

Fryern Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fryern Surgery on 21 October 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed, with the exception of those relating to medicines management, fire safety and legionella.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure medicines are stored securely and only available to authorised staff.

Summary of findings

- Ensure all the required actions resulting from a fire safety risk assessment are carried out.
- Ensure a legionella risk assessment is carried out.

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Areas of concern included risks relating to medicines management, fire safety and legionella.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 multidisciplinary teams 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



- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 good for being well-led.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- 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 identifying notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- GP and nurse led teams ensured that those patients who were unable to attend flu clinics were offered flu vaccines at other times convenient for the patient.

Good



People with long term conditions

The practice is rated as good 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.
- Performance for hypertension related indicators was 87.9% which was above the CCG average of 84.9% and below the national average of 88.4%.
- 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 patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Diagnostic tests, such as blood tests, were monitored using a computerised task system. This alerted reception staff to incoming results and they would contact the patient concerned to arrange a follow up appointment with a GP or nurses if needed. This system was also used for monitoring patients who were on long term medicines for their condition, for example thyroxin.

Good



Families, children and young people

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

Good



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 accident and emergency 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 comparable to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Childhood immunisation rates for the vaccines given were comparable to CCG average.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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).

- 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.

Good



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 patients, travellers and those with a learning disability.
- It offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.
- All patients with a learning disability and patients living with dementia had an admission avoidance care plan and practice nurses were trained to carry out yearly health checks on patients with a learning disability.
- The practice GPs organised care and treatment for vulnerable patients who lived in hostels and tended to lead chaotic lives and misuse alcohol and drugs.

People experiencing poor mental health (including people with dementia)

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

- 92.98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- It carried out advance care planning for patients living with dementia.
- 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 when they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.
- Patients with poor mental health were always seen on the day when they were unwell.
- Agitated or anxious patients were offered a quieter waiting room to use during busy periods.
- The practice was member of the Hampshire Dementia Action Alliance and were working towards becoming a Dementia Friendly practice.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice performance was mixed when compared with local and national averages.

257 survey forms were distributed and 122 were returned.

- 71.6% of patients usually waited 15 minutes or less after their appointment time to be seen when compared to a CCG average of 66.5% and a national average of 64.8%.
- 82% of patients said they would recommend the practice to someone new to the area when compared to a CCG average of 82.2% and a national average of 77.5%.
- 81% of patients found it easy to get through to this practice by phone when compared to a CCG average of 83% and a national average of 77.5%.
- 83% of patients found the receptionists at this practice helpful when compared to a CCG average of 89.6% and a national average of 86.8%.

- 81.3% of patients were able to get an appointment to see or speak to someone the last time they tried when compared to a CCG average of 88.6% and a national average of 85.2%.
- 90.7% of patients said the last appointment they got was convenient when compared to a CCG average of 92.7% and a national average of 91.8%.
- 65% of patients described their experience of making an appointment as good when compared to a CCG average of 78.1% and a national average of 73.3%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Comments we saw included reference to the practice being welcoming, a first class service, nothing too much trouble, staff always helpful and polite.

We spoke with 12 patients during the inspection. All said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure medicines are stored securely and only available to authorised staff.
- Ensure the required actions resulting from a fire safety risk assessment are carried out.
- Ensure a legionella risk assessment is carried out.

Fryern 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, a second CQC inspector, a practice nurse specialist advisor, a practice manager specialist advisor and an Expert by Experience. Experts by experience are members of the team who have received care and experienced treatment from similar services.

Background to Fryern Surgery

Fryern Surgery is located in the centre of Chandlers Ford a town north of Southampton, Hampshire. The mix of patient's gender (male/female) is almost half and half. The practice has a higher number of patients aged over 50 years old and a lower number of patients aged between 19 and 44 years old when compared to the England average. The practice has an NHS general medical services contract to provide health services to approximately 9300 patients

Fryern Surgery is a training practice for GP trainees and postgraduate doctors.

Staff working at the practice include six GP partners, one GP retainer and one GP registrar (a doctor training to be GP) who together work an equivalent of 4.6 full time staff. In total there are three male and five female GPs. The practice employs a practice nurse manager, two practice nurses and two health care assistants. The GPs and the nursing staff are supported by a team of 12 administration staff who carry out administration, reception, scanning and secretarial duties. The practice also has a reception manager and a practice manager.

The practice is open from 8.00am to 6.30pm from Monday to Friday. Appointments are available during these times. Additional appointments are available alternate Tuesdays between 6.30pm and 8.45pm and alternate Saturdays between 8.00am and 12.30pm.

The practice has opted out of providing out-of-hours services to their own patients and refers them to Care UK via the NHS 111 service.

We carried out our inspection at the practice's only location which is situated at:

Fryern Surgery
Oakmount Road
Chandlers Ford
Eastleigh
Hampshire
SO53 2LH

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 October 2015.

During our visit we:

- Spoke with a range of staff which included GPs, nursing and other clinical staff, receptionists, administrators, secretaries and the practice management team and spoke with patients who used the service.
- Observed how patients 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, incorrect medicines were prescribed to a patient, this was found to be an issue with having two consultations open at the same time on the practice's electronic records system. As a result of this staff were given extra training and GP's double checked prescriptions when signing them.

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

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse 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 relevant to their role. GPs were trained to Safeguarding level 3 for children.
- 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 check (DBS

check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- Records supplied to us before our visit showed all the clinical staff except the partner GPs had received up to date infection control training. Whilst regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, we found a routine audit was overdue by two months.
- The arrangements for managing medicines, including emergency drugs and vaccines were satisfactory for obtaining, prescribing, recording and handling.
- We checked the security of vaccines that were stored in a treatment room vaccine fridge and found that both the room and fridge were not locked. We spoke with a nurse about this who said they kept the room unlocked to allow quick access to the fire escape and the practice had lost the keys to the fridge[WJ1].
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 enable 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 vaccines.
- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

- There were procedures in place for monitoring and managing most risks to patient and staff safety. There was a health and safety policy available with a poster displayed in the practice.

Are services safe?

- 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 fire safety.
- The practice carried out a fire safety risk assessment in March 2014 but some of the actions required had not been carried out.
- The practice had not carried out a legionella risk assessment. The practice manager told us they had checked with a previous manager who informed them that the landlord's building maintenance company had informed them was not required. We left the practice manager a copy of the current legislation as guidance.
- 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 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 annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 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 relevant and current evidence based guidance and standards, including the 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 and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 93.9% of the total number of points available, with 6.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed:

- Performance for diabetes related indicators was 90.3% which was below the CCG average of 94.3% and above the national average of 90.1%.
- Performance for hypertension related indicators was 87.9% which was above the CCG average of 84.9% and below the national average of 88.4%.
- Performance for chronic obstructive pulmonary disease related indicators was 100% which was above both the CCG average of 98.6% and national average of 95.2%.
- Performance for cancer related indicators was 100% which was above both the CCG average of 98.9% and national average of 95.5%.

Clinical audits demonstrated quality improvement:

- There had been nine clinical audits carried in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

- Findings were used by the practice to improve services. For example, recent action taken from an initial clinical audit included a GP devising an ongoing audit of their dermoscopy diagnosis to improve diagnosis accuracy. Dermoscopy is a non-invasive, diagnostic tool that aids the diagnosis of skin lesions and is proven to increase the accuracy of skin cancer diagnosis.

Effective staffing

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

- 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 vaccines and taking samples for the cervical screening programme.
- 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 GPs. 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 patients to other services.

Are services effective?

(for example, treatment is effective)

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through record audits to ensure it met the practices responsibilities covered by legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their

diet, smoking and alcohol cessation. For example, clinically obese patients were offered monthly appointments with either a health care assistant or practice nurse. We were told that during these appointments the patient would be weighed and offered motivational support. Patients were also signposted to relevant services such as exercise on prescription or local weight loss support groups.

- 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 80.07%, which was comparable to the national average of 81.88%. There was a policy to offer 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 vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to two year olds ranged from 82.2% to 100% and five year olds from 90.8% to 100%.
- Flu vaccination rates for the over 65s were 70.85%, and at risk groups 48.16%. These were also comparable to the national average.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients who had long term conditions and NHS health checks for patients 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

We observed that members of staff were courteous and very helpful to patients and treated patients 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 21 patient CQC comment cards we received were positive about the service experienced. Comment cards highlighted that staff were effective, caring, responded compassionately when they needed help and provided support when required.

We spoke with 12 patients on the day of our visit who all told us they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One patient told us how the practice made contact with them to check they were well as they had not been to the practice for a year.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Results were in line with local and national averages. For example:

- 91.4% of patients said the GP was good at listening to them compared to the CCG average of 91.3% and national average of 88.6%.
- 88.5% of patients said the GP gave them enough time compared to the CCG average of 88.3% and national average of 86.6%.
- 99.5% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96.9% and national average of 95.2%.
- 85.2% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.9% and national average of 85.1%.

- 96.1% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.8% and national average of 90.4%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89.6% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

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

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

- 83.4% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.3% and national average of 86%.
- 83.4% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.6% and national average of 81.4%.

The practice website included the facility to choose 89 different languages and staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room had information for patients on how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.50% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours appointments on alternate Tuesdays between 6.30pm and 8.45pm and alternate Saturdays between 8.00am and 12.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday with appointments available during these times. Extended hours surgeries available on alternate Tuesdays between 6.30pm and 8.45pm and alternate Saturdays between 8.00am and 12.30pm.

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 70.5% of patients were satisfied with the practice's opening hours when compared to the CCG average of 76% and national average of 74.9%.
- 81% patients said they could get through easily to the practice by phone when compared to the CCG average of 83% and national average of 73%.

- 90.7% patients said the last appointment they got was convenient when compared to the CCG average of 92.7% and national average of 91.8%.
- 71.6% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66.5% and national average of 64.8%.

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 which was available in the practice patient booklet, website and by leaflet on request. The practice had two waiting areas. Only one waiting area had information on how to complain displayed. The practice manager had identified that how to make a complaint information for patients should be made clearer and was considering obtaining larger notice boards for patient waiting areas.

We looked at 13 complaints received in the last 12 months and found these were satisfactorily handled, in a timely way and the practice was open and transparent. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient was reported to be unhappy with a charge for the completion of a holiday insurance claim form. The practice apologised and advised the patient this service was not an NHS service. Learning from this complaint included a change in the way reception staff dealt with requests for non NHS services which included advising patients of the cost of non NHS funded tests and procedures. We saw a full price list on the patient website which included the charges for private sick notes, employment health forms and insurance company reports.

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 and staff knew and understood the values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing most risks and issues which included implementing mitigating actions.
- We found that the service did not have suitable systems in place to monitor medicines management, fire safety and legionella.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us 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 identifying notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us 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 were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. For example, an existing electronic check in screen was refurbished and relocated.
- 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 colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong 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.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Medicines management We found that the registered person did not have effective systems in place to monitor medicines. This was in breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <ul style="list-style-type: none">• Vaccines were not stored securely. <p>Cleanliness and infection control We found that the registered person did not ensure that safe systems were in place to assess the risk of, and prevent, detect and control the spread of infections. This was in breach of regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <ul style="list-style-type: none">• A legionella risk assessment had not been undertaken. <p>Assessing risks We found that the registered person did not ensure the premises used by the service user were safe to use for their intended purpose and are used in a safe way. This was in breach of regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <ul style="list-style-type: none">• Actions required from a fire safety risk assessment had not been carried out.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	