

Elmham Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Elmham Medical Practice on 12 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- There was scope to strengthen the management of some risks, including infection control, and risks associated with legionella.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- There had been recent change of partnership at the practice that required the new management structure to adapt in a short timeframe. We found they had done this and the evolving management structure was progressing well.

Summary of findings

However there were areas of practice where the provider must make improvements:

- Undertake infection control audits in order to protect patients and staff.
- Ensure that Patient Group Directions are reviewed and in date and ensure that Patient Specific Directions are in place to protect both staff and patients.

There were also areas of practice where the provider should improve:

- Action previously identified issues around the risks associated with legionella.
- Complete clinical audit cycles in order to deliver and monitor improved outcomes for patients.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were thorough and lessons learned were communicated across the practice team to support improvement. Patients had received a verbal or written apology.
- Robust systems were in place to ensure that patients taking medicines that require monitoring were reviewed in a timely and appropriate way.
- Medicines were stored and dispensed safely.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe:
- A clear infection control policy was in place but there was a need to underpin this with infection control audits.
- Previous work identified issues around the risks associated with legionella, but these risks had not yet been mitigated.
- Nurses were trained to prescribe using Patient Group Directions, but these were out of date. The practice did not have Patient Specific Directions in place to support safe administration of medicines by Healthcare Assistants.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was scope to better demonstrate quality improvement through clinical audits by closing audit cycles.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals (although some were overdue) and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Access by telephone was very good with almost all patients who responded to the National Survey stating that they could get through with ease.
- Patients said they found it easy to make an appointment with a 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



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The patient participation group was active.
- There had been recent change of partnership at the practice that required the new management structure to adapt in a short timeframe. We found they had done this and the evolving management structure was showing good progress.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided care for around 150 people living in local care homes and regular visits were undertaken by either GPs or nurse practitioners to offer proactive support and advice.
- The practice operated a free delivery and collection service at local Post Office sites for medicines.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Practice nurses were appropriately trained and their responsibilities included asthma management, diabetic control, heart disease management and COPD (chronic obstructive pulmonary disease) management.
- QOF(Quality and Outcomes Framework: a system intended to improve the quality of general practice and reward good practice) performance for diabetic patients was good. 83.97% of diabetic patients had managed their blood sugar within ideal parameters in 2014/15 (outperforming the CCG average of 77.4% and the national average of 77.54 %.)
- The practice offered in-house diagnostics to support patients with long-term conditions,, such as 24 hour ambulatory blood pressure machines, electrocardiogram tests and ankle brachial index tests to read the severity of peripheral arterial disease.
- 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

Summary of findings

to deliver a multidisciplinary package of care. For example, the practice engaged with care pathways such as the psychology service and the respiratory service to further support patients with long term conditions.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with national and CCG averages for all standard childhood immunisations.
- The practice held monthly meetings to discuss vulnerable or at risk children and health visitors and other relevant professionals were invited to attend. Minutes from these meetings were shared as appropriate and patient records were updated.
- 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 cervical screening rate for this practice (80 %) was in line with the national average (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.
- The practice offered the fitting and removal of long term contraception.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and proactively supported these patients to attend an annual health review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

Good



- The percentage of patients with a new diagnosis of depression who were reviewed in a timely way was 100% (compared with the CCG average (86%) and national average (85%). The exception reporting rate was in line with the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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 above the local and national averages. 238 survey forms were distributed and 151 were returned. This represented a return of 63% of the survey forms that were posted.

- 99% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received apart from one. Fourteen patients used the words 'excellent', 'very good' or 'best' and one patient was unhappy due to a long wait to be seen.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. No patients had submitted comments on the NHS Choices website.

Areas for improvement

Action the service **MUST** take to improve

- Undertake infection control audits in order to protect patients and staff.
- Ensure that Patient Group Directions are reviewed and in date and ensure that Patient Specific Directions are in place to protect both staff and patients.

Action the service **SHOULD** take to improve

- Action previously identified issues around the risks associated with legionella.
- Complete clinical audit cycles in order to deliver and monitor improved outcomes for patients.

Elmham 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 and a practice manager specialist adviser.

Background to Elmham Surgery

The practice is situated in rural Norfolk, close to the market town of Dereham. The practice offers consultation space for GPs and nurses as well as extended attached professionals including midwives, dementia support nurses and phlebotomists.

There are currently 4 GP Partners and 2 salaried GPs at the practice (4 female and 2 male GPs). There are also 7 nurse practitioners, 5 practice nurses, 3 healthcare assistants and 2 phlebotomists. The dispensing team is 14 strong.

The practice manager manages a team of 12 administration staff and 12 reception staff.

The practice is open between 08.30 and 18.30 Mondays, Tuesdays, Thursdays and Fridays. On Wednesdays the practice is open from 08.30 until 18.00. Nurse appointments are from 08.30 to 12.30 every morning and 14.00 to 17.30 daily. GP appointments are from 08.30 until 11.00 and 13.10 until 17.30 (until 17.00 on Wednesdays).

If the practice is closed, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.

There are more patients who are over 65, 75 and 85 years old than the England average. However the deprivation

score is below the England average. Unemployment in the practice population is slightly higher than the England average as is percentage of patients who provide unpaid care.

Male and female life expectancy in this area is in line with the England average at 80 years for men and 83 years for women.

Why we carried out this inspection

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

How we carried out this inspection

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

- Spoke with a range of staff (GPs, the practice manager, nurses, administrators, receptionists, healthcare assistants and dispensers) 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.

Detailed findings

- 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a prescribing error had occurred and investigation by the practice demonstrated the need for both dispensers and prescribers to adhere to an auditable review of hospital discharge letters and improved use of electronic tasks within the practice computer system. There was evidence of discussion and learning around a suicide, including a commitment to improved communication across the wider health team.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. However there was scope to ensure that notices were also placed in consultation rooms and the practice told us that they would address this immediately. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. An infection control clinical lead had been appointed and they 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. However annual infection control audits had not been undertaken and the practice agreed the need to remedy this.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The Quality Manager at the practice generated monthly reports for prescribers to prompt timely and appropriate reviews of all patients taking medicines that require monitoring. Blank prescription forms and pads were securely stored, none were held in consultation rooms and there were systems in place to monitor their use. Several nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the medical staff for this extended role. However, whilst Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, these were out of date by one year. The practice Health

Are services safe?

Care Assistants were trained to administer vaccines and medicines. However there were no Patient Specific Directions (PSDs) in place (this is a written instruction from a qualified and registered prescriber for a particular medicine to a named patient) to protect staff and patients. We were given assurance by the practice on the day on the inspection that Healthcare Assistants would not administer vaccines or medicines until the appropriate PSDs were in place.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Members of staff involved in the dispensing process had received appropriate training and received annual appraisals and competency checks. There was a tracking system in place in the dispensary to ensure that if members of the dispensing team had alerted the GPs about a medicines issue that this was followed through and completed, and we saw good communication between the dispensing team and the GPs regarding the handling of repeated requests for medication and monitoring compliance.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four 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.

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. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However we noted that there were historical issues from previous legionella risk assessments that had not yet been addressed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100 % of the total number of points available. The overall exception reporting rate was 15.7% which is higher than the CCG average (10%) and the national average (9%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators in 14/15 was better compared to the national average and CCG average. However exception reporting rates were higher. E.g. the percentage of diabetic patients whose blood sugar had been effectively controlled was 84% compared to the national average of 78% and the CCG average of 78%. The exception reporting rate was 15% and higher than the national (10%) and CCG (10%) exception reporting rates. We discussed this with the quality manager at the practice who confirmed that practice provides diabetic care to a significant number of frail and elderly patients, including the residents of 4 care homes. Furthermore in 2015/16 the practice took

steps to adopt a 'patient by patient' approach to excepting patients from clinical indicators in order to ensure that patients were only excluded from QOF calculations where this was absolutely necessary.

- Performance for mental health related indicators was comparable to the national average. The percentage of patients with dementia who had had a face to face review was 78% which was slightly below the national average of 84%. The exception reporting rate was 18% which was higher than the CCG average (9%) and the national average (8%). The practice told us that they had adopted an improved approach to exception reporting for this group of patients in 2015/16.

We looked at the practice's own system to see QOF data relating to 2015/16 and noted that the practice's performance had improved and that careful decisions around excepting patients from QOF indicators had been made on an individual patient basis. This data has not yet been validated by The Health and Social Care Information Centre (HSCIC) and so is not used in this report.

There was scope to extend evidence of quality improvement through clinical audit.

- There had been four clinical audits completed since January 2015 focussing on atrial fibrillation, risks associated with prescribing statins, varicose ulcers and coil insertion. However these were all single cycle audits which meant that the practice had not yet been able to demonstrate that improvements had been implemented and monitored.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, 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.
- 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

Are services effective?

(for example, treatment is effective)

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, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Only some staff had received an appraisal within the last 12 months. The practice were aware of this and had arranged for staff to be appraised going forward.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young 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 patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation and dietary advice was available to patients using the practice.

The practice's uptake for the cervical screening programme was 78 %, which was comparable to the CCG average of 78% and the national average of 74%. 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. Figures published by Public Health England show that 68% of the practice's target population were screened for bowel cancer in 14/15 which is in line with the national average of 67%. The same dataset shows that 82% of the practice's target population were screened for breast cancer in the same period, compared with the national screening rate of 72%. 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.

Childhood immunisation rates for the vaccinations given were better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.4% to 99.1% and five year olds from 97% to 100 %.

Are services effective?

(for example, treatment is effective)

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 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.
- There was limited opportunity to ensure privacy within the reception area. However reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

22 out of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described their experience as 'excellent' and 'very good'. One patient reported dissatisfaction with a long wait to be seen.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said that they felt included, consulted and valued by the Practice.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 100% of patients said they had confidence in the last nurse they saw or spoke compared to the national average of 97%.

- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 above local and national averages. For example:

- 93% of patients said the last GP they spoke to was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.

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

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 109 patients as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Appointments were available outside school and core business hours to accommodate the needs of children and working people.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and translation services available.
- The practice worked closely with community midwives, mental health link workers, substance abuse and alcohol support workers and diabetic specialist nurses and promoted provision of these services from the surgery premises where possible.

Access to the service

The practice is open between 08.30 and 18.30 Mondays, Tuesdays, Thursdays and Fridays. On Wednesdays the practice is open from 08.30 until 18.00. Nurse appointments are from 08.30 to 12.30 every morning and 14.00 to 17.30 daily. GP appointments are from 08.30 until 11.00 and 13.10 until 17.30 (until 17.00 on Wednesdays). In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 99% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

- The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 and reception staff demonstrated how they would support patients to complain if they needed to.

We looked at 11 complaints received in the last 12 months and found that they were handled satisfactorily, with openness and transparency and in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. The key learning identified by practice staff this year was, 'The need to involve and inform patients as much as possible. To inform patients of changes to the administration of appointments or obtaining results and involvement in the management of long term conditions.'

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 provide patients with personal health care of high quality and to seek continuous improvement of the health practice population.

The practice had a robust strategy and described its plans for developing the practice for the future which took into account the needs of the various patient demographics and the potential growth of the patient population.

There was a clearly demonstrated ethos of openness, transparency and culture of learning and development in the practice, positively encouraged by the leadership.

Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- There was scope to extend and complete continuous clinical and internal audit in order to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks were in place in the main, but there were some gaps that required addressing.
- The practice had adopted a particularly strong approach to information governance: This was led by the quality manager and ensured that clinical coding was correct and that QOF reporting was appropriate and fair going forward.

Leadership and culture

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

We were told that approximately six months ago there had been a sudden departure of key clinical and managerial staff which had placed great strain on the management structure as well as clinical availability. We saw that the practice had adapted its ethos regarding the provision of care as well as key management positions. This new structure was fit for purpose and was able to demonstrate the key components to continue the improvement they had made whilst concentrating on their statement of purpose.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular 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 and supported in doing so.
- 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.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met

regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, access to the practice for patients with physical needs.

- The practice had gathered feedback from staff through practice meetings. 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.

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The practice had not undertaken infection control audits (which are referred to in the Health and Social Care Act 2008: Code of Practice for health and social care on the prevention and control of infections and related guidance).</p> <p>This was in breach of regulation 12 (1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The practice did not have up to date Patient Group and Patient Specific Directives in place to support safe prescribing by nurses and healthcare assistants. These are required under current legislation in order to promote safe administration of medicines.</p> <p>This was in breach of regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>