

Dr A F Cooper & Partners, Lockswood Surgery

Quality Report

Lockswood surgery

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr AF Cooper, Lockswood Surgery on 21 June 2016. Overall the practice is rated as requires improvement.

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 well managed.
- 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; however the patient survey data (of less than 1% of the practice population) was lower than local and national averages.
- 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.

We saw one area of outstanding practice:

- Individual needs and preferences were central to the delivery of services for patients who identified themselves as transgender. The impact of this was that a group of 12 patients received dignified care, screening and a sensitive approach.

The areas where the provider must make improvements are:

Summary of findings

- The practice must improve the care and support of patients with long term conditions such as diabetes and high blood pressure.

The areas where the provider should make improvement are:

- The practice should aim to increase the identification of patients who may also be carers so appropriate care and support can be given.
- The practice should take action to improve the patient experience and feedback.
- Increase access for patients with learning disability who were offered annual health checks.

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 good for providing safe services.

Good



- 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. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- Data showed patient outcomes were low compared to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was acceptable was 62% compared to the CCG average of 78% and national average of 78%.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of 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



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. For example, 69% said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group average of 83% and national average of 85%.
- 58% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%. However, on the day of inspection, we saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified less than 0.5% of the practice list as carers. Carers may not access support required to maintain a healthy lifestyle if they are not identified.

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 worked with the Integrated Care Team to maximise independent living and keep care close to home, providing rapid access for patients to occupational therapy, physiotherapy and social services.

- Patients we spoke to on the day of inspection said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

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

The delivery of high quality care was not assured by the leadership, governance or culture in place. We found weaknesses in some governance systems such as those for monitoring feedback from the national survey. Actions to drive improvement for people with long term conditions and people with learning disabilities were not comprehensive.

The practice told us they had a clear vision to deliver high quality care and promote good outcomes for patients, but feedback was not always acted upon in a timely way.

- 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.
- 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff which it acted on. The patient participation group was active.
- There was some focus on continuous learning and improvement.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

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

- Nursing staff had been recruited and trained to have lead roles in long-term condition management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes indicators was lower than national and CCG averages.
- For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was acceptable was 62% compared to the CCG average of 78% and national average of 78%.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, was 70 % which is comparable to the CCG average of 74% and national average of 75%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

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

- 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 82 %, which was comparable to the clinical commissioning group (CCG) average of 77 % and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses in the form of meeting notes for every quarter.

Requires improvement



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offers an extensive option of opening hours for working people: Tuesday evenings 6.30pm - 7.00pm, Wednesday mornings 7.30am - 8.00am, Wednesday evenings 6.30pm - 7.30pm, Thursday mornings 7.30am - 8.00am and on the first and third Saturday of every month from 8.00am - 11.30am.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice was particularly aware of the needs of patients who identified themselves as transgender. For example, the practice held a register of twelve patients and had a system to ensure they were invited to appropriate screening procedures and treated in a dignified and sensitive manner.
- The practice held a register of patients living in vulnerable circumstances including those who are transgender.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Patients with learning disability were offered annual health checks; 10 out of 31 (32%) of patients had taken up this offer in the last year.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Requires improvement



Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing lower than local and national averages. 236 survey forms were distributed and 121 were returned. This represented less than 1% of the practice's patient list.

- 49% found it easy to get through to this practice by phone compared to a CCG average of 69% and a national average of 73%.
- 72% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 76% and a national average of 76%.
- 76% described the overall experience of their GP practice as fairly good or very good compared to a CCG average of 82% and a national average of 85%.

- 71% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared to a CCG average of 74% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were both positive about the standard of care received. These summarised the practice as being helpful, caring and kind.

We spoke with 11 patients during the inspection. All 11 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Dr A F Cooper & Partners, Lockswood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr A F Cooper & Partners, Lockswood Surgery

Dr AF Cooper, Lockswood Surgery, is located at Centre way, Locksheath, Southampton SO31 6DX.

The practice is situated close to a shopping centre and has a level car park with two disabled spaces. The practice is located in a purpose building, which is privately owned and leased by the partners. The building has six consulting rooms two treatment rooms and a bright and spacious waiting room, which has a radio playing at low-level.

There is a large open reception area with chairs with armrests in the waiting room to help patients get out of the chairs more easily and those are positioned nearest the corridor. There are currently no automatic doors for wheelchair access, but the practice told us this is in a plan for future development.

Dr AF Cooper, Lockswood Surgery, provides general medical services (GMS) practice providing a range of essential and enhanced services for people with a wide range of health conditions to approximately 13,500

patients. The practice provides the medical care for approximately 200 residents living in nursing homes. The practice population has few ethnic minorities, and is mostly recognised as White British with approximately 1.4% of patients identifying themselves as from an Asian origin. The practice is located in one of the least deprived parts of the country.

Dr AF Cooper, Lockswood Surgery provides general medical services for patients living in the Locksheath, Warsash and Sarisbury Green area of Fareham, near Southampton. There are five GP partners, two of whom are male and three who are female. The partners are equivalent to approximately 3.4 whole time GPs. They are supported by four female part-time salaried GPs who are equivalent to another 1.8 whole time doctors.

There is a nursing team with four practice nurses and three health care assistants. There is a practice apprentice, a health care assistant training to be a nurse and an in house mentor for student nurses. The practice is supported by an administration team of two managers and 16 receptionists/administration staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.15am to 6pm daily. Extended surgery hours are also offered at the following times:

Tuesday evenings 6.30pm - 7.00pm, Wednesday mornings 7.30am - 8.00am, Wednesday evenings 6.30pm - 7.30pm, Thursday mornings 7.30am - 8.00am and on the first and third Saturday of every month from 8.00am - 11.30am.

When the practice is closed, patients are encouraged to call the NHS 111 service. The practice has not been previously inspected.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 and 8 October 2013. During our visit we:

- Spoke with a range of staff (six GPs, two nurses, two managers, four reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

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, the practice was made aware of the implications of not fully communicating to all professionals who needed to be aware of specific patient's wishes. The practice team discussed this at the practice meeting. This was reviewed as a case study and lessons regarding sharing information and communicating with families and colleagues were highlighted. This enabled GPs to be aware to communicate with colleagues for improved care, avoiding unnecessary interventions, which may be against patient's wishes.

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. One GP had attended additional training to become a patient safety champion. This was part of an agreed national campaign, led by NHS England. The practice had an ambition to create five signed pledges of how they wish to strengthen patient safety. The practice had started to create a safety improvement plan to reduce harm in the future. This represented a commitment to patient safety. The learning from this training was circulated to the team and increased awareness of safety issues, including reporting mechanisms.

Overview of safety systems and processes

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

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs 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 and nurse to level 2 for safeguarding children.

- A notice in the waiting room advised patients that chaperones were available if required. There was a list of trained staff behind reception so staff could readily identify a chaperone when one was needed. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the last one was dated August 2015, and we saw evidence that action was taken to address any improvements identified as a result. For example, new privacy film was used on windows, replacing old blinds which could pose an infection control risk. There were additional audits for assessing staff hand hygiene technique, and sharp safety, both with action plans, training schedules and further audits to monitor improvements planned.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The most recent medicines management meeting was 21 April 2016. Prescription pads were

Are services safe?

securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found 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 Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, most recently in June 2016.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health, infection control dated August 2015 and legionella dated August 2015.

(Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The outcomes for patient care and treatment was not always acted on or used effectively to improve care. 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). QOF data and exception reporting showed the practice was an outlier in two clinical outcomes and had an overall high level of exception reporting.

The most recent published results were 92% of the total number of points available. The average QOF achievement figure for the CCG was 97% and the national average was 95%.

The Health and Social Care Information Centre data showed 16% exception reporting. The average exception reporting figure for the CCG was 11% and the national average was 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for QOF (or other national) in several clinical targets, described in detail. Data from 2014-2015 showed;

Performance for diabetes related indicators were lower than the CCG and national averages.

For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was acceptable was 62% compared to the CCG average of 78% and national average of 78%.

The exception rate for this clinical indicator was 21% compared to a local CCG average of 10% and a national average of 8%. Any patients exempted had been discussed with local consultants and their care reviewed.

The practice told us the low figures were due to a nurse vacancy and that diabetes care had been affected. To improve this, the lead GP had taken responsibility for diabetes care and had reviewed and re-started clinics and had been able to increase the performance indicators for the practice. This was confirmed by accessing medical records. Nursing staff recruitment had increased the team to three health care assistants and four practice nurses, one of whom was being trained to specialise in diabetes care.

The percentage of patients with hypertension having regular blood pressure tests was lower than both the CCG and national average. Data from 2014-15 showed the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was acceptable was 73%, which is lower than the local CCG average of 82% and a national average of 84%. No reasons for this were provided by the practice.

Performance for mental health related indicators was similar to the CCG and national averages.

Data from 2014-15, showed the percentage of patients with schizophrenia, bipolar affective

disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 91%, which is comparable to the local CCG average of 90% and a national CCG average of 88%.

Clinical audits demonstrated quality improvement.

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

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result followed an audit of complications following minor surgery. This showed that all referrals to specialists were appropriate and that there were zero complications following 40 skin excisions. The practice used this audit as a chance to praise nursing colleagues and check minor operation technique.

Information about patients' outcomes was used to make improvements. The practice conducted an audit of how symptoms were described by patients for complaints that were subsequently diagnosed as urinary tract infections but could be linked to possible bladder cancer. One GP reviewed the notes of 11 patients that had been coded and analysed how symptoms were described by GPs. Two patients required additional specialist referral in case the symptoms were related to possible cancer. The GP discussed these findings at a practice meeting and a new pathway was created to check how patients were managed. This was then re-audited after six months, which showed one patient had been additionally referred in the six month period suggesting that the new pathway had been successfully implemented.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Whilst data had identified lower outcomes for patients with diabetes, the practice had acted to change this by ensuring the lead GP reviewed clinics, reviewed care and recruited new staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, one to one meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal and interim review of objectives 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 a staff handbook, e-learning training modules and in-house training. The list of recent completed training and upcoming dates for training and meetings was displayed on the staff noticeboard behind reception.

Coordinating patient care and information sharing

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

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

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

We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. For example, the practice worked with the Integrated Care Team to maximise independent living and keep care close to home, providing rapid access for patients to occupational therapy, physiotherapy and social services.

The practice also linked with a local Enhanced Recovery and Support team to reduce hospital admissions for older

Are services effective?

(for example, treatment is effective)

patients who are unwell but can remain at home with extra nursing support. For example, patients with urinary tract or chest infections who needed additional monitoring over the weekend. Both services were provided by the local community NHS Trust.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 82 %, which was comparable to the clinical commissioning group (CCG) average of 77 % and the

national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

For example, 74% of eligible females were screened for breast cancer in the last 36 months, which was comparable to the local CCG average of 72% and national average of 72%.

A total of 69% of eligible patients were screened for bowel cancer in the last 30 months, which was comparable to the local CCG average of 66% and the national average of 58%.

Childhood immunisation rates were comparable to CCG and national averages. For example, childhood immunisation rates given to under two year olds ranged from 93% to 99%, compared to the CCG average of 82-99%. Rates for five year olds ranged from 96% to 100%, compared to the local CCG average of 94% to 99%.

Patients with learning disability were offered annual health checks; 10 out of 31 (32%) of patients had taken up this offer in the last year.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Both of the two patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or lower than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 73% said the GP gave them enough time compared to the CCG average of 83% and national average of 86%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 69% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.

- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 96% and national average of 97%.
- 86% said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 86%.

During inspection there was some debate when discussing the patient survey data regarding GP care and concern. The practice showed us data from 2015 showing that this figure was 80%. However, the CQC data published in January 2016 showed 69%, representing a reduction in patient satisfaction scores.

The practice had also sought views from patients in a survey dated October 2015, but this had not been analysed for actions needed associated with the data.

Care planning and involvement in decisions about care and treatment

Results from the national GP survey contradicted with patients, who 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 two comment cards we received was also positive and aligned with these views.

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

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 58% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 82% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and 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. The practice had identified 50 patients who were also carers, which is less than 0.5% of the practice list as carers. The 2011 Census form found that up to 10% of people living in this local authority area may identify

themselves as a carer. Carers may not access support required to maintain a healthy lifestyle if they are not identified. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a range of extended hours for patients who could not attend during normal opening hours, as follows:

Tuesdays 6.30pm - 7.00pm,

Wednesdays 7.30am - 8.00am and 6.30pm - 7.30pm,

Thursdays 7.30am - 8.00am

and on the first and third Saturday of month from 8.00am - 11.30am.

- There were longer appointments available for patients with a learning disability.
- 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.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- We noted that the practice was planning to make changes to the building to meet people's needs, but this was limited by leasing agreements.

People's individual needs and preferences were central to the delivery of tailored services for 12 patients who identified themselves as transgender and undergoing gender re-assignment procedures.

For example, this group of patients required specialist care and the practice created a method of ensuring they receive dignified and sensitive approach. This was demonstrated in a written reflection from the lead GP. This showed how patients are referred to appropriate psychological support and how the practice codes medical records to ensure the correct title for these patients was used. Previous notes

with previous gender were concealed within the computer system, and new notes were created. Patients are excluded from certain public health checks like cervical smears, but included in breast screening.

A patient acknowledged this sensitive work by ensuring a rainbow flag was placed in the window of the surgery as sign of the lesbian, gay, bisexual and transgender group (LGBT) friendliness that they felt the practice conveys.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments are from 8.15am to 6pm daily.

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 in line with or below local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 49% patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.
- 16% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 31% and national average of 36%.

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

Listening and learning from concerns and complaints

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

- Its 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 in the practice leaflet and on the website.

We looked at 27 administration and clinical complaints received in the last 12 months and found these were

Are services responsive to people's needs? (for example, to feedback?)

satisfactorily handled, dealt with in a timely way and with openness and transparency. Regular complaints review meetings were held and themes were identified. The administration and customer service themed complaints were discussed at length during a recent training event.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

For example, during inspection, we raised concerns from a patient who told us they felt they had not been triaged

appropriately in the past. We highlighted their concern to the practice manager and lead GP. The practice immediately reviewed the system for administrative staff answering the phone. The GP audited phone calls immediately and found that patients waited less than five minutes for a GP to call them back. They were reassured the system was working but decided to discuss at the next partners meeting and consider a more in-depth audit of triage calls and how long patients had to wait for same day access.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice told us they had a clear vision to deliver high quality care and promote good outcomes for patients, but feedback was not always acted upon in a timely way.

For example, the performance of the practice in the patient survey was not always dealt with in a timely way. For example, the system for managing long term conditions had led to a drop in quality indicators.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The ethos of the practice was displayed in the staff kitchen area, as a reminder.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

We found weaknesses in some governance systems. Although the practice had an overarching governance framework it did not always support the delivery of the strategy and good quality care.

- Some understanding of the performance of the practice was maintained however actions to drive improvement for people with long term conditions and people with learning disabilities was not comprehensive.
- In addition, systems did not support patients with long term conditions.

However;

- There was a programme of clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Practice specific policies were implemented and were available to all staff on an intranet link via the computer desktop.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected 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 the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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 was unaware of the low patient satisfaction scores highlighted during the inspection from 2014/2015 data. For example, 16% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 31% and national average of 36%.

However, the practice told us they encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. They had yet to produce action plans based on feedback.

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG highlighted how dark the car park could be in winter and were able to help the practice identify hazards in a risk assessment. This led to new lighting being installed.
- The practice had gathered feedback from staff through staff away days and generally 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 and described an open door policy that

supported this. Staff told us they felt involved and engaged to improve how the practice was run. Staff had recommended use of a more comfortable needle for patients to enable them to take blood samples in a safe way. This was implemented by the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was in the early stages of a safety improvement plan to reduce harm in the future by nominating one GP as patient safety champion. This represented a commitment to patient safety and improvement.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The practice governance systems did not :</p> <ul style="list-style-type: none">• Provide sufficient assessing and monitoring of exception reporting related to care data used to assess whether patients received the care and treatment they required.• Ensure patients with long term conditions were monitored for their ongoing care and treatment. <p>This was in breach of regulation 17(1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>