

Evergreen Practice

Quality Report

Skimped Hill Health Centre
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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

Evergreen Practice is located in a large health centre in an urban area. It provides primary medical services to approximately 3500 registered patients.

We visited the practice location at Skimped Hill Health Centre, Skimped Hill Lane, Bracknell, Berkshire RG12 1LH

We spoke with seven patients and eight staff during the inspection. This was the first inspection since registration. The announced, comprehensive inspection at Evergreen Practice took place on 2 October 2014.

Evergreen practice was rated as good overall.

Our key findings were as follows:

- The practice is rated as requires improvement for safety. The practice had systems in place to report, investigate and respond to incidents and there was some evidence to demonstrate shared learning across all practice staff relating to incidents and complaints.

We found recruitment checks were not documented in accordance with the practice policies and current regulations. We found the practice operated from clean, well maintained premises.

- The practice is rated as good for effective. Patient outcome data was good. GPs treated patients in accordance with national and local guidelines. Staff were trained and knowledgeable. The practice worked with other services to ensure patients with complex needs were cared for appropriately.
- The practice is rated as good for caring. Feedback from patients and survey data showed the practice performed above the clinical commissioning group (CCG) and national average on patient satisfaction.
- The practice is rated as good for responsive. there was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised and shared learning across practice staff. Patients we spoke with and survey data demonstrated patients were very satisfied with access to the practice for urgent and routine appointments.

Summary of findings

- The practice is rated as good for well-led. The senior GP had a clear vision for the development of the practice and staff were confident in the leadership of the GP. The practice had an active patient participation group (PPG). Staff had received induction, regular performance reviews and were supported in their roles.

There was one area of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that all the recruitment checks are carried out and recorded as part of the staff recruitment process

In addition the provider should:

- The practice should ensure governance arrangements are formalised including lines of management and accountability.

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 safe. We identified one area of concern related to the lack of documented recruitment checks in accordance with the practice policies and current regulations. Staff understood their responsibilities to raise concerns, and report incidents and near misses. The practice operated from safe, clean premises. Staff had received training in safeguarding children and vulnerable adults. One area of concern with medicines was identified during the inspection which the senior partner took immediate action to address.

Requires improvement



Are services effective?

The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. Patients' needs were assessed and care was planned and delivered in line with local and national guidance. This included assessment of capacity and the promotion of good health. Staff were trained appropriate to their roles and further training needs were identified and planned. The practice staff had participated in appraisals and had opportunities for development in their roles. Multidisciplinary working was evidenced.

Good



Are services caring?

The practice is rated as good for caring. Data showed patients rated the practice higher than others for many aspects of care. Feedback from patients was positive and survey data confirmed this finding. We observed a person centred culture and staff were motivated to offer kind and compassionate care.

Good



Are services responsive to people's needs?

The practice is rated as good for responsive. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. All the feedback we received from patients was positive. The practice was aware of the needs of its registered population. Patients reported good access to the practice and their named GP and with 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.

Good



Are services well-led?

The practice is rated as good for well-led. We identified two areas of concern. There was a lack of formal governance arrangements during a period of transition, including staff changes and possible

Good



Summary of findings

future relocation of the practice. The practice had a number of policies and procedures to govern activity. However, we found the recruitment policy had not been followed. The senior GP had a clear vision for the development of the practice. Staff were confident in the leadership of the GP. The practice team was small and preferred communication to be informal and face to face. Formal regular meetings also took place, although minutes were not readily available. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group (PPG). Staff had received induction, regular performance reviews and were supported in their roles.

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 care provided to older people. The practice had a smaller proportion of patients over the age of 60 years compared to the clinical commissioning group (CCG) and national averages. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example in dementia. The practice was responsive to the needs of older people, including offering home visits and prioritised patients with complex needs. Safeguarding policies and procedures were in place to identify patients at risk of abuse.

Good



People with long term conditions

The practice is rated as good for care provided to people with long term conditions. All these patients had a named GP and structured annual reviews to check their health and medicine needs were being met. For those people with the most complex needs the named GP worked with the community matron to meet their needs. Practice outcome data showed the practice performed similar to other local practices. Text messages were used to remind patients of their appointment times.

Good



Families, children and young people

The practice is rated as good for care provided to families, children and young people. The practice is rated as good for the population group of families, children and young people. The premises were suitable for parents with children and babies. Childhood immunisation rates matched the regional average. The GPs worked with the community midwives and health visitors to deliver antenatal and postnatal care. The GP worked with local authority services to safeguard children at risk.

Good



Working age people (including those recently retired and students)

The practice is rated as good for care provided to working-age people (including those recently retired and students). The practice population had a higher proportion of patients who were working age or recently retired compared to the CCG and national average. The practice had responded to patient feedback by amending the appointment system to allow patients to call in the morning for

Good



Summary of findings

afternoon appointments. Online services for appointments and repeat prescriptions were offered. A range of health promotion, travel immunisations, health check services and extended surgery were available.

People whose circumstances may make them vulnerable

The practice is rated as good for care provided to people whose circumstances may make them vulnerable. The practice had carried out annual health checks for people with learning disabilities and 100% of these patients had received a follow-up. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out-of-hours. A priority alert system was used to identify vulnerable patients. The practice provided care to some women who resided in a protective environment. and was sensitive to their care needs

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for care provided to people experiencing poor mental health (including people with dementia). Data for patients with mental health problems also showed the practice performed better in some areas, for example, dementia diagnosis rate, depression assessment and physical health checks. Eighty six per cent of patients on the practice mental health register had an agreed care plan in place. The practice worked with the community health services to support patients with mental health conditions. There was signposting and information available to patients, on the practice website.

Good



Summary of findings

What people who use the service say

The 2014 national GP survey results for Evergreen Practice based on 113 (26%) responses were better in all areas compared to the clinical commissioning group (CCG) and national average. The results of the practice participation group (PPG) survey 2014 based on 130 responses indicated patients were also very positive about the care they received.

During the inspection on 2 October 2014 we spoke with seven patients and received 20 comment cards from patients who had visited the practice over the previous two weeks. We also spoke with a representative of the PPG. All the patients we spoke with were positive about the service they received. All the comment cards expressed gratitude and praise for the care provided.

Areas for improvement

Action the service **MUST** take to improve

- The practice must ensure that all the recruitment checks are carried out and recorded as part of the staff recruitment process

Action the service **SHOULD** take to improve

The practice should ensure governance arrangements are formalised including lines of management and accountability.

Evergreen Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and a GP. The team included a specialist in practice management.

Background to Evergreen Practice

Evergreen Practice is located in purpose built premises in an urban area. It provides primary medical services to approximately 3500 registered patients. The practice has two practising GP partners; one male partner and one female salaried partner, practice nurses, administration, reception staff and a recently appointed business manager, a total of 15 staff. The practice has a higher proportion of patients aged 25 to 44 years compared to the local Bracknell and Ascot Clinical Commissioning Group (CCG) and national averages and a lower proportion in the over 60 year age group. The practice serves a population which is more affluent than the national average.

The practice has opted out of providing out-of hours services to its own patients and uses the services of a local out-of-hours service. The practice holds a General Medical Services contract.

Evergreen Practice provides services from one location which was visited a part of this inspection: Skimped Hill Health Centre, Skimped Hill Lane, Bracknell, Berkshire RG12 1LH

The premises known as Skimped Hill Health Centre is owned by the local NHS trust. Other services are provided from the health centre including another GP, community dental services and sexual health clinic.

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. This 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.

This provider had not been inspected before and that was why we included them.

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.

How we carried out this inspection

Prior to the inspection we contacted the local clinical commissioning group, NHS England area team and local Healthwatch to seek their feedback about the service provided by Evergreen Practice. We also spent time reviewing information that we hold about this practice.

Detailed findings

The inspection team carried out an announced visit on 2 October 2014. We spoke with seven patients and eight staff. We also reviewed twenty comment cards from patients who shared their views and experiences.

As part of the inspection we looked at the management records, policies and procedures, and we observed how staff interacted with patients and talked with them. We interviewed a range of staff including two GPs, nursing staff, administration and reception staff.

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

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

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

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

The practice has a higher proportion of patients aged 25 to 44 years compared to the local Bracknell and Ascot Clinical Commissioning Group (CCG) and national averages and a lower proportion in the over 60 year age group. The practice serves a population which is more affluent than the national average.

Are services safe?

Our findings

Safe Track Record

Staff were aware of how incidents were reported and investigated in the practice. The practice had identified three significant events in the previous 18 months. The reports included actions that had been taken in response to the incidents to reduce future reoccurrence and improve patient safety. There had been no safeguarding referrals made over this time. The GP attended child protection meetings when needed. GPs met twice a week and a clinical meeting for GPs and nurses took place every two months. A practice-wide meeting took place every three months where issues were discussed.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. We reviewed the reports of three significant events. Two reports were of a clinical nature and one related to the medicines fridge being switched off. All the reports included a brief investigation and reflection on the event. The senior GP described one significant event and reflected on the learning and change to their practice. This related to the need for earlier intervention when caring for vulnerable patients experiencing mental health problems. We were told all significant events were discussed at the clinical meetings and staff meetings to ensure all staff were made aware of the learning. Safety alerts were received by the senior partner and office manager and disseminated for action appropriately.

Reliable safety systems and processes including safeguarding

Systems were in place to safeguard children and vulnerable adults. The senior GP partner was the practice lead for safeguarding children and vulnerable adults. Safeguarding policies and procedures consistent with the local clinical commissioning group (CCG) and local authority guidelines were in place to protect children and vulnerable adults. The GP described two incidents when the local safeguarding teams were contacted. We saw vulnerable adults were flagged on the computer system. Local area child protection meetings were held every three months and attended by the GP. Safeguarding information, including local authority contacts, were on display in the treatment rooms for ease of access by staff. Staff demonstrated an understanding of safeguarding children

and vulnerable adults and the potential signs to indicate a patient may be at risk. All staff had received training in safeguarding children and vulnerable adults. GPs had completed level three safeguarding training.

A chaperone policy was in place and posters visible on the doors of the consulting rooms. Nursing staff acted as chaperones when needed and demonstrated an appropriate understanding of their responsibilities.

Medicines Management

At the time of inspection a small quantity of controlled drugs (CDs) was kept on site in a locked safe. A standard operating procedure was in place. We found the quantity of CDs had not been clearly recorded at each check in the CD register in accordance with the procedure. Immediately following the inspection the GP carried out a risk assessment of the CDs and sought advice from the CCG medicines management pharmacist. The practice GPs decided the storage of controlled drugs in the practice was not necessary. They arranged for the local CD manager to attend the practice the following day and destroy the CDs.

The practice had policies and procedures for their staff covering the supply of medicines. The practice had an appropriate medicines refrigerator which they monitored the temperature of on a daily basis. We checked the expiry date of a sample of medicines stored in the treatment rooms and fridge and found they were stored appropriately and in date.

The practice had arrangements in place for repeat prescribing. This allowed trained staff to generate repeat prescriptions unless the patient was due for a review by the GP.

Emergency medicines for cardiac arrest, anaphylaxis and hypoglycaemia were available and all staff knew their location.

Cleanliness & Infection Control

Systems were in place to reduce the risks of spread of infection. The cleaning and maintenance of the premises was monitored by the health centre site manager. They had systems in place to ensure appropriate standards of cleaning were maintained. Practice staff told us they had no concerns about the standard of cleaning and when issues arose they were managed efficiently by the site manager.

Are services safe?

A designated member of staff was the practice infection control lead. They demonstrated a clear understanding of their role. All staff had received training in infection control and were aware of infection control practices. For example, we observed staff used personal protective equipment such as gloves and observed that they disposed of clinical waste safely. Reception staff were aware of how to handle specimens from patients and that only GPs and nurses were permitted to clean spillages of blood or other body fluids.

Cleaning schedules were in place for all areas. Daily cleaning schedules were followed and monitored. We saw cleaning audits were carried out monthly and a score attained. We reviewed the last two audits. Audits covered all areas of the premises including the rooms used by Evergreen Practice and the common areas such as waiting areas and toilets. We noted actions had been taken in relation to the standard of cleaning to improve the audit score. We observed all areas of the practice were clean and well maintained. All the patients we spoke with said they had never had any concerns regarding the standard of cleanliness at the practice. A Legionella risk assessment had been carried out and control measures were in place to reduce the risk of this waterborne infection on the premises. The practice had ensured they met the requirements outlined in the Department of Health Code of Practice on the Prevention and Control of Infections and Related Guidance 2010.

Equipment

The site manager was responsible for all the health centre maintenance and equipment. We reviewed a range of records including checks on electrical equipment. A log of all practice equipment was in place. We found robust systems were in place including regular checks on the premises and equipment to ensure they were fit to use. For example, service checks on portable appliances, emergency lighting and fire equipment were all up to date. Regular service and calibration checks on equipment were performed. This ensured equipment was safe to use.

Staffing & Recruitment

There were recruitment and selection processes in place. We reviewed a sample of three files for staff recruited in the previous 18 months. We found they did not contain all the pre-employment checks in accordance with the practice recruitment policy and current regulations. No files

contained references or health check information; two files did not contain application forms or curriculum vitae. However, they all contained criminal records checks via the Disclosure and Barring Service (DBS).

The majority of practice staff worked part time which allowed for some flexibility in the way the practice was managed. For example, staff were available to work overtime if needed and available for annual leave and sickness absence cover. The two GPs covered each other for annual leave or other periods of absence.

Monitoring Safety & Responding to Risk

The practice had considered the risks of delivering the service to patients, staff and others and had implemented systems to reduce risks. The site manager was responsible for all the health centre maintenance and equipment. We observed the practice was organised and tidy. We reviewed the practice fire risk assessment and noted safety equipment such as fire extinguishers were checked.

The practice had carried out a range of risk assessments reviewing environmental and personal risks, to ensure the health and safety of patients, visitors and staff members.

We reviewed the fire safety audit completed in December 2013. Recommendations were carried out and assessment of completion took place in March 2014 with a reassessment date of 2017.

Arrangements to deal with emergencies and major incidents

The site manager was responsible for all the equipment needed in an emergency including medicines, a defibrillator and oxygen were available for use in the event of a medical emergency. The equipment was checked daily to ensure it was in working condition and medicines were checked to ensure they were in date and safe to use. All staff had training in basic life support and defibrillator training to enable them to respond appropriately in an emergency.

The site manager had led an evacuation exercise in April 2014 to check the health centre's preparedness in case of an incident. The evaluation had been positive. The practice had a service continuity plan in place in case of emergency and collaborated with two local practices in the event of an incident which potentially could interrupt the service. Relevant contact numbers for staff and resources were

Are services safe?

recorded in the plan. These were to be used in the event of an incident that effected the operation of the service to ensure, where possible, alternative provision could be made and patients were appropriately informed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Care and treatment was delivered in line with recognised best practice standards and guidelines. The practice ensured they kept up to date with new guidance, legislation and regulations. Best practice guidance was discussed at bi-monthly clinical meetings but not evidenced in notes of meetings. The GPs we interviewed were able to describe and demonstrate how they access both guidelines from the National Institute for Health and Care Excellence (NICE) and from local health commissioners.

The practice achieved 98.9% of the maximum Quality and Outcomes Framework (QOF) results 2013/14; this was slightly above the national average. The QOF is part of the General Medical Services (GMS) contract for general practices. It is a voluntary incentive scheme which rewards practices for how well they care for patients. The practice maintained and managed patients with a range of long term conditions in line with best evidence based practice. The practice maintained a register of patients with complex needs. The practice system allowed staff to prioritise patients with complex needs or for other reasons, for example, if they were considered vulnerable, by activating an alert on the computer record for the patient.

Eighty six per cent of patients on the practice mental health register had an agreed care plan in place to meet their needs in conjunction with other services.

We saw notes of clinical meetings where new guidelines were disseminated and the practice's performance was discussed.

Management, monitoring and improving outcomes for people

Patients benefited from a named GP. The practice had two GP partners who provided continuity of care for patients.

GPs met twice a week to discuss clinical issues. Formal clinical meetings for GPs and nurses took place bi-monthly. GPs applied recognised national or local guidance in practice and referred to these online and during consultations if needed. The practice had a clinical audit plan in place which indicated a range of audits and re-audits. We saw evidence of audits undertaken, although

during discussion with the GP we found not all action plans had been completed. The senior GP confirmed the practice regularly reviewed the numbers of patients who attended the local accident and emergency department (A&E).

The practice routinely collected information about peoples care and outcomes. It used the Quality and Outcomes Framework to assess its performance. QOF data showed the practice performed well in comparison to local practices. For example, in the clinical domain the practice achieved 98.8%. One member of staff was responsible for monitoring QOF data and scheduling patient review appointments. Data for patients with mental health problems showed the practice performed better in some areas, for example, dementia diagnosis rate, depression assessment and physical health checks.

The practice prescribing report 2013/14, showed the practice performance overall was better than the CCG and or national averages in eight out of ten areas including prescribing antibiotics. In two areas where it was worse, the practice had taken action to identify and improve its performance.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. New staff followed an induction programme and probationary period, followed by a formal review. This ensured staff were familiar with practice procedures and competent to perform their duties. The practice nurses were developed in their roles. For example, they held additional qualifications in asthma or diabetes. All staff received regular appraisals and were supported to undertake further training to develop their role. All senior staff had key lead roles for example, infection control, complaints management and safeguarding.

A training matrix was in place which stated statutory and mandatory training requirements for staff included fire, manual handling, information governance, equality and diversity, child protection, infection control, resuscitation and mental capacity. We saw records which indicated staff were up to date with training.

The two GPs covered each other's annual leave and absences. At other times the practice worked collaboratively with GPs at two practices with which it had mutual working arrangements. For example, in the planning for emergencies.

Are services effective?

(for example, treatment is effective)

GPs confirmed they had undertaken annual appraisals. All staff had received appraisals in the last year and had personal development plans in place.

Working with colleagues and other services

Multi-disciplinary meetings which included members of the palliative care team and community nursing team were held monthly. Discussion of palliative care patients followed the Gold Standards Framework for end of life care. The Gold Standards Framework is a systematic evidence based approach. It is designed to assist healthcare professionals to optimise care for all patients approaching the end of life.

The GPs worked in partnership with the community midwives to provide shared antenatal care for expectant mothers. The GPs worked with the health visitors and the senior GP confirmed they attended case reviews for children on the 'At Risk Register' when needed.

The practice had a system to manage and act on diagnostic results, blood results and hospital discharge letters. There were no instances within the last year of any results or discharge summaries which were not followed up appropriately.

Information Sharing

GPs attended cluster (group of local practices) meetings every four to six weeks with other practice representatives to discuss the needs of complex patients and refer patients to the community matron if appropriate. The practice worked with the community health services to support patients with mental health conditions.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. The system had recently been upgraded and all staff had been trained on the system.

Consent to care and treatment

In discussion with GPs and nurses we found they had an awareness of the Mental Capacity Act 2005. When patients were found not to have capacity GPs and nurses described what action they would take to ensure decisions followed the principles of best interest.

GPs and nurses were aware of what action to take if they judged a patient lacked capacity to give their consent. They told us they recorded best interest decisions, consulted carers with legal authority to make healthcare decisions and sought specialist advice if needed.

We saw examples of how young people, those with learning disability, those with mental health problems and those with dementia are supported to make decisions. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity. All clinical staff demonstrated a clear understanding of Gillick competencies (these help clinicians to identify children aged under 16 years who have the legal capacity to consent to medical examination and treatment).

Health Promotion & Prevention

A range of information was available in the reception area and on the practice website, aimed at patients for health promotion and self-care.

All newly registered patients were offered a consultation which included health promotion advice and health check. Patients between the ages of 16 to 75 years who had not attended the practice for three years were offered a general health check. The practice had also identified the smoking status of 82.3% of patients over the age of 16 years and actively offered nurse led smoking cessation clinics to these patients.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was comparable or above average for the CCG. The practice performance for childhood immunisations at age two years was 90% and 76% for flu uptake in over 65 year olds.

The practice's performance for cervical smears was 82%; this was above their target of 80%. This had been achieved by patient recall system and clinic availability.

The practice had carried out annual health checks for people with learning disabilities and 100% of these patients had received a follow-up.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We spoke with seven patients during the inspection and received twenty comment cards. All seven patients were working age or recently retired. Two patients had recently joined the practice and five had been with practice more than two years. All the patients had members of their family who also attended the practice. Some patients told us the practice had been recommended to them. We also spoke with a representative of the patient participation group (PPG). All the patients and the PPG representative we spoke with were extremely positive about all aspects of the service they received including obtaining appointments for routine or urgent matters. All the comment cards expressed gratitude and praise for the care provided.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey. This showed patients were satisfied with how they were treated. For example, the practice was rated above the clinical commissioning group (CCG) average for all aspects of their interactions with the GP. The practice also scored well on the helpful attitude of the reception staff, although less patients were satisfied with the level of privacy at the reception desk.

GPs and staff had received training on information governance and signed a confidentiality agreement at the start of their employment. Staff had a good understanding of confidentiality and how it applied to their working practice. For example, reception staff spoke discretely to avoid being overheard. We noted there was a sign near the reception desk to request patients wait at a particular distance to allow only one patient at a time to approach the reception desk. This prevented patients overhearing potentially private conversations between another patient and reception staff. We saw this system in operation during our inspection.

Staff respected patients and preserved their dignity and privacy. Privacy curtains were in place in every consultation room. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

During the inspection we witnessed a number of caring and compassionate interactions between all staff and patients.

Care planning and involvement in decisions about care and treatment

Patients told us they had enough time during consultations to ask questions and be involved in decisions regarding their care and treatment.

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The practice scored well in these areas. For example, data from the national patient survey showed 81% of patients said the GP involved them in care decisions and 83% felt the GP was good at explaining treatment and results. Both these results were above average compared to the CCG area.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive.

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, 86% of respondents to the national GP survey said the GP was good at treating them with care and concern. The patients we spoke to on the day of our inspection and the comment cards we received were also consistent with this survey information. Information on the practice website and in the waiting area signposted patients to support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was aware their registered population was younger than the CCG or national averages and included mainly working age people. They had developed services to meet the needs of their registered practice population. For example, the practice had recently altered its appointment system to allow patients to call in the morning to book afternoon appointments.

Evergreen Practice results for the national GP survey, July 2014 were better in all areas compared to the local clinical commissioning group (CCG) and national average. An action plan to address the issues raised in the questionnaire had been developed although clear deadlines had not been set for when actions were to be completed by. For example, actions included: raise patient awareness of the out-of-hours services and attract more members to the PPG.

The practice had a patient participation group (PPG) which had recently been reformed and a new chair had been appointed. We reviewed the notes of the last PPG meeting (July 2014). We found there was discussion and suggestions about service development.

Tackling inequity and promoting equality

The practice had an expanding registered practice population. Staff told us the practice was located in an area of regeneration, where new housing and business developments were planned. The practice welcomed new patients. We spoke with two recently registered patients, who described the registration process as simple and efficient.

The premises were accessible for patients with disabilities. The practice including a language translation facility to increase accessibility. Patients attending the practice were able to check in using an on line screen which was also accessible in different languages.

Access to the service

The practice was situated on the ground floor of the health centre. We noted the waiting area was large enough to accommodate patients with wheelchairs and mothers with pushchairs and allowed for easy access to the treatment and consultation rooms. Toilet facilities and baby changing areas were available for all patients of the practice.

The practice was open 8am to 6.30pm week days and offered an extended surgery every Monday. When the practice was closed patients were informed, via the answerphone message, of the out-of hours service contact number.

The practice website provided up to date information on the services offered. Online repeat prescription and appointment booking service was available. A text reminder service had recently been introduced for patients' appointments.

We reviewed the most recent data available for the practice on patient satisfaction. We saw all areas were similar to the clinical commissioning group average, particularly for making appointments and seeing or speaking to their GP. We spoke with seven patients and reviewed 20 comment cards. All the feedback showed patients were very satisfied with the appointment system. In response to patient feedback where patients had reported frustration that they had to call back after 2pm for afternoon appointments. The practice had recently altered its appointment system to allow patients to call in the morning to book afternoon appointments. Home visits and telephone calls were also offered as an alternative to attending the practice, if more appropriate.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This was provided by an out-of-hours service. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was 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. Complaints information was made available to patients in the practice leaflet and on the practice website. All patients we spoke with said they had never had cause to complain.

We were told there had been no complaints in the last year. However, the notes of one clinical meeting made reference to two complaints although we did not see any record of analysis or learning shared amongst practice staff.

Are services well-led?

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

Our findings

Vision and Strategy

Staff described a supportive and inclusive environment where individual roles were valued. They felt they had benefited from dedicated long serving staff. The practice business plan 2014/15, focussed on developing services and access for patients. The rights and responsibilities of patients were clearly stated on the practice website and leaflet. For example, patients' rights to express a 'particular clinician', such as doctor or nurse.

Governance Arrangements

A new post of business manager had been created and appointed to which impacted on the management arrangements; lines of accountability were under review. The practice was small and all staff told us the senior partner was very approachable and communication was primarily on an individual, face to face basis. Staff meetings were held every three months. The meetings supported staff and ensured they were kept up to date with changes to practice systems. Staff told us they were comfortable to raise issues and concerns when they arose and were confident they would be dealt with constructively.

There were recruitment and selection processes in place. However, we found pre-employment checks in accordance with the practice recruitment policy and current regulations were not recorded in three files.

Twice weekly GP meetings were held and bi-monthly clinical meetings for GPs and nurses to discuss issues regarding clinical and service issues such as flu vaccine uptake and changes to the appointment system.

The practice had a system to ensure actions were taken in a timely manner. For example, alerts on medical records to prioritise patients who needed priority care, such as vulnerable children or older patients.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. The practice had a system to ensure patients with long term conditions, for example, diabetes and heart failure, were called for their appointments to review their health.

Leadership, openness and transparency

Senior staff had key lead roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. However, they acknowledged some uncertainty due to the staff changes. They all told us that felt valued and well supported.

Staff told us that there was an open culture within the practice and they were confident to raise issues or concerns individually or at meetings. Staff we spoke with confirmed the practice had undergone a period of change over the previous 18 months and were aware the practice would evolve further. They expressed confidence in the leadership of the senior GP.

Practice seeks and acts on feedback from users, public and staff

Staff told us they felt valued as part of the practice team. There were opportunities for formal and informal communication for staff, to ensure issues were raised and managed appropriately. The practice welcomed feedback from the public, via a contact form on the practice website.

The practice valued the role of their patient participation group (PPG) and meetings were attended by a member of practice staff. The Evergreen Practice PPG consisted of 11 members. They were all patients of the practice and were actively involved in the practice. We reviewed the PPG report 2013/14 following the PPG survey. The survey focussed on patients' awareness of accessibility when the practice was closed and patients used the out-of-hours services. In response the practice provided information to patients on the appropriate use of services both in and out of normal hours and this included the availability of the electronic and on line appointment bookings.

The practice had a whistle blowing policy which was available to all staff in the staff handbook and electronically. All staff were aware of how to raise concerns within and outside the practice if needed.

Management lead through learning & improvement

Staff said they had opportunities for development. All staff had been appraised in the last year. We looked at three staff files and saw that regular appraisals took place which included a personal development plan. Staff told us they

Are services well-led?

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

felt the appraisal was a meaningful process and identified areas for future personal development. Staff said they had mandatory training updates. For example, in infection control, safeguarding and basic life support.

Staff were supported to maintain their clinical professional development through training and pursue areas of interest in line with the practice development. For example, administrative staff were encouraged to obtain health care qualifications.

The practice had completed reviews of significant events. There was some evidence of shared learning and reflection in notes of meetings.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers Regulation 21 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers The registered provider did not ensure that the all the information specified in Schedule 3 was available. Regulation 21 (b).
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	