

Seaforth Farm Surgery

Quality Report

Vicarage Lane

Hailsham

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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 Seaforth Farm Surgery on 15 October 2015. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect 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. However work was needed to ensure the practice could demonstrate they learnt from these events.
- Patients we spoke with and most comment card responses said they found it easy to make an appointment with GP. Six of twenty eight comment cards indicated there were difficulties with getting appointments. This was due to the telephone system. All feedback was positive in respect of the care and treatment received, 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.

Summary of findings

- The training of staff and checks carried out as part of recruitment did not always ensure patients were protected.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure the actions taken as a result of significant events are documented to demonstrate how information has been disseminated and reviewed.
- Ensure all staff have satisfactory checks in place to ensure their suitability to carry out their role. This must include a check via the Disclosure and Barring Service and proof of identity.
- Ensure all staff receive training in safeguarding as according to job roles and new staff complete an induction to meet the needs of patients and the service.

In addition the provider should:

- Ensure patients are given information on what they can do if they are unhappy with the outcome of the practices investigation and response to their complaint.
- Ensure the plans to improve the telephone system are completed.
- Ensure a mechanism is in place to demonstrate how learning outcomes from audits are shared.

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.

- There was a system in place for reporting significant events however the actions taken, learning from the incident and sharing of information was not always recorded.
- When there were unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place for a number of areas. Not all practices kept people safe and safeguarded from abuse. For example non-clinical staff had not been trained in safeguarding and recruitment practices were not satisfactory.
- Risks to patients were assessed and well managed.

Requires improvement



Are services effective?

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

- Data showed patient outcomes were at or above average for this area. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93% compared to the national average of 88%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Not all staff have had inductions and training and development to ensure safe delivery of care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice similar to or higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England area team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. However patients also told us that the telephone system was difficult to use and prevented them from making appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded to issues raised.

Good



Are services well-led?

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

- It had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice was rated as requires improvement for providing safe and effective services to patients. They were rated as good for responsive and caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however areas of good practice.

The practice is rated as requires improvement for Older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Patients discharged from hospital were alerted to the GP on the same day and actions taken to follow up their care.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The practice was rated as requires improvement for providing safe and effective services to patients. They were rated as good for responsive and caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however areas of good practice.

The practice is rated as requires improvement for People with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the CCG and national average. For example: the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 86% compared to the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice was rated as requires improvement for providing safe and effective services to patients. They were rated as good for responsive and caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however areas of good practice.

The practice is rated as requires improvement for 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 relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 82%, which was the same as the national average.
- We saw good examples of joint working with midwives and health visitors.

Requires improvement



Working age people (including those recently retired and students)

The practice was rated as requires improvement for providing safe and effective services to patients. They were rated as good for responsive and caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however areas of good practice.

The practice is rated as requires improvement for 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.
- Evening and telephone consultations were available. Extended hours were provided on Saturdays for patients who find appointments during working hours difficult to attend.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice was rated as requires improvement for providing safe and effective services to patients. They were rated as good for responsive and caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however areas of good practice.

The practice is rated as requires improvement for People whose circumstances may make them vulnerable.

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

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement for providing safe and effective services to patients. They were rated as good for responsive and caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however areas of good practice.

The practice is rated as requires improvement for People experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients with dementia. 81% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. Slightly lower than the national average of 84%.
- 92% of people schizophrenia, bipolar affective disorder and other psychoses have had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This was higher than the national average of 86%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Requires improvement



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. In some cases results were below the local and national averages. 257 survey forms were distributed and 123 were returned. This represented 0.9% of the practice's patient list.

- 56.5% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 84.5% said they found the receptionists at the practice helpful (CCG average 90%, national average 86.8%)
- 88.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89.7%, national average 85%).
- 96.7% said the last appointment they got was convenient (CCG average 93.3%, national average 91.8%).
- 65% patients described their experience of making an appointment as good (CCG average 77%, national average 73%).
- 59% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all very positive about the standard of care received. Patients used the words caring, understanding, helpful and prompt to describe their experiences of the practice. Patients felt listened to and their privacy and dignity was respected.

We spoke with four patients during the inspection. All patients said that they were happy with the care they received and thought that staff were approachable, caring and professional. They spoke of having individualised care and support.

A small number of comments, (six of twenty eight) made by patients on the cards we received indicated that it was difficult to get through on the phone to make an appointment and there could be delays in getting a routine appointment. The majority of cards where a comment was made about getting an appointment were positive and indicated that getting appointments had been straightforward.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the actions taken as a result of significant events are documented to demonstrate how information has been disseminated and reviewed.
- Ensure all staff have satisfactory checks in place to ensure their suitability to carry out their role. This must include a check via the Disclosure and Barring Service and proof of identity.
- Ensure all staff receive training in safeguarding as according to job roles and new staff complete an induction to meet the needs of patients and the service.

Action the service **SHOULD** take to improve

- Ensure patients are given information on what they can do if they are unhappy with the outcome of the practices investigation and response to their complaint.
- Ensure the plans to improve the telephone system are completed.
- Ensure a mechanism is in place to demonstrate how learning outcomes from audits are shared.

Seaforth Farm Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Seaforth Farm Surgery

Seaforth Farm Surgery offers general medical services to people living and working in Hailsham and the surrounding villages. The current patient list is 13438. It is a practice with seven GP partners. Three male and four female.

The practice also has an advanced nurse practitioner, five practice nurses, five healthcare assistants and a team of receptionists and administration staff. Operational management is provided by the business manager.

The practice runs a number of services for its patients including a minor illness clinic, asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

The practice is open between 8.00am and 6.30pm Monday to Friday.

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider IC24.

Services are provided from the following address:

Seaforth Farm Surgery

Vicarage Lane

Hailsham

East Sussex

BN27 1BH

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 October 2015.

During our visit we:

- Spoke with a range of staff including GPs, nurses, healthcare assistants, administration staff and the practice manager. We also spoke with patients who used the service.
- Observed how people were being cared for.
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events however this was not always used effectively.

Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. We saw information to demonstrate that the practice discussed individual significant events however a thorough analysis of significant events had not been undertaken. The practice had a form to record actions and learning points from events and these had not been completed fully. All records provided for review had only been completed to the point of recording the event and the outcome, action and learning sections remained blank.

Lessons were not shared to make sure action was taken to improve safety in the practice. For example, we saw that incidents and significant events were a regular part of partner meeting discussions. The records we saw were not detailed and did not show how the outcomes of events were used to inform service development.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities however there was no evidence that administration staff had received training relevant to their role. GPs and nursing staff were trained to safeguarding level three. The practice was unable to provide evidence of that training and guidance in safeguarding had been delivered to any of the non clinical staff team.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and however not all had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and clinical staff had received up to date training. Administration staff had not received basic infection control training. Infection control audits were undertaken. The last audit was carried out on 14 October 2015 and we saw evidence that action was being taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed four personnel files and found that appropriate recruitment checks had not always been undertaken prior to employment. For example, we looked at the records for a recently appointed staff member and they had not undertaken a DBS check prior

Are services safe?

to commencing employment. Another staff record did not contain evidence that the provider had taken up references for the individual and a third staff file had no evidence of the person's proof of identification. We looked at the provider's recruitment policy and found this to lack detail and requirement for the checks to meet regulations.

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. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

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 peoples' 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was similar to the Clinical Commissioning Group (CCG) and national average. For example: The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93% compared to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 85% which was slightly above the national average of 83%.
- Performance for mental health related indicators was better or similar to the CCG and national average. For example: the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92% compared to the national average of 86%.
- The dementia diagnosis rate was comparable to the CCG and national average.

Clinical audits demonstrated quality improvement.

- We looked at clinical audits completed in the last year; all of these audits suggested how the practice could

make improvements, which included adjusting procedures, treatments and prescriptions and monitoring outcomes. However the information lacked detail and did not demonstrate how it had been shared with colleagues as a learning outcome.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However we spoke with one recently appointed member of staff who told us that they had a limited induction, they had support from a colleague on their first day, they had not completed any induction form or record and they did not feel they had the support required at the time.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Clinical staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All clinical staff had had an appraisal within the last 12 months.
- The nursing team members we spoke with told us that they met on a regular basis to discuss clinical and practice issue. These meetings are not minuted and therefore not available to review.
- Clinical staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The training for non-clinical staff was not as clearly defined and there was limited information

Are services effective?

(for example, treatment is effective)

available to determine the levels of training provided. We confirmed that non clinical staff had received training in basic life support and fire safety. The business manager was aware of this on was undertaking a review of staff skills and experience as part of a review of the practice.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were then signposted to the relevant services to meet their needs. Information was available such as smoking cessation advice and carer support from a local support group.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 29 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 86.8% said the GP was good at listening to them compared to the CCG average of 90.8% and national average of 88.6%.
- 76.2% said the GP gave them enough time (CCG average 87.2%, national average 86.6%).
- 93.1% said they had confidence and trust in the last GP they saw (CCG average 95.2%, national average 95.2%)
- 86.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 87.3%, national average 85.1%).

- 91.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.3%, national average 90.4%).
- 84.5% said they found the receptionists at the practice helpful (CCG average 90%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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

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

- 86.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.8% and national average of 86%.
- 80.9% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.8%, national average 81.4%)

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

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

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Thursday morning from 7.30am and Monday evening appointments can be booked until 7.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Telephone consultations can be requested in the morning and afternoon.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open between 07.30am and 6.30pm Monday to Friday. 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. Early morning appointments from 07.30am were also available. Practice nurse appointments were also available outside of normal hours and consisted of 07.30 to 08.00am Monday to Friday. Late appointments between 6.30pm and 7.00pm on a Monday evening.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable in most cases to local and national averages. People told us on the day that they were able to get appointments when they needed them. Patients responded in our comment cards and those interviewed on the day of our inspection to tell us that the telephone system and access to book appointments was a problem.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 56.5% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 65% patients described their experience of making an appointment as good (CCG average 77%, national average 73%).
- 59% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 65%).

The practice was taking steps to improve access to appointments as a result of feedback from patients. They told us how the current telephone system had caused difficulties. Additional lines had already been added. Planned changes included the introduction of a new telephone system however this had not been implemented at the time of the inspection.

Listening and learning from concerns and complaints

The practice had a 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 for example a leaflet was available in reception for patients who wished to give feedback or make a complaint.

We looked at complaints received in the last 12 months and found these were satisfactorily handled, and dealt with in a timely way. We saw evidence of openness and transparency with dealing with the complaint. The practice was not routinely providing complainants with information on how to escalate their complaint if they were unhappy with the response from the practice. We were unable to see how lessons were learnt from concerns and complaints. For example, records had not been made to demonstrate that action was taken as a result of complaints to improve the quality of care.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice was developing a robust strategy and supporting business plans which reflected their vision and values.
- We saw evidence of work to review the services provided by the practice to develop a long term plan for the service. This included a review of the skill mix of staff, training and development of the team and communication with patients and staff.

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.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. However some areas were not clearly recorded to demonstrate how the practice learnt from them. For example the significant events and audit cycles had not been recorded in a way that showed how information was shared and acted upon.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example we saw how the practice was responding to criticism about the telephone systems and access to appointments. As part of our inspection we received feedback from members of the PPG who had concerns about the future plans for

Are services well-led?

Good 

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

the group and that the planned meeting for September had been cancelled. We were told by the business manager that a new date was to be set and they would be in communication with the PPG members.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run. They were encouraged to contribute to the development of the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. For example the practice had recruited a team of pharmacists to review and improve their prescribing and medicine management systems.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that the risks to patients from staff undertaking tasks who did not hold a DBS were fully assessed.</p> <p>The provider had failed to record significant events fully to demonstrate how they were actioned, responded to and the outcomes and any subsequent reviews were shared.</p> <p>This was a breach of regulation 12 (1)(2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>We found that the registered provider had not ensured that persons employed in the provision of the regulated activity had received appropriate support, training and professional development to enable them to carry out the duties they were employed to perform.</p> <p>This was in breach of regulation 18 (1) (2) (a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure the recruitment procedure was robust and satisfactory information was not available for staff employed by the practice. This included information set out in schedule 3 of the act.</p>

This section is primarily information for the provider

Requirement notices

This was a breach of regulation 19 (1)(2)(3) and schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014