

Aitune Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

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. However, the systems in place did not ensure learning from significant events was shared widely in a timely manner.
- Some risks to patients and staff were assessed and well managed; however, the systems in place did not take into account all risks. For example, there had been no recent audit of infection control within the practice.
- 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 told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, there was some negative feedback from comment cards regarding the attitude of reception staff.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

Summary of findings

- Ensure systems are in place to share learning from significant events widely and in a timely manner to prevent recurrence.
- Undertake regular audits in line with the practice's infection control policy to ensure the control of infection.
- Ensure all risks to patients and staff are considered and control measures implemented to mitigate against risks.

The areas where the provider should make improvements are:

- Ensure all staff have regular appraisals and development plans are in place.
- Ensure the practice documents informed consent in patient records in line with practice policy.

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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents the lessons learned were not communicated effectively to support improvement.
- The practice had systems, processes and practices in place to ensure patients were safeguarded from abuse.
- Some risks to patients were assessed and well managed; however there were areas where the practice needed to strengthen its risk management system. For example, the practice had not undertaken a recent audit of infection control.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits were undertaken to drive improvement within the practice.
- Data from the Quality and Outcomes Framework showed patient outcomes were in line with the average for the locality and compared to the national average. Practice achievement for 2014/15 was
- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that a number of clinical staff had additional qualifications and special interests.
- There was evidence of appraisals and personal development plans for some staff; however, some staff had not received an appraisal in the last 12 months.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. The practice held fortnightly multidisciplinary team meetings and worked closely with a range of health professionals.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed patients rated the practice higher than others for several of aspects of care. For example, 90% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- Patients told us they were treated with care and concern by staff and their privacy and dignity was respected. Feedback from comment cards was mixed in respect of reception staff. However, GP patient survey data showed patients rated the receptionists highly.
- The practice provided information for patients which was accessible and easy to understand.
- We observed 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice supported the local integrated care hub which its patients could access outside of surgery hours. This aimed to reduce hospital admissions.
- Patients said they found it easy to make urgent appointments with a GP but they sometimes experienced a wait to see a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared appropriately.

Good



Are services well-led?

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

- The practice had a vision to deliver high quality care. Information about the practice aims were shared with patients in their statement of purpose and on the website. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by partners and management.

Good



Summary of findings

- The practice had a wide range of policies and procedures to govern activity and held regular meetings. The newly appointed practice manager had identified some policies needed to be updated and was working to address this.
- The partners encouraged a culture of openness and honesty and staff felt supported to raise issues and concerns.
- The patient participation group (PPG) was an established group and they met regularly. The PPG was positive about future working with the practice.

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 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 worked effectively with the multi-disciplinary team to identify patients at risk of admission to hospital and to ensure their needs were met. Multidisciplinary meetings were held at the practice on a fortnightly basis.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 67.8% which was comparable with the national average of 73.2%.

Good



People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients identified as being at risk of admission to hospital were discussed at regular multidisciplinary meetings.
- Indicators to measure the impact of the management of diabetes were comparable to local and national averages. For example, p
- Longer appointments and home visits were available for patients who required these.
- 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

Good



Summary of findings

example, children and young people who had a high number of A&E attendances. The practice held regular meetings with relevant professionals to discuss children identified as being at risk.

- 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 82.3%, which was comparable to the CCG average of 84.8% and the national average of 81.8%. Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent appointments were always available on the day.
- 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. This included access to telephone consultations.
- The practice was proactive in offering online services and all GP appointments were offered through the online booking system
- Health promotion and screening was provided that reflected the needs for this age group.
- Extended hours consultations were offered on Saturday mornings to facilitate access for patients in this 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 those with a learning disability.
- It offered longer appointments for people with a learning disability in addition to offering other reasonable adjustments.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

- The practice 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. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 88.9% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was marginally above the CCG average of 85.3% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We reviewed the national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 249 survey forms were distributed and 105 were returned. This represented a 42% response rate. Key findings from the survey included;

- 85% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 87% and a national average of 85%.
- 91% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 86% and a national average of 85%.
- 84% said they would recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 78% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received completed 21 comment cards, 15 of which were entirely positive about the service received. Patients

said they were listened to and found clinical staff patient and caring. Some patients singled out particular clinicians for praise. The majority of patients said they were treated with dignity and respect by all staff members and found the premises clean and tidy. We received five comments cards which were mixed and one which was negative about the practice. The negative comments on the comments cards related the attitude of reception staff and the waiting times to access routine appointments.

We received feedback from Healthwatch about the practice which was mixed. Some patients commented positively on the ease of access to urgent appointments and described staff as compassionate and understanding. However, some patients said there could be a long wait for a routine appointment and not being able to access the same doctor in a timely manner meant there was not always continuity of care. One negative comment related to the attitude of reception staff.

We spoke with 10 patients during the inspection. All 10 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Some patients commented they sometimes had to wait a number of weeks to access an appointment with a specific GP.

Areas for improvement

Action the service **MUST** take to improve

- Ensure systems are in place to share learning from significant events widely and in a timely manner to prevent recurrence
- Undertake regular audits in line with the practice's infection control policy to ensure the control of infection

- Ensure all risks to patients and staff are considered and control measures implemented to mitigate against risks

Action the service **SHOULD** take to improve

- Ensure all staff have regular appraisals and development plans are in place
- Ensure the practice documents informed consent in patient records in line with practice policy.

Aitune Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience (An Expert by Experience is someone with experience of using GP services).

Background to Aitune Medical Practice

Aitune Medical Practice provides primary medical services to approximately 9387 patients through a personal medical services contract (PMS). Services are provided to patients from a single site. The practice is co-located with two other GP practices within Long Eaton Health Centre. Derbyshire Community Health Services NHS Foundation Trust also provides services from this location.

The level of deprivation within the practice population is below the national average. Income deprivation affecting children and older people is below the national average.

The clinical team comprises five GP partners, one advanced nurse practitioners, one nurse practitioner, two practice nurses and a healthcare assistant.

The clinical team is supported by a practice manager, an office manager and 12 secretarial, reception and administration staff.

The practice site opens from 8am to 6.30pm on Monday to Friday. Appointments times vary day to day depending on which GPs are holding surgery. Morning surgery starts from between 8.10am and 9am and finishes at 11.30am.

Afternoon surgery generally runs from 2.50pm until 6pm although the duty GP usually starts afternoon consultations at 2pm. Extended hours appointments are available on Saturday mornings from 8am to 12.45pm.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU).

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 our inspection, we reviewed a range of information we hold about the practice and asked other organisations, including Healthwatch, to share what they knew. We carried out an announced visit on 12 January 2016. During our visit we:

- Spoke with a range of staff (including GPs, the practice manager, nursing staff and reception and administration staff) and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place to enable staff to report and record significant events. However, the practice needed to strengthen their systems to ensure learning was identified and appropriately disseminated.

- Staff told us they would inform the practice manager or one of the GP partners of any incidents. There was a reporting form available on the practice's computer system.
- The practice undertook an annual analysis of significant events to detect any themes or trends. An annual meeting was held to discuss significant events. However, there was very limited monitoring or documented formal discussions about significant events in the periods between these meetings. This meant the practice could not be assured learning had been identified and shared widely within the practice.

We reviewed safety records, 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; however this was not always done promptly. For example, we saw evidence the practice had thoroughly reviewed a significant event related to a delayed diagnosis of cancer. Learning had been identified as a result of this and evidence showed this was discussed at the practice's annual significant events meeting. However, there was no evidence this event had been discussed prior to the meeting although GPs told us events would usually be discussed informally. This event occurred in November 2015 and was discussed at the annual meeting in January 2016, meaning that there was a time lapse of almost two months. This meant the practice could not be assured that learning was disseminated in a timely way.

Documentation showed that where there were unintended or unexpected safety incidents, patients were offered support, information about what had happened and apologies where appropriate.

Overview of safety systems and processes

The practice had effective systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse which were in line with local requirements and national legislation. There was a lead GP responsible for safeguarding within the practice and staff were aware of whom this was. The practice had policies and procedures in place to support staff to fulfil their roles and these outlined who to contact for further guidance if staff had concerns about patient welfare. Staff had received training relevant to their role and GPs were trained to Safeguarding Level 3. Staff we spoke with were able to give examples of action they had taken in response to concerns they had regarding patient welfare.
- Information was displayed in the waiting area which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS)
- Arrangements for managing medicines, including emergency drugs and vaccinations, ensured patients were kept safe (including obtaining, prescribing, recording, handling, storage and security). The practice worked with the clinical commissioning group (CCG) pharmacy team to undertake medicines audits to ensure prescribing was in line with best practice. Prescription pads were securely stored within the practice and there were systems in place to monitor their use. The nursing team had two qualified independent prescribers who could prescribe medicines for specific clinical conditions. They received support for this extended role from the medical staff. Patients Group Directions (PGDs) had been adopted by the practice to enable nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services safe?

However, there was an area where the practice needed to make improvements:

- Arrangements were in place to ensure appropriate standards of cleanliness and hygiene were maintained. The practice had a practice nurse as the infection control clinical lead and they told us they planned to attend CCG infection control meetings to ensure they were up to date with best practice. The infection control lead had developed a policy and guidance to support staff in their roles. However, the practice was not following its own policy in respect of undertaking an annual infection control audit or producing an annual statement in respect of infection control. The practice was unable to provide, when requested, evidence of a recent infection control audit. The practice was failing to assess the risk of, and taking action to prevent, the spread of infections, including healthcare associated infections.

Monitoring risks to patients

Most risks to patients were assessed and well managed. However, there were areas where the provider needed to make improvements.

- There were procedures in place for monitoring and managing most risks to patient and staff safety. There was a health and safety policy available and staff knew where to access this. As the premises were part of a managed building, the responsible person for arrangements related to fire safety was the building manager. A fire risk assessment had been undertaken in December 2014 and records of regular fire drills were provided. All electrical equipment was checked to ensure it was safe to use and clinical equipment was calibrated to ensure it was working properly. Risks including legionella were also managed by the building management and evidence was provided to demonstrate these had been assessed. However, the

practice needed to strengthen its risk management system to ensure all risks to patients and staff had been considered. For example, there were no risk assessments related to premises such as slips and trips.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. For example, only a certain number of staff were permitted to be on leave at the same time to ensure there was adequate cover.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. These included:

- Instant messaging systems on the computers and alarm buzzers in all the consultation and treatment rooms which alerted staff to any emergency.
- Basic life support training was delivered annually for all staff 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 business continuity plan in place which they were in the process of updating. This covered major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local 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 people's needs. We saw that these were discussed and staff told us they ensured they kept up to date with new guidelines through training, discussion and clinical supervision.
- The practice ensured guidelines were being met through regular clinical discussion, audit and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 93.4% of the total number of points available, with an exception reporting rate of 12.3%. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). This practice was not an outlier for any QOF (or other national) clinical targets. This performance was in line with local and national averages which were 95.4% and 93.5% respectively.

Data from 2014/15 showed;

- Performance for diabetes related indicators was 84.9% which was in line with the CCG average of 90.2% and the national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 84.4% which was similar to the CCG average of 85.6% and the national average of 83.6%

- Performance for mental health related indicators was 96.2% which was above the CCG average of 93.9% and the national average of 92.8%.
- Data showed 88.9% of patients with dementia had received a face to face review in the last 12 months which was above the CCG average of 85.3% and the national average of 84%.

Clinical audits demonstrated quality improvement.

- The practice provided us with five clinical audits completed in the last two years, two of these were completed audits where the practice was able to demonstrate improvements since the initial audit. For example, the practice had audited their suspected cancer referrals. This has led GPs evaluating their referrals in specific areas. Re-audit demonstrated the evaluations of referrals had led to an improvement in overall positive rate of diagnosis.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, the practice was working with the CCG pharmacy team to reduce the rate of prescribing certain types of antibiotic. The practice had identified its rate of prescribing certain types of antibiotic was above the CCG average. This had been audited and awareness raised amongst prescribers about alternatives.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice kept training records for each individual member of staff and all information was collated onto a staff training matrix. Records demonstrated staff received relevant role-specific training, for example, for those reviewing patient with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening had received specific training which had included an assessment of competence.
- The practice manager and GPs told us learning needs of staff were identified through annual appraisals,

Are services effective?

(for example, treatment is effective)

meetings and wider reviews of practice development needs. However, due to long term absence of the former practice manager, some staff had not received an appraisal in the last 12 months although plans were in place to address this as a priority. Staff training was arranged through formal training sessions both internally and externally and informal support and mentoring sessions.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness; however, there were some gaps in training for some staff. The practice manager had been in post since October 2015 and was reviewing the training needs of staff. The practice was considering introducing online training.

Coordinating patient care and information sharing

Information required to plan and deliver care was easily accessible to relevant members of staff. Information was accessed through the practice's electronic patient record system and via a shared computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results. 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.

We saw staff worked with other health and social care professionals to meet the needs of their patients and to assess and plan care and treatment. Multidisciplinary team meetings were held fortnightly and were attended by a range of health and social care professionals including GPs, a care coordinator social workers and district nurses. We saw evidence the practice worked closely with their attached care coordinator and the wider multidisciplinary team. Care plans were routinely reviewed and updated.

Consent to care and treatment

Staff generally 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 and had received training in this area.

- 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.
- We identified some areas where the practice needed to improve its processes for documenting that informed consent had been obtained in the patient record. The practice had a policy on consent but was failing to follow this policy in all cases.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted or referred to the relevant service.
- The practice offered smoking cessation clinics onsite and referred patients to other services such as counselling and alcohol cessation support.

The practice's uptake for the cervical screening programme was 82.3%, which was comparable to the CCG average of 84.8% and the national average of 81.8%. 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 and uptake rates were in line with local and national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.1% to 97% and five year olds from 93.9% to 98.2%.

Flu vaccination rates for the over 65's were 67.8%, and at risk groups 47.5%. These were comparable to the national averages of 73.2% and 49.2% respectively.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed staff within the practice to be helpful and polite to patients in addition to treating them with dignity and respect.

Measure were in place to ensure that patients felt comfortable:

- Curtains were provided in treatment and consultation rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation room doors were kept closed during consultations and locked during sensitive examinations. Conversations taking place in consultation rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if they wished to discuss sensitive issues or appeared distressed

We received 21 completed CQC comment cards as part of our inspection. Fifteen of these were entirely positive about the service received. Patients said they were listened to and found clinical staff patient and caring. The majority of patients said they were treated with dignity and respect by all staff members. Six comment cards made negative comments about the attitude of the reception staff. The practice informed us that customer service training had been booked for reception staff in March 2016. The results of the GP patient survey were positive in respect of the receptionists at the practice:

- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average 87%.

Comment cards highlighted that clinical staff responded compassionately when they needed help and provided support when required. In addition to this, results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.

- 85% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 94% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 85% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 91% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

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

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

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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.

Are services caring?

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. Written information was available to direct carers to the various avenues of support available to them.

Staff us that if families had suffered bereavement, their usual GP contacted them by telephone or sent a card if this was considered appropriate. A consultation would be offered at a flexible time and location if necessary as well as offering advice on how to access support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice supported the local integrated care hub which their patients could access outside of normal surgery hours to reduce the need for emergency admissions. In addition:

- The practice offered extended hours opening every Saturday morning to facilitate access for working age patients.
- There were longer appointments available for patients with a learning disability and for others who needed them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments times varied day to day depending on which GPs were holding surgery. Morning surgery started from between 8.10am and 9am and finished at 11.30am. Afternoon surgery generally ran from 2.50pm until 6pm although the duty GP usually started afternoon consultations at 2pm. Extended surgery hours were offered at the following times on from 8am to 12.45pm every Saturday. In addition to pre-bookable appointments that could be booked up to two months in advance, urgent appointments were also available for people that needed them. The practice operated a system whereby one GP was allocated to see urgent or emergency patients.

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.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 85% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 63% patients said they got to see or speak to their preferred GP (CCG average 53%, national average 59%).

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

Listening and learning from concerns and complaints

We saw that the practice had systems in place to effectively manage complaints and concerns.

- The practice's 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.
- Leaflets for patients wishing to make a complaint about the practice were available from the reception staff; and information about how to make a complaint was displayed in the main waiting area.

We looked at the seven complaints received since the start of 2015 and found that these were dealt with in a timely and transparent manner. Learning from complaints was identified and shared and apologies were offered appropriately. For example, the new practice manager had reviewed the ongoing complaints within the practice and had identified that a complaint response had not been sent to a patient following an administrative error. The practice offered apologies and explanations to the patient for the delay in the response as well as telling what they would do to change systems to prevent this from happening again.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had clear aims and objectives which were outlined in their statement of purpose and available on their website. Staff were aware of the values of the practice and their responsibilities in relation to these.
- The partners held fortnightly meetings to discuss issues related to the running of the practice and to plan for the future. Although the practice did not have a documented business plan or strategy they had discussed plans for the future and considered succession planning.

Governance arrangements

The practice had effective governance systems in place which supported the delivery of good quality care. These outlined the structures and procedures in place within the practice and ensured that:

- The practice had a clear staffing structure and staff were aware of their roles and responsibilities. GP partners had lead roles in clinical and management areas.
- A range of practice specific policies were easily accessible to staff as hard copies and on the practice's computer system. However, the new practice manager had identified that some of these policies were overdue for a review and had plans in place to ensure these were updated.
- There was a demonstrated understanding of the performance of the practice and evidence that information about performance was used to inform future planning.
- Some arrangements were in place to identify, record and manage risks and ensure mitigating actions were implemented. However, the practice needed to ensure all risks to patients and staff were identified.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. GP partners had special interests in a range of areas.

For example, one of the GPs had an interest in mental health. The partners were visible within the practice and staff told us they were approachable and listened to all members of the practice staff team.

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.

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

- The practice held partners' meetings and clinical meetings on alternate weeks. The new practice manager planned to introduce more regular meetings for the wider practice team in addition to meetings for specific staff groups.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the partners and management in the practice. All staff were involved in discussions about how to run and develop the practice, and 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, and we noted that there was information displayed in the waiting area to invite patient feedback.

- The practice had a patient participation group (PPG) who met regularly. The PPG told us that they had experienced difficulties with recruitment of members and appointing a chair. In addition they explained that there had been challenges regarding ensuring that the right staff from the practice were in attendance at the meetings. They told us that this had been improved significantly with the new practice manager starting and they were positive about arrangements going forward. The PPG had been involved with improvements to the

Are services well-led?

Good 

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

practice. For example, the PPG had raised funds for the practice to purchase higher chairs for the waiting area which were more accessible for patients with mobility problems.

- The practice had gathered feedback from staff through meetings, appraisals and ongoing discussions. 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 part of local pilot schemes to improve outcomes for patients in the area. For example, the practice supported the local integrated care hub which their patients could access outside of normal surgery hours to reduce the need for emergency admissions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The provider had not ensured that learning identified from significant events was shared widely in a timely manner. The provider had failed to assess the risk of the spread of infection within the premises. The provider had not identified all of the risks associated with the premises.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>