

Central Surgery

Quality Report

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

Ratings

| | | |
|--|----------------------|---|
| Overall rating for this service | Good |  |
| Are services safe? | Requires improvement |  |
| Are services effective? | Good |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led? | Good |  |

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Central Surgery, St Helens on 1 November 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events. Safety alerts were received and acted upon.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
 - Staff had been trained to deal with medical emergencies and emergency medicines and equipment were available.
 - Infection control procedures were in place.

- Improvements were needed to ensure the safe storage of temperature sensitive medicines and to ensure medicine storage fridges were adequately serviced and maintained.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they could make appointments easily and urgent appointments were available the same day for all children and those patients who needed them.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must improve are:

Summary of findings

- The provider must ensure correct procedures are followed if fridge temperatures fall outside of the required range for safe storage of temperature sensitive medicines.
- The provider must ensure equipment, in particular the medicines storage fridges are serviced, calibrated and maintained to ensure they remain effective.
- Review the use of cleaning schedules to include displaying them in all clinical areas and to include cleaning of medical equipment.
- Review policies and procedures to ensure they are localised and specific to the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

The areas where the provider should make improvement are:

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 an effective system in place for reporting, recording and analysing significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to safeguard patients from abuse.
- Improvements were needed to ensure temperature sensitive medicines were stored safely and were fit for purpose. Action must be taken to ensure medicines fridges are serviced, calibrated and maintained to ensure the safe storage of temperature sensitive medicines.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as performing in line with or higher than others for several aspects of care. For example, 89% of respondents to the survey said the last GP they saw or spoke to was good at

Good



Summary of findings

treating them with care and concern (compared to a national average of 85%) and 89% said the last nurse they saw or spoke to was good at treating them with care and concern (compared to a national average of 91%).

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example in care pathways, dementia and elderly care and the care of those who were frail and at risk of unplanned admissions to hospital.
- Patients said they had no problems making appointments and urgent appointments were available the same day for children and those patients who needed them.
- 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. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had access to translation services and could provide information in different formats such as easy read and large print.

Good



Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff were well supported by management.
- There was a high level of staff satisfaction with some staff having worked there for long periods of time. Staff were supervised, felt involved and worked as a team.

Good



Summary of findings

- The practice had a number of policies and procedures to govern activity; however some of these needed review to ensure they were localised and specific to the practice.
- There were a variety of regular documented meetings which included governance issues as an agenda item.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

The practice had a higher number of older patients than the national and local clinical commissioning group (CCG) average with 25% of patients at the practice being over the age of 65. Nationally reported data showed that outcomes for patients were good for conditions commonly found in 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, care for frail elderly patients in avoiding unplanned hospital admissions, dementia care, and end of life care.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were good. For example the percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 76% and comparable to the CCG and national average. Whilst the percentage of patients with atrial fibrillation treated with anticoagulation or anti platelet therapy was 96% and also comparable to the CCG and national average.
- All the older patients had a named GP who coordinated their care and contacted patients over 75 following discharge from an unplanned hospital admission.

Good



People with long term conditions

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

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Some performance indicators for patients with long term conditions were lower than the CCG and National average. For example:

Good



Summary of findings

The percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the last 12 months) was 140/80mmHg or less was 66%. The CCG average was 80% and the national average was 78% (recently published data from the QOF period 20015/2016).

The percentage of patients with COPD who had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 82%. The CCG average was 92% and national average was 89% (recently published data from the QOF period 20015/2016).

- Longer appointments and home visits were available when needed for patients with long term conditions and multiple conditions.
- All these patients had a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were good for all standard childhood immunisations with immunisations uptake for all children aged five and under averaging 91%.
- 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.
- Unwell children were offered same day/urgent appointments.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable to other practices at 81%. (CCG average was 83%, national average was 82%).
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- For example, it offered online bookings of appointments and prescription requests and telephone consultations. Appointments could be pre booked or booked on the day and emergency appointments were also available daily for those in need and all children.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group for example NHS health checks for those aged 40 to 75 years old.

Good



People whose circumstances may make them vulnerable

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

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

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to other practices (CCG average - 86% and national average - 84%).
- 85% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months which was comparable to other practices (national average - 88% and CCG average - 93%).
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and could signpost to relevant specialist services.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health and for those who did not attend appointments.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Longer appointments were offered to those patients with poor mental health.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published in July 2016. The results showed the practice was performing around and above national averages. 261 survey forms were distributed and 108 were returned (a 41.1% response rate). This represented 2% of the practice's patient list. Results showed, for example;

- 82% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 86% of patients described the overall experience of this GP practice as very good, good or fairly good compared to the national average of 85%.
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive

about the standard of care received. Comments told us patients found they received an excellent service in all aspects of care. There was good access to appointments and staff were responsive to their needs, helpful, kind and professional.

We spoke to four patients including one member of the patient participation group. They said they found staff were approachable and kind. They said there was no problem getting appointments that were convenient and urgent appointments were available on the same day.

The practice took into account comments from the Friends and Family Test (FFT). We saw they reviewed results every month including comments from the survey. Some comments made by patients included being very happy with the care and treatment, good availability of appointments and having trust and confidence in the clinical staff. (with patients saying they were extremely likely or likely to recommend the practice). (The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give views after receiving care or treatment across the NHS).

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure correct procedures are followed if fridge temperatures fall outside of the required range for safe storage of temperature sensitive medicines.
- The provider must ensure equipment, in particular the medicines storage fridges are serviced, calibrated and maintained to ensure they remain effective.

Action the service **SHOULD** take to improve

- Review the use of cleaning schedules to include displaying them in all clinical areas and to include cleaning of medical equipment.
- Review policies and procedures to ensure they are localised and specific to the practice.

Central Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser.

Background to Central Surgery

Central Surgery is registered with the Care Quality Commission to provide primary medical services. The practice provides GP services for approximately 6000 patients living in St Helens and is situated within a purpose built health and resource centre in the centre of St Helens. The practice has two female GPs, one male GP, a practice nurse and healthcare assistants, administration and reception staff and a practice manager. It is a training practice and has GP trainees and nursing students working at the practice. Central Surgery holds a General Medical Services (GMS) contract with NHS England.

The practice is open Monday - Friday 8am – 6.30pm.

Doctors appointment times are as follows:

Mornings – 8am to 11.15am Monday to Friday

Afternoons – Monday 2pm to 6pm, Tuesday, Wednesday and Thursday 3pm – 6pm and Friday 2.30pm to 5.30pm.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of St Helens Clinical Commissioning Group (CCG) and is situated in a more deprived area. The practice population is made up of a more elderly population with 25% of the population aged over 65 years old and 18% of the population under 18 years old. Seventy two percent of the patient population have a long standing health condition and life expectancy for both males and females is around the national average.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hour's service (St Helens Rota) and NHS 111. Information regarding out of hours services was displayed on the website and in the practice information leaflet.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 November 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, practice nurse, reception and administration staff and the practice management team) and spoke with patients who used the service and PPG members.
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager and partners of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events which included reviewing them regularly to identify any themes and trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, new fire risk assessments and protocols were implemented for the practice following tested fire procedures.

Patient safety alerts were received by relevant staff and we saw evidence of documented action taken where relevant.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. We found staff had been updated regarding recent safeguarding guidance and legislation and this had been incorporated into the policies and procedures.
- Policies were accessible to all staff and 'what to do in the event of concerns' flowcharts were displayed in clinical and non-clinical areas for reference. The policies

clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were clinical leads for both adult and child safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Clinical staff, such as nurses, were trained to level 2 and non-clinical staff to level 1.

- A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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).
- We observed the premises to be clean and tidy. Cleaning schedules were in place and monitored, however these were not displayed in all clinical areas. Documented schedules for cleaning medical equipment were not evident. 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 were infection control policies and protocols in place however some of these were not specific to the practice such as the cold chain policy. Staff had received updated training. We saw evidence of an infection control audit having been undertaken this year. The community infection control team who had undertaken the audit scored the practice as achieving 100% compliance; however the audit had not identified issues such as fridge monitoring and fridge temperature recordings.
- The arrangements for managing vaccinations and other temperature sensitive medicines in the practice were not safe. We found three of the medicine fridges had recorded readings of maximum temperatures that were outside of the required range for safe storage. One of the fridges used to store vaccines had not been tested and calibrated annually as required (last servicing recorded was 2013). There was a risk that a breach in the cold chain had occurred and the efficacy of the medicines stored within the fridge may have been compromised.

Are services safe?

Staff monitoring the fridges had not followed protocol to report the out of range temperatures and address the risk to the medicines. Following the inspection the practice carried out a significant event analysis and had taken action to remove the affected vaccines from use.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Patient paper records were stored securely in lockable fire retardant containers.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated and checked to ensure it was working properly. However we found that one of the vaccine storage fridges had not been checked and calibrated for three years.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as general environmental, control of substances hazardous to health (COSHH) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The GPs operated a buddy system to ensure appropriate cover and the practice regularly monitored staffing levels to ensure they met the needs of patients.

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 and panic button alarms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the office and treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results in October 2016 (for the period April 2015 – March 2016) showed the practice had achieved 94% of the total number of points available (this was slightly lower than the CCG and national averages; however it was an improvement on the previous year's figures). Exception reporting for the clinical domain was around the CCG and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/2016 showed:

Performance for diabetes related indicators were below the CCG and national averages. For example:

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 68% compared to the CCG average of 80% and national average of 78%.

The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 84% compared to the CCG average of 86% and national average of 89%.

These indicators had improved on the previous year's performance.

Performance for mental health related indicators was above or similar to the national average. For example:

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 85% compared to the CCG average of 90% and national average of 89%.

The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 95% compared to the CCG average of 81% and national average of 84%.

Prescribing data indicated that the practice was a high prescriber of antibiotics for the period 2014/2015.

Information provided by the practice demonstrated they had worked with the CCG medicines management team in order to improve their prescribing and now were in line with local and national prescribing trends.

There was evidence of quality improvement including clinical audit.

- Audits were undertaken according to national and local priorities/guidelines and included re-auditing which demonstrated improvements and clinical outcomes.
- There had been a number of clinical audits completed in the last two years; most of these were completed audits where the improvements made were implemented and monitored. Examples of audits seen included antibiotic prescribing in urinary infections.
- Improvements in practice with the adherence to protocols were seen as a result of audits undertaken, for example in the treatment of atrial fibrillation and stroke prevention.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality and included a period of supervision/mentorship.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and diabetes care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines and took cervical smears could demonstrate how they stayed up to date for example by access to on line resources, face to face training and discussion at meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. Staff received an appraisal annually.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, protected learning time and in-house face to face training.

Coordinating patient care and information sharing

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

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

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

A team approach was adopted in the practice for caring for patients with a terminal illness at the end stage of their life, for example monthly multi-disciplinary meetings took place involving the district nurses, palliative care nurses, and community matron where required updates and information was shared with all professionals. There was a lead GP for palliative care. The practice had identified those requiring palliative care and held a register. Proactive visits to these patients were undertaken and systems were in place to liaise with the out of hours GP service provider.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example: Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice was able to signpost patients to local support groups for example, smoking cessation and weight management.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test and the practice encouraged uptake by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Are services effective? (for example, treatment is effective)

were in line with local and national averages, with persons (aged 60-69) screened for bowel cancer in the last 30 months at 56% (national average 58%, CCG average 56%) and females (aged 50-70) screened for breast cancer in the last 36 months at 77% (national average 72% and CCG average 74%). This relates to the most recent data published by Public Health England for the period 2014/2015.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 96% and five year olds from 63% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, polite, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results for satisfaction scores on consultations with GPs and nurses were in line with local and national averages. For example:

- 95% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and the national average of 87%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Various information leaflets were available and available in easy read format and other formats.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 214 patients as carers (3% of the practice list). Information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice would send them a letter of condolence and offer them an appointment if appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example in order to help reduce unplanned admissions to hospital the practice was taking part in an enhanced service. Their focus was on reducing admissions by improving services particularly for those patients who were frail and the most vulnerable or those with long term conditions. In order to do this the practice had used a risk stratification tool to identify these patients and they had personalised care plans which were reviewed at regular intervals. Other examples showing how the practice had responded to meetings patients' needs were as follows:

- There were longer appointments available for patients with a learning disability and more complex needs.
- Proactive home visits were carried out for those patients who were terminally ill and housebound.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- The practice was situated in a purpose built health centre and was accessible to those patients with limited mobility and disability.
- There were translation services available.
- Deaf or hard of hearing patients were offered the services of an interpreter via the Deafness Resource Centre.
- Information and letters were available in a range of formats including large print and easy read.
- The practice offered a full range of online access such as appointment booking, prescription requests and online queries.

Access to the service

The practice is open Monday - Friday 8am – 6.30pm.

Doctors appointment times are as follows:

Mornings – 8am to 11.15am Monday to Friday

Afternoons – Monday 2pm to 6pm, Tuesday, Wednesday and Thursday 3pm – 6pm and Friday 2.30pm to 5.30pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above or around local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 79%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 66% and the national average of 73%.

People we spoke to and comments reviewed told us that there was no problem with getting appointments when patients needed them.

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a specific complaint information leaflet and information on the website.

We looked at the complaints received in the last 12 months and found these had been dealt with in a timely way and

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

with openness and transparency. Lessons were learnt from individual concerns and complaints and the practice reviewed them annually in order to learn from analysis of themes and trends.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice mission statement promoted their aim to give all patients access to the best acute and preventative healthcare possible.
- The practice displayed their mission statement in the practice and on the website.
- Staff were aware of the vision and values that were promoted at the practice and could articulate the practice ethos.

Governance arrangements

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

- There was a clear staffing structure with clinical staff taking lead roles
- Staff were aware of their own roles and responsibilities.
- Policies and procedures had been implemented and all staff were familiar with them and used them. However some of the policies were not local and specific to the practice.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff were encouraged and felt able to contribute to the practice, improvements to service and service developments.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- The practice held regular documented team, clinical and business meetings.
- There was an evident open culture within the practice and staff had the opportunity to raise any issues at appraisals and meetings. Management had an open door policy where staff were welcomed to raise any issues at any time.
- Staff were respected, valued and supported, particularly by the partners and management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us they were happy and proud to work at the practice and believed they were part of a hardworking team that put patients' well-being and needs at the forefront of the service.

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

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

- The practice had gathered feedback from patients through the active patient participation group (PPG), through a variety of surveys (both internal and external) and complaints received. The PPG were valued and worked well with the practice. They met regularly, carried out patient surveys, reviewed patient feedback

Are services well-led?

Good 

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

and suggested improvements to the practice management team which were acted on. For example, review and implementation of the change to lunchtime opening hours.

- The practice had 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 management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a training practice and valued the addition of trainee GPs and nursing students.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example involvement and implementation of comprehensive health checks for the over 75's (Comprehensive Geriatric Assessments CGA) and the Map of Medicine system. (The Map of Medicine is a tool for clinicians to access information on evidence-based and practice-informed clinical pathways)

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Temperature sensitive medicines were not stored and managed safely. A temperature sensitive medicines refrigerator was not serviced, calibrated and maintained effectively. Policies and procedures to ensure safe, temperature controlled storage were not followed. 12 (2) (e) (f) (g) (h) |