The Consulting Rooms

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Consulting Rooms on 9 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- The practice did not have an effective system to manage patient safety alerts.
- Staff did not have current training in how to recognise signs of abuse in vulnerable adults and children.
- The practice did not have a nominated infection control lead nor had any practice led audits taken place in the previous 12 months.
- The governance framework did not ensure the practice undertook regular and comprehensive reviews of the quality of service.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.
- Patients could make an appointment in advance with a named GP.
- 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 provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

Summary of findings

- Review and consider processes concerning Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- Review and consider infection control within the practice.
- Review and consider audit processes of emergency medicines.

The areas where the provider should make improvement are:

- Identify clearly to patients the availability of extended hours.
- Ensure staff training records accurately reflect training staff had received.
- Continue to develop the patient participation group (PPG) to ensure engagement with patients.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- GPs managed and acted upon patient safety alerts within the practice, However, whilst there was a system for in place to receive and disseminate Medicines and Healthcare products Regulatory Agency (MHRA) alerts there was not a process in place to monitor actions taken. Following the inspection the practice advised us that that they received some alerts and information from the Herts Valleys CCG Prescribing teams.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse .
- The practice had an infection control protocol in place, however, it did not have a nominated infection control lead nor had any practice led audits taken place in the previous 12 months.
- From our conversations with clinical staff we found that Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, however the practice was unable to locate the file of current PGDs on the day of the inspection.
- Training records did not accurately reflect training staff had received.
- Checks of emergency medicines was not always effective.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework 2015 -16 (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.

Summary of findings

- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work but this had only been recently introduced. However, training records did not accurately reflect training staff had received.
- Staff had received appraisal, but no appraisals had taken place within the last 12 months, staff told us that appraisals were conducted on an ad-hoc basis and we noted that staff appraisals were scheduled for the following months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- However two comment cards we received stated that reception staff could beunhelpful.
- 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?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of their local patient population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care.
- Extended hours appointments were provided on alternate days each week until 8.15pm. The practice advertised details of extended hours availability on their website and within the patient waiting area.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Summary of findings

Are services well-led?

Good

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

- The practice 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The governance framework did not ensure the practice undertook regular and comprehensive reviews of the quality of service.
- The practice did not have a process to monitor actions taken in response to Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- The practice did not have a nominated infection control lead nor had any practice led audits taken place in the previous 12 months.
- Training records did not accurately reflect training staff had received.
- Checking of emergency medicines was not always effective.
- 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 did not have an active patient participation group.

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

Good

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

- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population. The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Patients over the age of 75 had a named GP and had received a review to check that their health needs were being met.
- Care planning was carried out for patients with dementia care needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above average when compared to local and national averages.

The practice provided clinics at a number of nearby nursing and residential care homes.

People with long term conditions

Good

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

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Data from 2015 to 2016 showed that the practice was performing in line with other practices nationally for the care and treatment of people with chronic health conditions such as diabetes.
- Performance for diabetes related indicators were better than the local and national average. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less(01/04/2015 to 31/03/2016) was 82% compared with the national average of 80%.

Summary of findings

- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed. We saw that staff knew the practice population well and ensured any patients needing longer appointments had access to these when necessary.
- All these patients had a named (usual) GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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 accident and emergency attendances.
- Immunisation rates were comparable to national averages 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.
- 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.
- Data showed that 83% of female patients aged 25-64 attended cervical screening within the target period which was above the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw evidence of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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 services to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- 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. Online services included the booking of appointments.
- Extended hours appointments were provided on alternate days each week until 8.15pm.
- Patients were offered telephone consultations for those patients who preferred to call the GP. This was advantageous for people in this group as it meant they did not always have to attend the practice in person.

People whose circumstances may make them vulnerable

Good

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 who were encouraged in to register using the practice as a home address and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff did not have current training in how to recognise signs of abuse in vulnerable adults and children.

People experiencing poor mental health (including people with dementia)

Good

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

- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to local and national averages. For example, data showed that 98% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was above the clinical commissioning group average of 85% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing above or in line with national averages. 349 survey forms were distributed and 114 were returned. This represented 2% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 78% and the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which provided positive comments about GPs and nurses but two gave negative comments about reception staff.

Areas for improvement

Action the service MUST take to improve

- Review and consider processes concerning Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- Review and consider infection control within the practice.
- Ensure staff training records accurately reflect training staff had received.
- Review and consider audit processes of emergency medicines.

Action the service SHOULD take to improve

- Identify clearly to patients the availability of extended hours.

The Consulting Rooms

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to The Consulting Rooms

The Consulting Rooms provides primary care services to its registered list of 6,757 patients. The practice is situated and the inspection was conducted at Oxhey Drive South Oxhey

Watford. The practice catchment area is in line with the national average in England relative to other local authorities. For example, income deprivation affecting children was 22% compared to the national average of 20%. The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.

There are five GPs at the practice, two male and three female. They are supported by a practice nurse, healthcare assistant, practice manager and administration staff.

The male life expectancy for the area is 78 years compared with the CCG averages of 80 years and the national average of 79 years. The female life expectancy for the area is 84 years compared with the CCG averages of 84 years and the national average of 83 years.

The practice is located on one floor, the ground floor contains reception, waiting areas, consulting rooms and disabled toilet facilities administration offices and treatment rooms. There is step free access into the building and access for those in wheelchairs or with pushchairs.

The practice is open between 8am and 6.30pm Monday to Friday, offering appointments between 9am and 11.30am each morning and between 3pm and 5.30pm each afternoon. Between 8am and 9am and 5.30pm and 6.30pm the practice has a duty GP. The practice offers extended hours until 8.15pm.

The practice employs the use of the Hertfordshire urgent care to provide its out-of-hours service to patients. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances.

The practice is part of NHS Herts Valleys clinical commissioning group (CCG).

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 9 January 2017. During our visit we:

Detailed findings

- Spoke with a range of staff, GPs, nurses, the practice manager and spoke with patients who used the service.
- We saw how patients were looked after both in the reception and over the telephone.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. These were completed and passed to the practice manager this could be passed in written format or electronically. 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 found that significant events were discussed weekly at a clinical meeting, the practice would also have, if required, specific meetings to discuss an urgent significant event. Clinical staff were present, as were senior administration staff, minutes from meetings were stored on the practices IT system of which all staff had access.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient was noted to be unwell by practice staff and suffering from exacerbation of his Chronic Obstructive Pulmonary Disorder, clinical staff attended the patient but were unsure about the correct doseage of adrenaline to administer to the patient. As a result of this the practice now uses automatic adrenaline injectors.
- We were told that GPs managed and acted upon patient safety alerts within the practice, however the practice manager told us that she was not registered to receive Medicines and Healthcare products Regulatory Agency (MHRA) alerts and did not have a process in place to monitor actions taken. Following the inspection the practice advised us that that they received some alerts and information from the Herts Valleys CCG Prescribing teams'

Overview of safety systems and processes

The practice did not ensure it had systems, processes and procedures in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- We found that the members of staff had received training in safeguarding adults and thesafeguarding of children.
- A notice in reception areas and within consultation 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
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.The practice had an infection control protocol in place, however, it did not have a nominated infection control lead nor had any practice led audits taken place in the previous 12 months.
- The practice kept stock of vaccines, these were kept in locakable refrigerators and the temperature of which was monitored daily. Stock was rotated and there was a procedure in place for the reorder of stock. The practice could identify numbers of vaccines in refrigerators however did not operate an audit process.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines and 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.

Requires improvement

Are services safe?

From our conversations with clinical staff we found that Patient Group Directions (A PGD is a written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)had been adopted by the practice to allow nurses to administer medicines in line with legislation, however the practice was unable to locate the file of current PGDs on the day of the inspection.

- The practice had recently introduced an improved recruitment process. We reviewed five personnel files of recently employed staff, and found that the majority of these had appropriate checks and documentation in place with the exception of one historic file.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice did not have 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.
- There were emergency medicines available in the practice managers office.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However we found that process for checking emergency medicines was not always effective, for example we noted one medicine that had been prescribed to a patient of the practice was kept with the emergency medicines.
- Staff had received basic life support training however some required update.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The data for 2015/16 showed that the practice had achieved 95% of the total number of points available. With overall clinical exception reporting of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed the practice was performing in line with similar practices. For example:

- Performance for diabetes related indicators was comparable to national averages. For example: the percentage of patients on the diabetes register, in whom the last IFCC-HbA1c (blood glucose levels) was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 76% compared to the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was below the national average. The practice rate was 72% compared to the national average of 83%.
- Performance for mental health related indicators was above 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). The practice rate was 91% compared to the national average of 88%.

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. A number of clinical audits had been completed in the last 12 months.

- We reviewed two of these which were completed audits, a family planning clinic audit and pre diabetic patients audit.
- Findings were used by the practice to improve services. For example, we saw that the audit of pre-diabetic patients had previously found that 12% had been noted as being at high risk of diabetes. This identified that patients were not being provided with advice about diabetes and not being provided with preventative advice. We saw that this had been discussed during a clinical meeting. A further audit conducted in December 2016 showed that the practice were now recording and providing advice to 59% of patients consider as high risk.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.

Effective staffing

- The practice had an induction programme for all newly appointed staff. That covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staffwere not identified through a system of appraisals, meetings and reviews of practice development needs. The practice manger confirmed that staff had received appraisal but no appraisals had taken place within the last 12 months, staff told us that appraisals were conducted on an ad-hoc basis and we noted that staff appraisals were scheduled for the following months.

Good

Are services effective?

(for example, treatment is effective)

- Staff did have access to appropriate training to meet their learning needs and to cover the scope of their work but this had only been recently introduced. As a result of the practice adopting a new training system, records for the practice were not accurate reflecting the previous the current training systems.
- However, the practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence.Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patients' records.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Referrals to dietician services were available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the clinical commissioning group (CCG) average of 82% and the national average of 81%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance and operated opportunistic testing.

There were 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 we found that these were in line with local averages

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 83% to 98% compared to national averages of 88% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Good

Are services effective?

(for example, treatment is effective)

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed, during our visit that 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.
- Patient comments suggested that reception staff did not always know when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The patient Care Quality Commission comment cards received were positive about the care they received from clinical staff stating that they offered good care and treated them with dignity and respect.

We spoke with members 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.

However, two comment cards stated that reception staff could be more helpful.

Results from the national GP patient survey gave some positive responses from patients when asked if they felt they were treated with compassion, dignity and respect. The practice was comparable to clinical commissioning group and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 91% 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%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%..
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

We discussed the responses with the practice, particularly comments about receptionists, they told us that the practice had reviewed the results and in response an afternoon training session in customer care was given to all staff.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We saw that care plans were personalised.

Results from the national GP patient survey showed patient responses rated the practice below others when asked about their involvement in planning and making decisions about their care and treatment, however the results were comparable to other practices nationally. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86%and the national average of 85%.

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

Good

Are services caring?

- 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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 137 patients as carers (2% of the practice list). There was limited information that signposted patients to support groups and other organisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them.This was either followed by a 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.

Good

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, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, offering appointments between 9am and 11.30am each morning and between 3pm and 5.30pm each afternoon. Between 8am and 9am and 5.30pm and 6.30pm the practice had a duty GP. The practice offered extended hours until 8.15pm. Whilst the practice offered extended hours it was not clear to patients when this was.

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Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were comparable to local and national averages. For example:

- 68% of patients were satisfied with the practice's opening hours compared with the CCG average of 77% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared with the CCG average of 78% and the national average of 73%.
- 77% of patients described their experience of making an appointment as good, compared with the CCG average of 78% and the national average of 73%.

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.

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 procedure and how they could expect their complaint to be dealt with.

We looked at all the complaints received in the last 12 months. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with an explanation and an apology when this was appropriate.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The governance framework did not ensure the practice undertook regular and comprehensive reviews of the quality of service.

- The practice did not have a process to monitor actions taken in response to Medicines and Healthcare products Regulatory Agency (MHRA) alerts..
- The practice did not have a nominated infection control lead nor had any practice led audits taken place in the previous 12 months.
- Training records did not accurately reflect training staff had received.
- Checking of emergency medicines was not always effective.

However

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained

Leadership and culture

Staff comments told us the GPs were approachable and took the time to listen to all members of staff.

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 and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs 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 sought patients' feedback and engaged patients in the delivery of the service.

- The practice did not have a current active Patient Participation Group (PPG), however we spoke with a patient who was in the process of developing a PPG, we saw evidence that meetings were planned in the near future. We were told that the practice had previously operated a virtual PPG in that questionaires were sent to patients.
- Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on improvement within the practice. For example; the practice planned to offer minor surgery to patients in coming months.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found the provider did not assess, monitor and improve the quality and safety of the services provided. The practice manager was not registered to receive Medicines and Healthcare products Regulatory Agency (MHRA) alerts and did not have a process in place to monitor actions taken. The practice did not have a nominated infection control lead nor had any practice led audits taken place in the previous 12 months. Checking of emergency medicines was not always effective. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.