

Southbourne Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Following an announced comprehensive inspection of Southbourne Surgery in May 2015 the practice was given an overall rating of requires improvement.

The practice was rated as inadequate for providing safe, requires improvement for well-led services and good for providing caring, effective and responsive services. In addition, all six population groups were rated as requires improvement. At our inspection we identified concerns relating to building and equipment safety checks, the provision of emergency equipment, recruitment and appraisal of staff. We also had concerns in respect of the recording, analysis, and sharing of learning from significant events.

After the comprehensive inspection, the practice wrote and provided an action plan to tell us what they would do in respect of our inspection report findings and to meet legal requirements. The practice told us that they would have completed their action plan by 30 October 2015. We undertook a further comprehensive inspection on 22

March 2016 to check that they had followed their plan and to confirm that they now met legal requirements. Overall the practice is rated as requires improvement following this inspection.

Our previous inspection in May 2015 found the following areas where the practice must improve:

- Ensure that policies and procedures relating to health and safety are updated and implemented with risks being identified, documented and managed, including managing risks from fire.
- Ensure that Patient Group Directions are implemented; ensure that emergency medicines are available and that procedures are in place to check emergency medicines are in date for use and that there is a record of these checks available.
- Ensure that a chaperoning policy is in place, and that staff are provided with effective training and guidance on chaperoning procedures to safeguard patients.

Summary of findings

- Ensure that policies and procedures for infection control are implemented and audited.
- Ensure that all equipment used has appropriate maintenance checks and is suitable for use.
- Ensure that staff are trained to support patients in the use of equipment such as the stair lift.

In addition the provider should:

- Ensure that practice meetings are documented and include analysis of significant events and any lessons learned.
- Equipment such as couches should be identified and replaced when no longer suitable for use
- Provide staff with documented policies and procedures regarding consent to care and treatment.
- Provide updated information for patients about how to make a complaint

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk

Our key findings across the areas we inspected for this inspection were as follows:

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment, however the practice could not provide evidence of all appropriate training for example safeguarding training.
- The arrangements for managing medicines, including emergency medicines and administering vaccines, in the practice kept patients safe.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, however learning was not always shared widely enough in the practice to support improvement.
- Risks to patients were assessed and well managed.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a number of policies and procedures to govern activity, including some new policies such as a chaperone policy, but there was no system in place to ensure that they were up to date and some were overdue a review.
- There was a clear leadership structure and staff felt supported by management. The practice acted on feedback from staff and patients.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Ensure that a robust system is put in place to ensure that all policies and procedures are updated, implemented and that all staff are aware of how to access them.
- Investigate ways to improve communication within the practice. Ensure that practice meetings, including GP meetings, are documented and the minutes are available to appropriate staff within a reasonable time and that learning from significant events is shared appropriately to support improvement.
- Ensure that policies and procedures for infection control are fully implemented including a robust system for stock checks and appropriate use of sharps safes.
- Ensure that there is a Disclosure and Barring Service check or risk assessment to determine whether a check is required is in place for all staff.
- Ensure that all staff are trained to appropriate level in adult and child safeguarding.
- Ensure that a system of annual staff appraisals is implemented.

Summary of findings

- Ensure that all equipment used has appropriate maintenance checks and is suitable for use, including the stair lifts.
- Ensure that staff are trained and are confident to support patients in the use of equipment such as the stair lift.

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.

- Following our previous inspection in May 2015 the practice had made improvements in areas relating to infection control, sharing learning from significant events, and medicines management.
- There was an effective system in place for reporting and recording significant events, but lessons learned were not always communicated widely enough to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology.
- The practice had some systems, processes and procedures in place to keep patients safe and safeguarded from abuse.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of past appraisals and personal development plans for all staff although some of the staff we spoke with told us they had not had an appraisal within the last year.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- 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?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice was involved in proactive visits as part of a locality over seventy fives project.
- Patients said there was continuity of care, with urgent appointments available the same day but could not always book in advance with a preferred GP
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered extended hours appointments from 7.30am every weekday morning.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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 most staff felt supported by management but at times they weren't sure who to approach with issues.
- The practice had a number of policies and procedures to govern activity, but some of these were missing or overdue a review and procedures were not always followed.
- The practice sought feedback from patients and had a patient participation group (PPG).
- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.

Requires improvement



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 was rated as requires improvement for providing safe and well-led services. 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 patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice has implemented an over seventy fives project with one GP spending three clinical session a week on this.

Requires improvement



People with long term conditions

The practice was rated as requires improvement for providing safe and well-led services. 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.
- 76% of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months, was comparable with the national average of 78%.
- 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.
- The practice had a robust recall system for these patients run by named members of administration staff.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- 74% of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control was comparable with the national average 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 84% of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was slightly higher than the national average 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 and health visitors.

Working age people (including those recently retired and students)

The practice was rated as requires improvement for providing safe and well-led services. 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.
- The practice offered electronic prescribing which allowed the prescription to be sent electronically to the pharmacist of the patient's choice which could be near their place of work.
- The practice offered extended hours appointments from 7.30am every weekday morning.

Requires improvement



People whose circumstances may make them vulnerable

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

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average 84%.
- 92% 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 better than the national average 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice provided care to a number of patients who were living in a supported living environment.

Requires improvement



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. 259 survey forms were distributed and 126 were returned. This represented 1.4% of the practice's patient list.

- 97% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group average of 84% and a national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89% and national average 85%).
- 82% of patients described the overall experience of their GP surgery as good (CCG average 82% and national average 73%).

- 91% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 84% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients told us that they felt listened to by the practice and that staff, doctors and nurses were caring and treated them with respect.

We spoke with 11 patients during the inspection. All 11 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Results of the NHS friends and family test showed that 89% patients would recommend the practice.

Areas for improvement

Action the service MUST take to improve

- Ensure that a robust system is put in place to ensure that all policies and procedures are updated, implemented and that all staff are aware of how to access them.
- Investigate ways to improve communication within the practice. Ensure that practice meetings, including GP meetings, are documented and the minutes are available to appropriate staff within a reasonable time and that learning from significant events is shared appropriately to support improvement.
- Ensure that policies and procedures for infection control are fully implemented including a robust system for stock checks and appropriate use of sharps safes.
- Ensure that there is a Disclosure and Barring Service check or risk assessment to determine whether a check is required is in place for all staff.
- Ensure that all staff are trained to appropriate level in adult and child safeguarding.
- Ensure that a system of annual staff appraisals is implemented.
- Ensure that all equipment used has appropriate maintenance checks and is suitable for use, including the stair lifts.
- Ensure that staff are trained and are confident to support patients in the use of equipment such as the stair lift.

Southbourne Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Southbourne Surgery

Southbourne Surgery is based in the Southbourne area of Bournemouth. The practice is located in a purpose built building with a community service in a separate area of the same building and a pharmacy in a building opposite. At the time of our inspection there were approximately 8,900 patients on the practice list. The district nursing team and health visitors are based in the building and the practice had access to community midwives based at the local hospital. A community physiotherapist works at the practice two days a week providing services to patients from the practice and other local practices. The practice has a General Medical Services (GMS) contract.

The practice has five GP partners and a salaried GP (three male and three female). The practice is a training practice and at the time of our inspection had one foundation doctor (A foundation doctor is undertaking a two-year general postgraduate medical training programme which forms the bridge between medical school and further specialist training). The doctors are supported by four nurses, a healthcare assistant, a practice manager, assistant practice manager, reception and administration staff.

The practice is open between 7.30am – 6.30pm Monday to Friday. Extended hours appointments are offered daily between 7.30am and 8am.

The service is provided at the following location:

Southbourne Surgery

17 Beaufort Road

Southbourne

Bournemouth

Dorset

BH6 5BF

The practice has a higher than average number of patients 40 to 50 years and female patients over 80 years old. It has lower than average number of patients aged 15 to 34 years.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 March 2016. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

After our previous inspection in May 2015 the practice had made improvements in areas relating to infection control, sharing learning from significant events, and medicines management and is rated as requires improvement for providing safe services following this inspection.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events; however the learning was not always shared appropriately with staff to support improvement. We saw evidence that significant events were discussed at some meetings but some staff we spoke with told us they were not informed about significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared taken to improve safety in the practice. For example, a patient with a similar name was registered incorrectly so consultation notes were added to the wrong patient record. The protocol for registering patients has been revised to reduce the risk of this occurring in the future.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. A child safeguarding policy was accessible to all staff. When asked the practice did not provide evidence of an adult safeguarding policy, however staff we spoke with were aware of how to recognise vulnerable adults and

information sheets clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff we spoke with gave us examples of occasions where the safeguarding lead had vulnerable adults identified to them by reception due to a change in the patient's normal behaviour. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Child Safeguarding level three and nurses were either trained to or working towards Child Safeguarding level two. We saw that child safeguarding level two training was booked for the nurses in April 2016.

- A notice in the waiting room advised patients that chaperones were available if required. At our previous inspection we found that there was not a chaperoning policy in place and that not all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). At this inspection we saw evidence that a chaperone policy had been put in place which stated only clinical staff could act as chaperones. However the practice did not provide evidence that one of the long standing nurses had received a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy with the exception of one clinical room that was not in use on the day of our inspection. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. At our previous inspection we found that there was not a robust procedure for ensuring infection control policies and procedures were in place or being followed. On this occasion we saw evidence that annual infection control audits were undertaken and that action was taken to address any improvements identified as a result; for example couches that were no longer fit for purpose had been replaced and disposable

Are services safe?

paper couch covers were used. However in one consulting room we observed a small number of consumables that were past their expiry date and one sharps safe that had been in use much longer than best practice guidelines.

- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. At our last inspection we found that there was not a robust system for the use of Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation. We saw clear evidence at this inspection that PGDs were in use by nurses who were administering medicines.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice DBS risk assessment did not include staff that were already employed by the practice; for example a long term clinical member of the nursing team did not have a DBS check or a risk assessment.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. At our previous inspection we found that the practice did not have up to date fire risk assessments. On this occasion we found that the practice had a fire risk assessment and carried out

regular fire drills. All portable electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We observed that the stair lift had very recently been serviced and was awaiting repair but had not been taken out of service. Prior to this service the stair lift had not been serviced regularly as per the manufacturers recommendation. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had carried out an internal legionella risk assessment which found that no further action was required. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty, we saw rotas were planned ahead until the end of the year.

Arrangements to deal with emergencies and major incidents

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

- At our inspection in May 2015 we found that some emergency medicines were out of date. On this occasion we found that emergencies medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was similar to the Clinical Commissioning Group (CCG) and national average. 76% of patients with diabetes, on the register, in whom the last IFCCbA1c was 64 mmol/mol or less in the preceding 12 months compared to national average 78%.
- 83% of patients with hypertension having regular blood pressure tests was similar to the national average 84%.
- Performance for mental health related indicators was better than the national average. For example 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to a national average 88%.

Clinical audits demonstrated quality improvement.

- There had been ten clinical audits undertaken in the last year, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and external training.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Not all staff had had an appraisal within the last 12 months; six staff we spoke with told us that they had not had an appraisal since 2014. However the practice manager was able to show us a plan of scheduled appraisals for all staff which were due to start in April.
- Staff received training that included: fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. When asked the practice did not provide evidence that all staff had received safeguarding training to an appropriate level for their role. Staff told us that they did not feel confident to assist patients who needed to use the stair lift.

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 and their intranet system.

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

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

Consent to care and treatment

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

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

- The process for seeking consent was monitored through records audits

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 84% 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to two year olds ranged from 97% to 99% (CCG average 94% to 97%) and five year olds from 86% to 100% (CCG average 93% to 98%).

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 20 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. 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:

- 96% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 93% of patients said the GP gave them enough time (CCG average 90% and national average 87%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 97% and national average 95%).
- 89% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89% and national average 85%).
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93% and national average 91%).
- 84% of patients said they found the receptionists at the practice helpful (CCG average 90% and national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 86% and national average 82%).
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88% and national average 85%).

Staff told us that translation services were available 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

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 hours appointments between 7.30am and 8am Monday to Friday for 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 difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 78% and national average of 75%.
- 97% of patients said they could get through easily to the surgery by phone (CCG average 84% and national average 73%).
- 69% of patients said they usually get to see or speak to the GP they prefer (CCG average 69% and national average 59%).

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

Listening and learning from concerns and complaints

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

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available on the practice website to help patients understand the complaints system. This information was printed for patients if they requested it.

We looked at complaints received in the last 12 months and found that they were satisfactorily handled and in a timely way.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement but not all staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Some practice specific policies were implemented and were available to all staff, although not all staff we spoke with knew how to access them. There was no system in place to review and update policies. At our last inspection we found that there was no chaperone or health and safety policy in place, on this occasion we saw that there was a health and safety policy and a chaperone policy in use. When asked the practice did not provide evidence of an adult safeguarding or whistleblowing policy.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However these were not always robust, for example the DBS risk assessment was only applied to new staff not those who were already working at the practice, and the infection control policy did not ensure that stock was within date and sharps safes used appropriately.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

Staff told us the practice held regular team meetings. We saw evidence of some meetings however minutes were not available for all meetings for example there was a clinical meeting held in January where we were told some significant events were discussed but when asked the practice did not provide minutes for this meeting. The action plan provided by the practice stated that all practice meetings would be minuted.

- Learning from incidents will be shared with all staff.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. However some of the staff we spoke with did not feel involved in discussions about how to run and develop the practice, and were not aware of factors and changes affecting 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. The practice 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

Are services well-led?

Requires improvement 

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

through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in order to avoid wasted spirometry appointments a pop up for the clinical system was developed to prompt staff booking appointments to check that the patient had not taken antibiotics six weeks prior to appointment.

- The practice had gathered feedback from staff generally through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management,

for example staff were concerned about keeping their smart cards secure so the practice provided lanyards for staff. 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. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was running an in house project to try to improve outcomes for patients over 75.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The practice was unable to demonstrate that it had done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>We found the practice could not demonstrate a robust system was in place to ensure all consumables were within date and sharps safes used appropriately.</p> <p>We found that the practice did not demonstrate regular servicing of the stair lifts or that staff were confident and competent to assist patients using the stair lifts.</p> <p>We found that the practice was unable to provide evidence that training was sufficient for all GPs and staff, for example safeguarding children.</p> <p>We found that the practice was unable to provide evidence for all GPs and staff of Disclosure and Barring Service checks or risk assessments to demonstrate that staff did not need checks.</p> <p>This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found the practice could not demonstrate that a robust system is in place to ensure all significant events and complaints were recorded and investigated and learning disseminated to appropriate staff.</p>

This section is primarily information for the provider

Requirement notices

We found the practice could not demonstrate that all appropriate policies were available or that those used were up to date, specific to the practice or fully implemented.

We found the practice could not demonstrate that all staff had annual appraisals or personal development plans with training needs identified.

This was in breach of Regulation 17(1) (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014