

Eastview Surgery

Quality Report

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Date of inspection visit: 19 November 2015
Date of publication: 07/01/2016

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

We carried out an announced comprehensive inspection at Eastview Surgery on 19 November 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and managed, however the practice did not meet its responsibilities in the provision of reports for child safeguarding review boards.
- Areas highlighted for improvement in an infection control audit in September 2015 had still not been addressed. We found a GP consulting room to be cluttered, one consultation room had soiled, discoloured blinds in place and some areas above sinks required attention.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver required care and treatment.
- The practice had undertaken a number of clinical audits which were used to drive improvement, but findings were not always shared with colleagues. Also the majority of audits we reviewed did not consist of completed cycles.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Feedback from patients was mixed; some 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. Others said they found it hard to get through to the practice by phone.
- The practice had a number of policies and procedures to govern activity and these were accessible to all staff

Summary of findings

- The practice had an active patient participation group who contributed to suggestions on improvements for patient experience at the practice.
- Leadership required improvement. There were no clear plans in place to address how the building would be maintained and when it would be adapted to provide treatment rooms that met infection control requirements. The practice did not readily adopt new ways of working which improved the patient journey between primary and secondary care.

The areas where the provider must make improvements are:

- In the submission of safeguarding reports, to child safeguarding review boards, in the required format.
- In the development and maintenance of the practice premises to meet required infection control standards.

In addition the provider should:

- Ensure audits started are completed and meet the clear definition of an audit cycle.

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.

- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. However, GPs at the practice did not meet their responsibilities in the provision of safeguarding reports to child safeguarding review boards.
- An infection control audit conducted in September 2015 identified improvements that could be made immediately but some of these were still outstanding.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When there were unintended or unexpected safety incidents, reviews and investigations were conducted and lessons learned. We saw that these were communicated widely to support improvement, for example, by sharing with other practices in the local CCG area.
- The practice manager ensured governance processes in place to support the running of the practice were up to date and accessible to all staff.
- Items identified in the last infection control audit, conducted by Liverpool Community Health had still not been fully addressed; we found one of the GPs consulting room to be cluttered and lacking in storage space. The standard of decoration in some of the consulting rooms required attention.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes comparable with the average for the locality; where scores were below the average, the practice had taken some steps to address this.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Review of data was undertaken and used to inform the GPs on areas for 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.

Good



Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with others locally for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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 had signed up to have patients with respiratory illnesses reviewed by the CCG pharmacist, to ensure correct use of medicines to help these patients stay well and avoid unplanned hospital admissions.
- Patients said they were able to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It had an ethos for the delivery of services to patients, 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.
- The practice partners had no clear plans to deal with the challenges posed by the practice premises; there was no clear business plan that dealt with how required updates to treatment rooms would be financed, or timescale for other works to upgrade facilities at the practice.

Requires improvement



Summary of findings

- Practice leaders did not make decisions that took the practice forward, for example, the practice could not provide a rationale for not taking steps to improve the patient journey between primary and secondary care.
- The practice administrative and reception staff were well-led by a practice manager who engaged with the local CCG, sharing ideas and ways of improving the management of the practice.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).

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

There were aspects of the safe and well-led domains that affected all patient population groups.

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had signed up to a local quality contract for the identification and support of patients at risk of frailty.

Requires improvement



People with long term conditions

There were aspects of the safe and well-led domains that affected all patient population groups.

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had taken steps to improve the uptake of a number of tests and reviews for people with diabetes; for example the QOF figures for 2014-15 showed the percentage of diabetes patients who had received a foot check was just 66%. In the current QOF figures, this stands at 82%, against a locally set target of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

There were aspects of the safe and well-led domains that affected all patient population groups.

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

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 relatively high for all standard childhood immunisations.
- The practice did not submit reports, as requested, to child safeguarding review boards.
- 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.
- Cytology screening by the practice was effective, reaching over 84% of those patients called for screening.
- Appointments were available outside of school hours and a midwife held a clinic weekly at the practice
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

There were aspects of the safe and well-led domains that affected all patient population groups.

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

- 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.
- Extended hours surgery was offered until 9.15pm on Monday evenings.
- A nurse led clinic was available on one Saturday morning each month.
- The practice was proactive in offering online services. The practice also had a Facebook page but were unable to say or quantify how this had increased engagement with patients.
- Texting services were used to target messages to particular patient groups, for example, smoking cessation service messages to people who may want help with giving up smoking.

Requires improvement



People whose circumstances may make them vulnerable

There were aspects of the safe and well-led domains that affected all patient population groups.

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

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It had carried out annual health checks for people with a learning disability and there was evidence of follow-up action for those patients that failed to attend.
- It had told 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. However the practice did not submit reports to child/adult safeguarding review boards as required. We did see an example of a report that had been submitted, which was detailed but this was an exception rather than the norm.

People experiencing poor mental health (including people with dementia)

There were aspects of the safe and well-led domains that affected all patient population groups.

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients at risk of unplanned admission to hospital.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published 2 July 2015 showed the practice was performing in line with local and national averages. 322 survey forms were distributed and 111 were returned. The opinion of these patients represents the views of approximately 1.4% of the practice population.

- 54.9% found it easy to get through to this surgery by phone (CCG average of 64.8%, national average 73.3%).
- 80.3% found the receptionists at this surgery helpful (CCG average 83.3%, national average 86.8%).
- 88.1% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81.1%, national average 85.2%).

- 87.5% said the last appointment they got was convenient (CCG average 92.2%, national average 91.8%).
- 63% described their experience of making an appointment as good (CCG average 66.9%, national average 73.3%).
- 49.6% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62.8%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards 13 of which were positive about the standard of care received. Three comment cards gave negative feedback about a GP and about the condition of the building and patient toilets.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- In the submission of safeguarding reports, to child safeguarding review boards, in the required format.

- In the development and maintenance of the practice premises to meet required infection control standards.

Action the service **SHOULD** take to improve

- Ensure audits started are completed and meet the clear definition of an audit cycle.

Eastview 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 advisor and practice manager specialist advisor.

Background to Eastview Surgery

Eastview Surgery is located on a main road in a residential area of Waterloo, Merseyside and falls within South Sefton Clinical Commissioning Group (CCG). The practice is run by three GP partners (two male, one female) and has been delivering GP services from the site for 37 years. The three GP partners are complemented by salaried GP (female). The practice is a training practice, hosting Foundation Year 2 medical students. The practice also has two practice nurses. The clinical team are supported by a practice manager who leads a team of 11 receptionists, administrators and secretaries. Service are delivered under a General Medical Services contract and the practice register numbers approximately 7,000 patients.

The practice is open between 8am and 6.30pm Monday to Friday, with extended hours surgeries offered on Monday evening from 6.30pm to 9.15pm, and on a Friday evening from 6.30pm to 8pm. The practice also offers a nurse led clinic each Saturday morning from 9.30am to 12.30pm. The practice did not provide out of hours services. Any patients needing to see a doctor outside of practice surgery times, are diverted to the NHS 111 service, who will triage calls and refer to the appointed out of hours provider, Go to Doc.

The practice has seven consulting rooms. Some of these are accessed from the ground floor but then by a further

four steps. There is no ramped access to these rooms. Further consulting rooms are on the upper floor of the building. There are patient toilets available on the ground floor and the consulting room used by the nurse is equipped to deliver surgical procedures and is fully accessible for people with limited mobility and by parents with prams and pushchairs.

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.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 19 November 2015. During our visit we:

- Spoke with a range of staff including three GP partners, a medical student, the practice manager, the deputy practice manager and administrative support staff. We spoke with patients who used the service and with the Patient Participation Group.

Detailed findings

- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents but there was no specific recording form available on the practice's computer system for write up of the significant event, which asks key questions about the event, for example how, when, where, why and what had happened. We saw that the practice carried out a thorough analysis of the significant events and that these were discussed at practice clinical meetings. The practice also shared learning with colleagues within the same Clinical Commissioning Group (CCG) area, which highlighted any further training that staff may benefit from, following such an incident. For example, we saw that staff were given further training on deletion of prescriptions issued, which were not dispensed by the local pharmacist.

When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse. Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs did not attend safeguarding meetings. In these circumstances there is an expectation that GPs will always provide reports where necessary for other agencies. The practice did not routinely meet these requests. When we checked records we found only one report had been submitted recently to a local safeguarding board, and confirmed that this was the exception rather than the rule.

Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs confirmed were trained to Safeguarding level 3.

A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Services (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).

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean but that some maintenance matters had not been tackled. For example, in one of the GPs rooms, there was badly cracked coving to the ceiling. We also noted that the lead GPs consulting room was cluttered, lacked storage space and required upgrading in terms of decoration, for example, paint on skirting boards required renewing. Areas highlighted for improvement in an infection control audit carried out in September 2015, still required addressing. We particularly noted that some points made, but which could have been addressed immediately, had not been actioned. For example, repairs to areas above sinks, cracks in coving and dirty and discoloured blinds in a consulting room which had not been replaced. We also noted that cleaning records in each room were kept on a laminated card, which was wiped clean at the end of each week. This meant there was no historical log of cleaning functions to review, making it difficult to see when cleaning tasks may have been omitted.

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. We saw that the last annual infection control audit, conducted by Liverpool Community Health showed a partially compliant score of 81.67%. Most of the areas requiring improvement related to the fixtures, fittings and fabric of the building. When we spoke with the practice partners at the end of the day, they confirmed that there was no definite plan in place to address these areas, or timescale indicating when improvements would be in place by.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG

Are services safe?

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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

We reviewed personnel files and found that 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.

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 to all staff on the practice computer system. The practice had up to date fire risk assessments and carried out regular fire drills.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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 and legionella.

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

Arrangements to deal with emergencies and major incidents

The practice had 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 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. There was also a first aid kit and accident book 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 fit for use.
- The practice had a 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 GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of clinical meetings which showed this was then discussed and implications for the practice's performance and patients were identified and required actions agreed.

Management, monitoring and improving outcomes for people

Information about people's care and treatment, and their outcomes, was collected and monitored and this information used to improve care.

The practice used the information collected for the Quality 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 85.6% of the total number of points available, with 5.2% exception reporting. Data from 2013-14 showed;

- Performance for diabetes related indicators was slightly lower than the national average, in all but one category. The practice manager provided more up to date figures for achievement in relation to diabetes indicators, but we noted these were still below locally set targets.
- The percentage of patients with hypertension having regular blood pressure tests was below the national average score at 68.79%, but figures given to us by the practice showed this had improved to a score of 71%.
- Performance for mental health related indicators, for example those who had a comprehensive care plan on record, was better than the national average, at 90.52% of patients compared with 86.04% of patients nationally.
- The practice score for dementia patients whose care had been reviewed in the past 12 months was 95.08% compared to the national average of 83.82%.

There were other indicators in the QOF data we reviewed that were below the national average. For

example, the percentage of patients with physical and/or mental health conditions whose notes recorded a smoking status in the preceding 12 months (practice 90.46%, national average 95.28%). The practice also had a higher number of emergency admissions for patients with long term conditions, with 17.99 patients per thousand compared to the national average of 14.4 patients per thousand. The practice did not have a set plan in place to address this. We did note, from information provided by the practice manager on the day of our inspection, that exception reporting rates had improved.

The practice had completed a number of clinical audits; some of these met the definition of full audit cycles, but the majority of examples presented did not. The majority did not show two completed cycles, did not have set parameters detailing the reason for audit, the methodology applied, conclusions from findings and a record of discussion and sharing with colleagues both internal and more widely.

- We saw two clinical audits completed in the last three years. One of these was an audit on antibiotic prescribing by the practice, which had been repeated. This was a completed audit where the improvements made were implemented and monitored.
- The second clinical audit was on skin lesions. This specifically referred to applicable GMC guidance and the objective was clearly stated, for example, that any referrals should be appropriate in that the patient cannot be treated in GP practice, or that diagnosis was in doubt. The audit referred to pre and post learning, gave outcomes, conclusions and learning points. Improvement to practice included the correct coding of these patients on diagnosis rather than using free text in patient records.
- The practice participated in applicable local audits, peer review and research.

Information about patients' outcomes was used to make improvements such as the recall of any patients who required a review of their medicines, for example, for those patients with long term conditions such as asthma.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. We saw that a newly appointed nurse at the practice had received a good standard of support through induction and was given access to any training required to carry out their duties.
- 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 these 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 the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, 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.

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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they

are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 84.45%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.9% to 97.2% and five year olds from 91.2% to 100%. Flu vaccination rates for the over 65s were 69.19% compared to the national average of 73.24%. The level of flu vaccination for at risk groups was below the national average, at 41.12% compared to the national average of 52.29%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective? (for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice performed largely in line for its satisfaction scores on consultations with doctors and nurses, with patients scoring consultations with nurses very highly. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 87.2% and national average of 88.6%.
- 85.6% said the GP gave them enough time (CCG average 84.7%, national average 86.6%).
- 93.3% said they had confidence and trust in the last GP they saw (CCG average 94.3%, national average 95.2%)
- 84.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85.1%).
- 99.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7%, national average 90.4%).
- 80.3% said they found the receptionists at the practice helpful (CCG average 83.3%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.9% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 79.9%, national average 81.4%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered a bereavement, their usual GP contacted them. 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. Comment cards we received confirmed patients had received this type of support and said they had found it helpful.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. For example, the practice recognised the needs of the working population, delivering two late night surgeries each week and holding a nurse led clinic each Saturday morning. Patients particularly mentioned this in comment cards submitted before our inspection. Also:

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice is open between 8am and 6.30pm Monday to Friday, with extended hours surgeries offered on Monday evening from 6.30pm to 9.15pm, and on a Friday evening from 6.30pm to 8pm. The practice also offers a nurse led clinic each Saturday morning from 9.30am to 12.30pm.

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with some local and national averages, but showed variations in other areas. People told us on the day that they were able to get appointments when they needed them.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 70.4% and national average of 74.9%.
- 54.9% patients said they could get through easily to the surgery by phone (CCG average 64.8%, national average 73.3%).
- 63% patients described their experience of making an appointment as good (CCG average 66.9%, national average 73.3%).
- 49.6% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62.8%, national average 64.8%).
- 48.6% of patients said they have to wait too long to be seen (CCG average 35.3%, national average 34.5%)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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; patient information leaflets briefly described the complaint system and we saw that a copy of the practice complaint policy was available when patients asked to see this.

We looked at complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and that the practice dealt with issues raised with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 described the ethos they held in the delivery of care and treatment of patients. This was to provide high quality general medical services, patient education and preventative medicine, and encouragement of patients to take responsibility for their health and lifestyle. The ethos focussed on a patient centred service and adaptable provision of services. However, we found there was no clear strategy in place to support this. The practice could not describe or show a business plan that detailed how services would be provided or developed by the practice, to meet the needs of patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of patient services.

- 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
- There was a comprehensive understanding of the performance of the practice; the practice manager collated this information for presentation at weekly clinical meetings.
- A programme of data review was used to monitor quality and to identify where to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

Leadership on decision making and forward planning for the practice was lacking. The work of the partners, both inside and outside the practice, meant there was reduced time to focus on leadership of the practice, for staff and on development of services delivered by the practice. For example, the lead partner worked full time at the practice and took on further duties outside the practice, such as cover for other surgeries.

In the presentation given by the practice at the start of the inspection, a powerpoint slide referred to the 'logical analytical scientific approach to practice'. Audits presented

to inspectors, other than two, consisted of data review, rather than full audit cycles. The practice described a piece of work it was involved in, which was aimed at identifying those patients at risk of frailty. However the manpower resource to support this work had not been recruited (the practice was looking to recruit a healthcare assistant to deliver this piece of work) and there was no plan to detail how long patient appointments would be, and how patients would be called in to see the health care assistant.

The presentation covered the practice premises, saying they were reviewed in 2008 and that the partnership continues to add improvement and repairs to the building on a rolling programme. The Registered Manager could not show us any plan for improvements to the premises, such as ramped access across four stairs leading to consulting rooms, or upgrades to the consulting rooms to meet complaint standards in relation to infection control.

When we reviewed complaints, we found that all were dealt with satisfactorily. However we found questions arising from complaints, were not necessarily responded to in a pro-active way. For example where referral of patients via fax to secondary care clinics can prove problematic, the practice did not look to move to electronic referrals, which were less problematic.

When we asked the practice why they did not to use the chose and book system (used by many other practices) they were unable to say. This was an example of the type of decisions that could have been taken to improve patient experience and outcomes, but was not.

We did note the partners were visible in the practice and staff told us that 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 gives affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

Are services well-led?

Requires improvement 

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the practice manager. All staff 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 feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the chairperson of the PPG had asked, that rather than conduct a survey which

prompted answers to specific questions, they should ask patients what the five most important things are to them about the practice. Data collated showed patients were unhappy with some of the behaviour of reception staff. As a result, all staff undertook a customer service course.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the practice manager. Staff told us they felt the practice manager respected their views, listened to their opinions and were involved and engaged in improving how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement; the practice hosted foundation year two medical students, who contributed to clinical meetings. We were able to speak with the medical student on placement with the practice, at the time of our inspection. We were told they were able to review patient consultations with their mentor to explore any possible alternative treatment options and to reflect on updated guidance issued by NICE, as well as local CCG care treatment pathways.

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

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider is failing to comply with Regulation 13(2) Systems and processes must be established and operated effectively to prevent abuse of service users.

The provider did not submit safeguarding reports as required to safeguarding review boards.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The provider is failing to comply with Regulation 15(1)(c) and (e). All premises used by the service provider were not suitable for the purpose for which they were being used or properly maintained. Work to meet all issues raised by a recent infection control audit had not been scheduled, or a plan devised to show when this work would be completed.