnosis. They work in partnership with the memory assessment team signposting patients with a diagnosis of dementia to the service.

The practice maintains and monitors their patients with poor mental health undertaking regular reviews. They are proactive inviting patients for screenings and following up on non attendance. Where appropriate family and friends are involved in the management of conditions with the patients consent. The GP's work within multidisciplinary teams including accessing the mental health crisis teams for acute concerns where appropriate.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey, results published on July 2015 for the most recent data showed the practice was performing in line with local and national averages. There were 106 responses which represents 41% completion rate.

- 97% of respondents found it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 90% of respondents found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 49% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 96% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 100% of respondents said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.

- 92% of respondents described their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.
- 88% of respondents usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 77% of respondents felt they didn't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Patients commented on the staff listening to them and being consistently helpful, understanding and polite. They had confidence in the staff and were pleased with the service. This was consistent with feedback from the two patients we spoke with on the day of our inspection.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all necessary pre-employment checks are conducted for staff.
- Conduct a legionella risk assessment and undertake appropriate actions.

Action the service **SHOULD** take to improve

- Ensure records are maintained of checks on equipment and of discussions with staff.
- Ensure the needs of carers are identified and met.

The New Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead Inspector and included a GP specialist adviser and a second CQC inspector.

Background to The New Surgery

The New Surgery has a patient population of approximately 2938. It provides services to an aging patient demographic, with a large commuter population. The practice is owned and managed by a GP. The male lead GP and male salaried GP provide 13 clinical sessions a week and two locum male GPs alternate providing a single clinical session weekly. They are supported by a practice nurse who works three clinical sessions a week (12 hours). All specialist clinics are GP led. The practice manager is employed 10 hours a week and assisted by an administrative team.

The practice holds a General Medical Services contract. The practice was open between 8.30am to 7.45pm Monday and 8.30am to 6.30pm Tuesday to Friday. Appointments were from 9am to 12noon and 4.00pm to 6pm Monday to Friday. Extended hours surgeries were offered from 6.30pm to 7.30pm on a Monday evening and appointments were pre-bookable. The practice offered online appointment booking and prescription requests.

The practice has opted out of providing their own out of hour's service. Patients are advised to call the 111 service and their out of hour's provider is IC24.

The practice maintains their own practice website. The website provides important information to patients regarding their opening hours, how to make appointments, clinics and services available and support organisations.

Why we carried out this inspection

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

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Detailed findings

Before visiting, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 28 October 2015. During our visit we spoke with a range of staff including the lead GP, salaried GP, practice nurse, practice manager and receptionist, and spoke with two patients who used the service. We reviewed the personal

treatment records of patients to check consistent coding of patient records and recording of chaperones present during examinations. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice had recorded four significant events within the last 12 months these related to incidents such as a vaccination administered contrary to guidance, management of medicines and an incorrect prescription. All were well recorded, investigated and analysed by an appropriate clinician or practice manager where appropriate. An action plan had been produced for learning and a review date issued. However, we found no evidence of a subsequent review being held or sharing of learning with staff being documented. We spoke with staff. They were not clear or confident about the system in place for reporting and recording significant events. However, they told us they would raise any concerns directly with the practice manager or GPs and were confident they would address them.

We reviewed the practice management of Medicines and Health Regulatory Agency (MHRA) alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. They told us of their system in place and showed us how they had audited a recent alert relating to a specific medicine. Their audit demonstrated that they had actioned the information appropriately and changed patients medicine as advised.

Overview of safety systems and processes

Since taking ownership of the practice in April 2013 the lead GP and practice manager have been establishing, defining and embedding systems, processes and practices to keep people safe. This included:

- Arrangements to safeguard children from abuse that reflected relevant legislation, and local requirements and policies were accessible to all staff. The practice staff including clinicians had not undergone vulnerable adults training; however it was scheduled for December 2015. We spoke with staff who told us they would notify the GP or practice manager of any concerns but were unaware of how to escalate concerns with the local authority. We reviewed the practice safeguarding children and adult policy, last updated December 2014. The practice manager spoke with staff both during meetings and informally regarding safeguarding procedures and 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 contributed to safeguarding meetings when possible and always provided reports where necessary for other agencies.

- A notice was displayed in the waiting room, advising patients that the nurse would act as a chaperone, if required. In the event they were unavailable the reception staff had been appropriately trained. All staff who acted as chaperones were trained for the role but had not undergone a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had discussed the need for the checks and decided that staff would not be left unaccompanied with patients. This risk assessment was documented. We checked patient records and found that where a chaperone had been used this was clearly documented on the patient record.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and due for renewal November 2015. The practice had up to date fire risk assessment and regular fire drills were carried out. All electrical equipment and clinical equipment was last calibrated and portable appliance tested in September 2014 and had been rescheduled for November 2015 to check it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as the control of substances hazardous to health and infection control. However, we found the practice had not conducted a risk assessment for legionella.
- Appropriate standards of cleanliness and hygiene were followed. We found the premises to be visibly clean and tidy. The lead GP was the infection control clinical lead. However, the infection control annual audit had been conducted by the practice manager independently of the lead in September 2015. The audit identified 11 action points; two had been progressed such as the cleaning of the curtains and carpets in October 2015. There were cleaning schedules in place and these were signed off daily and quarterly checks conducted by the practice manager. We found policies were in place for the management of waste, clinical waste, infection control and decontamination. We found not all staff had

Are services safe?

been trained in infection prevention control but it was scheduled for December 2015. There was a sharp policy but no guidance displayed in clinical settings to advise staff in such an event.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice was aware of their prescribing patterns and undertook regular medication audits with the support of the local CCG pharmacy team. These ensured the practice was prescribing in line with best practice guidelines for safe prescribing and appropriately for their patient demographic. Prescription pads were securely stored and there were systems in place to monitor their use.
- We looked at six employment files, four for clinical staff (including the two locum GP files) and two for non-clinical administrative staff. Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment for permanent staff. For example, both clinicians had DBS checks in place. All staff had a job description, training certificates and proof of their registration with the appropriate professional body. However, when we checked the two locum GP employment files and found these were incomplete. One failed to contain a DBS check and the other locum file did not contain employment references. We also found no employment policy was in place for recruiting locum GPs.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training. A GP visit box was available with emergency medicines and was kept in a secure area of the practice known and accessible to staff. There were systems in place to ensure medicines were in date but not what stock levels were required and that they had been sustained. The practice had a defibrillator available on the premises and the pads were in date. However, we found regular checks were not recorded as being conducted on the equipment to ensure it was operational. The practice had oxygen available with adult and children's masks. There was also a first aid kit and accident book available.

The practice had conducted an internal fire risk assessment in September 2015. They recorded 12 improvement requirements within their action plan, such as replacing signage and replacing evacuation lighting. Five had been progressed and seven remained outstanding. The outstanding actions had been allocated to a member of staff and no date was recorded for completion. We found no record of any staff having undertaken fire safety training. The practice manager had completed electrical safety training May 2015. We found no fire safety/evacuation policy in place. However, fire safety notices were displayed in each room advising staff of their procedure. We spoke to staff who told us the evacuation routes and assembly points. We found that fire equipment such as extinguishers and fire alarms were serviced annually and the practice had a valid gas safety certificate.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. It was last reviewed in October 2015. The plan included emergency contact numbers for staff and arrangements should they be unable to practice from their site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through audits.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were from 2013/2014 and the practice achieved 89.6% of the total points available, with a clinical exception reporting rate of 3.7%, 2.2% below the CCG average and 4.2% below the national average. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages.
- The percentage of patients with hypertension having regular blood pressure tests was below the national average with 72.91% in comparison with 83.11% but comparable to similar practices within the CCG area.
- Performance for mental health related and hypertension indicators was better or similar to the national averages. For example 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 12 months was 90% in comparison with the national average of 86.04%.
- The dementia diagnosis rate was comparable to other practice within the CCG area although slightly below the national average for the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient's outcomes. There had been five clinical audits completed in the last year. They were double cycle audits to check findings and recommendations had been employed. In addition, the practice participated in relevant local audits, national benchmarking, accreditation, peer review. Findings were used by the practice to improve services.

We checked the read codes for patients and found they were appropriate. Consistency checks were conducted by the management team. Overall the ten clinical notes reviewed were found to be well written and where appropriate proactive patient reviews were evident. The clinicians sought additional assurances of a patient's final diagnosis prior to read coding the patient record to ensure accuracy. High risk patients such as those with blood borne virus were appropriately flagged for the attention of clinicians.

Effective staffing

We found most staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction checklist and we checked staff files and this had been completed. It covered such topics as administration matters, pension, pay terms and conditions, a tour of the building, security and an overview of training, information governance and health and safety.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However, we found the practice manager had not been appraised within the last 12 months. Staff had access to training to meet their learning needs but was not sufficiently comprehensive to cover the scope of their work. Staff benefitted from peer support, team meetings, appraisals and clinical supervision. Most staff had been appraised within the last 12 months.
- Staff received training that included: safeguarding children, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The clinical team conducted peer views of all referrals to secondary care (hospitals) ensure they were appropriate prior to submission.

Are services effective?

(for example, treatment is effective)

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. The practice had a defined system for prioritising receipt of correspondence to obtain appropriate and timely medical action. For example, the practice received blood results late in the day; the duty doctor system ensured these were reviewed and actioned the same day to manage immediate risks to patient safety. We reviewed the practice patient results and found they had been appropriately actioned.

The practice actively participated in the admission avoidance system. They told us they had identified their high risk patient population and had developed care plans to support both the patient and their carers. We reviewed a care plan, this showed us that the carer's needs had been considered, assessed and managed. For example, inviting the carer for flu vaccinations.

The practice held quarterly multidisciplinary meetings. We reviewed the last meeting minutes from February 2015 and August 2015. These were well attended with representation from community nurses (specialising in chronic obstructive pulmonary disease and heart failure), end of life co-ordinator and the over 75s care coordinator. The meeting minute's detailed patients' needs the allocation of responsibilities and coordination of services.

The practice told us where patients consented, how they shared information with the out of hour's service to ensure continuity of care to patients. For example, information was shared relating to the patients preferred place of care and their wish to not be resuscitated. The practice also worked closely with the dementia intensive community health teams via the single point of contact, enabling them access to community beds. The patient records we reviewed showed partnership working including regular liaison with hospitals in the management of patients with poor mental health.

Staff told us they valued their relationship with partner health and social care services and worked together to understand and meet the range and complexity of people's needs. This included when people moved between services, including when they were referred, or after they are discharged from hospital.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. We spoke to staff, they told us how they obtain consent for child immunisation and confirm the identity of the child and who held parental responsibility.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were signposted to relevant services such as smoking cessation clinics run by the CCG.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.36%, which was comparable to other practices within the CCG and the national average of 81.88%. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% and five year olds from 94.7% to 97.4%. Flu vaccination rates for the over 65s were 78.02%, and at risk groups 52.55%. These were also above the CCG averages. Vaccination clinic reminders were also sent by text.

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

Are services effective?

(for example, treatment is effective)

The practice had concentrated on reducing their patient admissions to hospital and had noticed a reduction. They believed that the reduction was attributable to better educating their patients, offering telephone appointments, increased home visits and regular medication reviews.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 15 patient CQC 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. The practice told us they were hoping to recruit members to their Patient Participation Group and a representative for the CCG Patient Group. A Patient Participation Group is a group of patients registered with the practice who work with the practice to improve services and the quality of care.

We spoke with two patients who told us they were pleased 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, published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was similar to the CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 85% of respondents said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 80% of respondents said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.

- 90% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 77% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 89% of respondents who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 90% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 informed decisions about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey, July 2015 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 78% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 87%.
- 78% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 81%.
- 86% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care, in line with the CCG average of 86% and the national average of 85%.

Staff told us that they had access to translation services for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

example, information on services for children with special educational needs and disabilities, support for people with sight loss and wheelchair loan services. The GP told us how they used written health literature to assist patients to understand and manage their conditions.

The practice was producing a policy on carers and where they were known to the practice the computer system alerted GPs. They did not hold a practice register of all

people who were carers but those known were offered flu vaccinations. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offer support and made appropriate referrals.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- Patients had access to online appointments and prescriptions
- The practice operated extended opening on a Monday evening until 7.30pm for commuters and working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Reasonable adjustments were made and action was taken to remove barriers when people find it hard to use or access services. The practice had a double door ramp access into the building, wide corridors and accessible toilet facilities.

Access to the service

The practice was open between 8.30am to 7.45pm Monday and 8.30am to 6.30pm Tuesday to Friday. Appointments were from 9am to 12noon and 4pm to 6pm Monday to Friday. Extended hours surgeries were offered from 6.30pm to 7.30pm on a Monday evening and appointments were pre-bookable. In addition pre-bookable appointments were available up to four weeks in advance; urgent appointments were also available for people that needed them. The practice nurse works three clinical sessions Monday and Friday afternoon and Wednesday morning.

Results from the National GP Patient Survey, July 2015 showed that patients satisfaction with how they could access care and treatment was above local and national averages and people we spoke with on the day were able to get appointments when they needed them. For example:

- 78% of respondents were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.

- 97% of respondents said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 92% of respondents described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 88% of respondents said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

The practice conducted regular audits on appointment nonattendance by patients, to assess unused clinical capacity and the responsiveness of the service. Nonattendance was found to be consistently low. Their March to May 2013 appointment audit identified 41 appointments where patients had failed to attend amounting to 2.18% of those appointments offered. In response, the practice offered more on the day appointments. On re auditing nonattendance they found a reduction in patients failing to attend between July and September 2015 equating to 1.27% of the appointments offered.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. For example, the patients were advised of their access to advocacy services or their right to appeal the practice finding. There was a designated responsible person who handled all complaints in the practice.

The practice had a patient complaint leaflet but it was not displayed or available within the reception or waiting areas. This was addressed by the practice during our visit and copies were made available. Staff told us they so rarely received complaints and anything brought to their attention they would immediately address. In such an event the practice manager told us that the reception team would send an electronic task to her to action the concern, investigate and respond. The tasks were not audited to identify potential trends or themes in reporting.

We looked at five complaints received in the last 12 months, relating to clinical care, staff attitude, administration and prescribing. We found a very thorough, open and transparent investigation dealt with in a timely

Are services responsive to people's needs? (for example, to feedback?)

way. However, we found no records of findings being shared with the practice team to inform and improve care. However, staff told us concerns and complaints were discussed with them and provided us with examples.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to provide a high quality patient centred care. They aimed to achieve this by delivering a compassionate service by a caring and supportive team. The practice had no recorded business plan but were aware of the evolving and increasingly challenging health economy in which they operated. Over the last two years the practice had concentrated on developing and establishing clinical and administrative practices. They acknowledged they had had to revise the pace of the changes to ensure they supported their staff sufficiently and were continuing to provide good patient care.

Governance arrangements

The practice had developed and was continuing to embed their overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

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

The GP explained that they had identified a need to formalise more areas of practice and maintain more comprehensive records of discussions and decision making.

Leadership, openness and transparency

The lead GP supported by the practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The practice management were accessible to staff and patients. They took time to listen and respond to matters brought to their attention. They encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff also told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so, and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the practice management.

We reviewed seven practice meeting minutes over the last two and a half years. The meetings were held irregularly, with the last two meetings conducted in November 2014 and August 2015. We found the practice meetings detailed who attended and discussed staff training, safeguarding and administration. However, actions had not been allocated to a staff member or timescales appointed for tasks to be completed.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and monitored feedback from their patients. They promoted the Friends and Family test, reviewed comments recorded by patients on NHS Choices and conducted and reviewed feedback from their patients in response to the GP revalidation questionnaire. The practice advertised the Patient Participation Group and had spoken with a small group of patients who had voiced an interest in being part of the group. The practice was encouraged by this and wanted to ensure that they continued to promote patient involvement and feedback in the development of services.

The practice gathered feedback from staff through practice meetings, appraisals and informal daily discussions but accepted this was not routinely recorded and formally responded to. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt valued, involved and engaged to improve how the practice was run.

The practice was fully engaged with the CCG participating in their time to learn sessions and monthly medicine management teams. Both GPs attended the sessions and particularly valued the opportunity to discuss the appropriateness of referrals with their professional peers, informing their practice. This complemented their internal practice of peer reviewing all clinical referrals to secondary care.

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

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Appropriate recruitment checks had not been conducted on locum GP's. 19(3).

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not conducted a legionella risk assessment. 17(2)(b)