

The Leith Hill Practice

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	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to The Leith Hill Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Leith Hill Practice on 21 April 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of those relating to infection prevention and control. The practice had not

documented regular infection control audits and therefore could not evidence the frequency of audits taking place as required by guidance. (Code of practice on the prevention and control of infections and related guidance issued by the Department of Health).

- 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 there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

Summary of findings

- Ensure that infection control audits are documented and completed in the required timeframes. Where needed action plans created with dates for completion which are monitored.
- Ensure that security measures for controlled drugs are reviewed to include the secure storage of keys when the practice is closed.
- Review the recruitment information retained for locums.
- Review the recording of minutes or actions from partner meetings held so as to ensure the dissemination of information to staff not present and to support evidence of shared learning.

In addition the provider should:

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.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of those relating to infection prevention and control and the security of controlled drugs when the practice was closed. The practice had not documented regular infection control audits and therefore could not evidence the frequency of audits taking place as required. (Code of practice on the prevention and control of infections and related guidance issued by the Department of Health)

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey (January 2016) showed patients rated the practice higher than others for all aspects of care measured by the survey.
- 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.
- The practice was promoting a local service (MASH) for single isolated men, especially those who had received a recent bereavement

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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered a minor injuries service, to help avoid unnecessary visits to A&E.
- The practice ran a quarterly drug dependence clinic for maintenance treatment of patients with stable addiction problems.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice ethos was to deliver high quality care and promote good outcomes for patients.
- Staff were clear about their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.

Good



Summary of findings

- The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, we noted the practice did not record minutes or actions from weekly partner meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held out-reach flu clinics due to its rural location.
- Older patients with complex care needs and those at risk of hospital admission had personalised care plans that were shared with local organisations to facilitate the continuity of care.
- The practice was proactive in inviting patients to the practice for an over 75 health check.
- Patients over the age of 75 were allocated a named GP and were encouraged to see the same GP for continuity of care.
- The practice worked with community nurses and the community pharmacies to provide dosset box pre-packed daily medicine to improve compliance and safety.
- The practice worked closely with local support groups. For example, local groups who could help provide transport for elderly patients.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and 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 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.
- Performance for diabetes related indicators was higher than the clinical commissioning group (CCG) and national average. For

Summary of findings

example, 95% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months which was above the national average of 88%.

- The practice hosted physiotherapy and osteopathy clinics which patients could be referred to.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%.
- Data showed 67% of female patients aged between 50 and 70 years, had been screened for breast cancer in the last 36 months which was comparable to the clinical commissioning group average of 72%.
- 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.
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse.
- Safeguarding policies and procedures were readily available to staff.
- The practice ensured that children needing emergency appointments would be seen on the day.
- The practice offered a minor injuries service, to help avoid unnecessary visits to A&E.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



Summary of findings

- 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 advice by telephone each day for those patients who had difficulty in attending the practice.
- The practice had reviewed patient access and was able to offer evening appointments Monday to Thursday until 7pm.
- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice offered NHS health-checks and advice for diet and weight reduction.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Carers and those patients who had carers, were flagged on the practice computer system and were signposted to the local carers support team.
- The practice ran a quarterly drug dependence clinic for maintenance treatment of patients with stable addiction problems.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 which was comparable to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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 was promoting a local service (MASH) for single isolated men, especially those who had received a recent bereavement.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing above local and national averages. Of the 236 survey forms distributed, 111 were returned. This represented 1.4% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73% and the local average of 67%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85% and the local average of 86%.
- 99% of patients described the overall experience of this GP practice as good compared to the national average of 85% and the local average of 85%.
- 98% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79% and the local average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive

about the standard of care received. We received comments complimenting the practice on the care received by all staff. Comments included that patients felt listened to, respected, thought the staff were friendly and that they received excellent care.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received. Patients told us that they were respected, well cared for and treated with compassion. Patient's described the GPs and practice nurses as caring and professional. Patient's told us that they were listened to and were given advice about their care and treatment which they understood and which met their needs. They described the GPs and nurses as kind and told us they always had enough time to discuss their medical concerns.

We spoke with two members of the Virtual patient participation group (VPPG), who gave us positive comments about the practice. The VPPG is a group of patients who communicate by e-mail to work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that infection control audits are documented and completed in the required timeframes. Where needed action plans created with dates for completion which are monitored.
- Ensure that security measures for controlled drugs are reviewed to include the secure storage of keys when the practice is closed.

Action the service **SHOULD** take to improve

- Review the recruitment information retained for locums.
- Review the recording of minutes or actions from partner meetings held so as to ensure the dissemination of information to staff not present and to support evidence of shared learning.

The Leith Hill Practice

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 a pharmacy specialist adviser.

Background to The Leith Hill Practice

The Leith Hill Practice also known as The Old Forge Surgery offers personal medical services to the population of Capel, Surrey and the surrounding area. There are approximately 8,000 registered patients. The Leith Hill Practice has a main site and a smaller branch surgery, both surgeries are able to dispense medicines to those patients living outside a one mile radius of a local pharmacy.

The Leith Hill Practice is run by four partner GPs (two male and two female). The practice is also supported by a salaried GP, a nurse practitioner, three practice nurses and three phlebotomists. The practice also has a team of administrative staff and manager, a team of receptionists and manager and part time finance assistant, business manager and practice manager. There is a dispensing team consisting of two managers and 12 dispensers.

The Leith Hill Practice is a training practice for GP trainees and FY2 doctors. (FY2 Doctors are newly qualified GPs who are placed with a Practice for 4 months and will have their own surgery where they see patients)

The practice runs a number of services for its patients including asthma reviews, child immunisation, diabetes reviews, new patient checks and holiday vaccines and advice.

Services are provided from two locations - :

Main Surgery

The Old Forge Surgery, 168 The Street, Capel, Dorking, Surrey RH5 5EN

Opening Hours are Monday to Friday 8am to 6.30pm

The surgery is able to offer evening appointments Monday to Thursday from 6.30pm to 7pm

Branch Surgery

Northbrook Surgery, Warwick Road, South Holmwood, Dorking, Surrey, RH5 4NP

Opening Hours are Monday to Friday 8am -1pm

During this inspection we visited The Old Forge Surgery. We did not inspect the branch surgery – Northbrook Surgery.

During the times when the practice is closed, the practice has arrangements for patients to access care from an Out of Hours provider.

The practice population has a higher number of patients aged between 45 to 79 years of age than the national and local clinical commissioning group (CCG) average. The practice population shows a lower number of patients aged from birth to 9 and 15 to 39 years of age than the national and local CCG average. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England. Less than 10% of patients do not have English as their first language.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 April 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, a healthcare assistant, administration staff, the business manager and the practice manager.
- We 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 Care Quality Commission at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform their lead manager (for example, the reception manager) of any incidents and we saw there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and patient safety alerts. We saw evidence of action taken to improve safety in the practice. However, partner meetings where these were discussed were not routinely minuted and therefore could not be disseminated to any partners unable to attend or to a wider staff audience.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and the nurses were trained to level 2.
- A notice in the waiting room and in all of the clinical rooms advised patients that chaperones were available

if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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).

- We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. We asked to see infection control audits. We were provided with a document titled 'Infection Control Visit' produced for the practice by NHS England in April 2014. However, the practice was unable to provide us with any documents evidencing completed infection control audits since 2014. We also viewed two documents titled 'Infection control Audit – list of items requiring in-house action dated 2014 and 2016. These highlighted areas that needed to be reviewed or improved but did not contain dates that actions needed to be completed by. We saw some areas to be reviewed were present on both documents indicating that possibly actions recorded in 2014 had not been completed before 2016. For example, the 2014 document highlighted that fans were to be dusted and this added to the cleaning schedule. The same action was recorded in 2016 with a completion date of March 2016 recorded. Weekly cleaning schedules showed that this action was now being completed. There was an infection control protocol in place and clinical staff had received up to date training. We noted that non clinical staff received infection control training during induction and where necessary one to one training, but were not required to attend mandatory yearly updates.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practices' dispensary held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. However, the security for storage of the controlled drugs was not robust. We noted that access to the key for the controlled drugs cupboard could potentially be accessed by unauthorised staff when the practice was closed. The practice informed us after the inspection that arrangements had been made to make this more secure. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice informed us that if necessary they used a locum GP that had previously been a registrar and so was known to patients and staff. We asked to review the recruitment file for the locum. The practice was able to find the required information but we noted the information dated from the locum being a registrar.

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. The practice had up to date fire risk assessments and carried out regular fire evacuations. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available. The practice had a 10.8% exception rate which was comparable to the national average and local clinical commissioning group average of 9% (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 or better than the national average. For example, 86% of patients with diabetes, whose last measured total cholesterol was in a range of a healthy adult (within the preceding 12 months) was higher than the national average of 80%. Ninety five percent of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months which was better than the national average of 88%
- The percentage of patients with hypertension having regular blood pressure tests was the same as the national average of 83%.

- Performance for mental health related indicators was better than the national average. For example, 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan documented in the record, compared to the national average of 88%

There was evidence of quality improvement including clinical audit.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We reviewed three clinical audits that had been carried out within the last 18 months. The audits indicated where improvements had been made and monitored for their effectiveness. We noted that the practice also completed audits for medicine management.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had completed an audit to understand whether patients who were prescribed a medicine for rheumatoid arthritis were having regular blood tests. This had resulted in the practice ensuring they were working to National Institute for Health and Care Excellence (NICE) guidelines and reviewing internal systems within the practice to help patients book future blood test appointments. We saw evidence that after the initial audit and recommendations put in place, a second audit was completed which showed an improvement in figures. The practice had further annual audits planned.

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 adults and children, fire safety, equality and diversity and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions or administering vaccines.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to services, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis where care plans were routinely reviewed and updated for patients with complex needs.

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 patients, 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.
- Patients consented for specific interventions for example, minor surgical procedures, by signing a consent form.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Midwives were available at the practice once a week.
- Counsellors were available for patients at both practices. At the main site twice a week, Wednesday and Thursday and at the branch surgery on Tuesdays. Additionally an Improving Access to Psychological Therapies (IAPT) practitioner was available at the main practice on a Friday.
- Health information was made available during consultation and GPs used materials available from online services to support the advice they gave patients. There was a variety of information available for health promotion and prevention in the waiting area and on the practice website
- The practice's uptake for the cervical screening programme was 81%, which was on par with the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. 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.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30

Are services effective?

(for example, treatment is effective)

months for those patients aged between 60 and 69 years of age, were comparable to the local averages at 57% compared to the clinical commissioning group (CCG) average of 59%.

- Most childhood immunisation rates for the vaccines given were either higher than or comparable to the CCG average. For example, 87% of children under 24 months had received the MMR vaccine which was above the national average of 82%.

- 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.
- The reception desk and waiting area were joined and the practice had installed an electronic booking in system and played music to aid patient confidentiality.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We noted a sign on reception informing patients that they could write sensitive information down for the receptionists.

All of the 45 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.

We spoke with two members of the virtual patient participation group (VPPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey (January 2016) 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 90% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 87% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice had a hearing loop in reception.
- Information leaflets were available in easy read format.

Are services caring?

- The practice website also had the functionality to translate the practice information into approximately 90 different languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice was promoting a local service (MASH) for single isolated men, especially those who had received a recent bereavement. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 165 patients as carers (2% of the practice list). 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 and could offer a patient consultation or give advice on how to find support services.

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 had reviewed patient access and was able to offer evening appointments from Monday to Thursday until 7pm.
- There were longer appointments available for patients with a learning disability.
- The practice remained open throughout the day so patients could phone for appointments or drop off prescriptions or samples during the lunchtime period.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were translation services available and the practice had a hearing loop in reception.
- The practice used text messaging to remind patients of appointments.
- The waiting area was able to accommodate patients with limited mobility or who used wheelchairs. There were also toilets facilities available for all patients and a baby nappy changing facility.
- The practice offered a minor injuries service, to help avoid unnecessary visits to A&E.
- The practice ran a quarterly drug dependence clinic for maintenance treatment of patients with stable addiction problems.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. The practice had reviewed patient access and was able to offer evening appointments until 7pm from Monday

to Thursday. In addition to pre-bookable appointments that could be booked up to 6 weeks in advance, daily urgent appointments were also available for patients that needed them.

Results from the national GP patient survey (January 2016) showed that patient's satisfaction with how they could access care and treatment was above average to local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 75% and the clinical commissioning group (CCG) average 69%.
- 96% of patients said they could get through easily to the practice by phone compared to the national average of 73% and the CCG average 67%.

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.

- Its 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 to help patients understand the complaints system. There were posters on display in the waiting area and information was on the practice website.
- A Friends and Family Test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided.
- None of the patients we spoke with had needed to make a complaint about the practice.

We looked at three complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. We noted that lessons learned from individual complaints had been acted on.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

The statement of purpose included the statements:-

- To promote good health and wellbeing to our patients through education and information; also utilising electronic processes wherever possible to make care and information more accessible.
- To ensure that all members of the team have the right skills and training to carry out their duties competently and they have opportunities to discuss and learn from problems or issues that arise at any time.
- To provide safe, effective health primary care services in a responsive way meeting the needs of the practice patients.
- To be a patient centred organisation.
- To ensure effective management and governance systems.

Staff we spoke with understood how they could support the practice in achieving the practice 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:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, the practice could not provide us with documentation of infection control audits which had been undertaken since 2014.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us all staff members were approachable and always took the time to listen.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We noted a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular meetings, this included weekly partner meetings and fortnightly managers meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through surveys sent to the virtual patient participation group (VPPG) and through complaints and comments received.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. Staff

Are services well-led?

Good 

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

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

- The practice was participating in the 'Friends and Family Test' where patients were asked to record if they would recommend the practice to others.

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 involved with local self-help groups and advertised these within the practice.
- The practice was reviewing if a seven day service could be achieved by working with other practices within the area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 (2)(g)
Maternity and midwifery services	The provider had failed to ensure there was adequate security for the storage of the key to the controlled drugs cabinet by unauthorised staff when the practice was closed.
Surgical procedures	Regulation 12 (2)(h)
Treatment of disease, disorder or injury	The provider was unable to provide evidence they were assessing the risk, prevention, detection and control of the spread of infection by not documenting infection control audits or by the required frequency of audits taking place.