

# Severn 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

Requires improvement



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?

Requires improvement



# 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 Severn Surgery on 15 February 2016. Overall the practice is rated as requires improvement.

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

- There was a system in place for reporting and recording significant events and staff were aware how to report an incident.
- Staff were knowledgeable about the actions they would take if they had any safeguarding concerns.
- There were embedded systems in relation to obtaining, prescribing, recording, handling, storing and security of medicines.
- Not all staff acting as a chaperone had been risk assessed to ensure they were able to carry out the role or received a Disclosure and Barring Service (DBS) check, if appropriate.
- Not all appropriate recruitment checks have been carried out before staff members started employment, as well as the monitoring of ongoing professional registration status.
- Risk assessments and data sheets were not available for all control of substances hazardous to health (COSHH) products.
- The practice had templates set up on the patient record system which reflected best practice guidelines and support planning of patient care with specific long-term conditions.
- Clinical audits were carried out and improvements made to the service provision as a result.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and there was evidence of appraisals and personal development plans for all staff.
- Unplanned admissions or readmissions were reviewed on a daily basis and care plans were altered, as necessary.

# Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff were polite and professional, they treated patients with kindness and respect, and maintained patient confidentiality.
- A GP partner attended locality meetings to assist with the review of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Most patients told us they found it easy to make an appointment.
- Patients said there was continuity of care and were aware urgent appointments were available the same day, if needed.
- Information about how to complain was available in the patient waiting area. Learning from complaints had been identified and the practice manager was taking action around the main theme.
- There was no documented overarching governance framework to support the delivery of a strategy and good quality care. However, GP partners were aware of the need to improve record keeping and systems which monitored and outlined the vision for the practice.
- Practice specific policies were implemented and were available to all staff.

- A programme of clinical and internal audit was in place which was used to monitor quality and to make improvements.
- There was a leadership structure in place and staff felt supported by management.
- There was an active patient participation group which met on a regular basis. The practice acted on feedback from the group and also feedback from patients and staff.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

The areas where the provider must make improvements are:

- The practice must review its governance arrangements to ensure all systems and processes are in place to ensure risks are identified and managed, for example in relation to risk assessments and monitoring of professional registrations.
- Ensure all appropriate recruitment checks carried out before staff members start employment.

In addition the provider should:

- Ensure a strategy is in place to identify the practice vision to support good quality patient care.
- Consider carrying out an access audit to ensure all reasonable adjustments are made for all patients to access the service.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system in place for reporting and recording significant events and staff were aware how to report an incident.
- Detailed discussions were held to ensure lessons were learnt and shared.
- Staff were knowledgeable about the actions they would take if they had any safeguarding concerns.
- There were embedded systems in relation to obtaining, prescribing, recording, handling, storing and security of medicines.
- Not all staff acting as a chaperone had received a Disclosure and Barring Service (DBS) check, or had been risk assessed to ensure they were able to carry out this role.
- Not all appropriate recruitment checks have been carried out before staff members started employment, as well as ongoing monitoring of professional registration status.
- Risk assessments and data sheets were not available for the control of substances hazardous to health (COSHH) products.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- The practice had templates set up on the patient record system which reflected best practice guidelines and support planning of patient care with specific long-term conditions.
- Data from the Quality and Outcomes Framework showed patient outcomes were average compared to the national average.
- Clinical audits were carried out and improvements made to the service provision as a result.
- 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.
- Unplanned admissions or readmissions were reviewed on a daily basis and care plans were altered, as necessary.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- A range of health assessments and checks were available.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was displayed in patient waiting areas and was easy to understand.
- We saw staff were polite and professional, they treated patients with kindness and respect, and maintained patient confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- A GP partner attended locality meetings to assist with the review of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Most patients told us they found it easy to make an appointment.
- Patients said there was continuity of care and were aware urgent appointments were available the same day, if needed.
- Information about how to complain was available in the patient waiting area. Learning from complaints had been identified and the practice manager was taking action around the main theme.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- There was no documented overarching governance framework to support the delivery of a strategy and good quality care. However, GP partners were aware of the need to improve record keeping and systems which monitored and outlined the vision for the practice.
- Staff were aware of their own roles and responsibilities, including where they had a lead role. For example, safeguarding lead, health and safety lead and carer's lead.
- A programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks. Actions were carried out to mitigate potential risks.

Requires improvement



# Summary of findings

- There was a leadership structure in place and staff felt supported by management.
- There was an active patient participation group which met on a regular basis. The practice acted on feedback from the group and also feedback from patients and staff.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

# 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 provider was rated as requires improvement for safety and well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent on the day appointments.
- Those at high risk of hospital admission and end of life care needs were identified and reviewed regularly, this included working with other health professionals to provide co-ordinated care.
- Those identified as high risk had a care plan in place and multi-disciplinary meetings were held on a quarterly basis to discuss ongoing needs.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safety and well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators, for example monitoring of blood sugar levels, was better compared to the national average. 88% compared to 78%.
- The practice offered longer appointments and home visits to those that needed it.
- A structured annual review was carried out 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.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for safety and well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

**Requires improvement**



# Summary of findings

- 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 for the standard childhood immunisations were mixed. For example,
- 81% of patients diagnosed with asthma had an asthma review in the last 12 months. This was slightly higher than the national average of 75%.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered contraception services, including the insertion and removal of contraceptive implants.

## Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- 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. This included pre-bookable appointments on a Saturday.
- The practice offered online services to book appointments and order repeat prescriptions.
- Health promotion advice was offered during consultations and a range of accessible health promotion material was available in the patient waiting area.
- Telephone consultations were also available.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Requires improvement





# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and ensured regular reviews and care plans were in place.
- 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 and knew how to contact relevant agencies in normal working hours and out of hours.
- All staff had received training in safeguarding vulnerable adults and children.

## People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety and well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- 89% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- 96% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia. This included working closely with the mental health facilitator.
- The practice carried out advance care planning for patients with dementia and offered dementia screening services.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Longer appointments were available for patients who needed additional support from the GP.

## Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results was published on January 2016. The results showed the practice was performing in line with national averages. 272 survey forms were distributed and 108 were returned. This represented 2% of the practice's patient list.

- 80% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 93% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection, we also asked for CQC comment cards to be completed by patients before our inspection. We received 23 comment cards, which were all positive about the standard of care received. The comment cards stated staff were warm and helpful and patients felt listened to and that staff were responsive to their needs.

We spoke with two patients during the inspection. They said they were happy with the care they received and thought staff were approachable and caring. The NHS Friends and Families Test (FFT) results for 2015 showed that 100% (45 returns) of patients would recommend the practice.

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- The practice must review it's governance arrangements to ensure all systems and processes are in place to ensure risks are identified and managed, for example in relation to risk assessments and monitoring of professional registrations.
- Ensure all appropriate recruitment checks carried out before staff members start employment.

### Action the service **SHOULD** take to improve

In addition the provider should:

- Ensure a strategy is in place to identify the practice vision to support good quality patient care.
- Consider carrying out an access audit to ensure all reasonable adjustments are made for all patients to access the service.

# Severn Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Severn Surgery

Severn Surgery is a GP practice providing primary medical services to around 4,510 patients within a residential area in Oadby. East Leicestershire and Rutland Clinical Commissioning Group (EL&RCCG) commission the practice's services.

The service is provided by five GP partners (three female GPs and two male GPs). There is a nursing team comprising of a practice nurse and a phlebotomist. The clinical team are supported by a practice manager and a team of reception and administration staff.

Severn Surgery is a training practice.

The practice has one location registered with the Care Quality Commission (CQC). The location we inspected was Severn Surgery, 159 Uplands Road, Oadby, Leicester.

The practice is located within a two-storey building. Most patient facilities are situated on the ground floor, however the treatment room is based on the first floor.

The practice is open from 8.20am to 12pm and 2pm to 6.30pm Monday to Friday. Pre-bookable appointments are available on a Saturday morning between 8.30am and 10.30am. Patients can access out of hours support from the

national advice service NHS 111. The practice also provides details for the nearest walk-in centre to treat minor illnesses and injuries, as well as accident and emergency departments.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 February 2016. During our visit we:

- Spoke with a range of staff, including GPs, practice manager, practice nurse and administrative and reception staff.
- Spoke with patients who used the service and observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff would inform the practice manager of any incidents and knew how to record incidents using a reporting template.
- The practice carried out an analysis of significant events.

We reviewed incident reports, safety alerts and minutes of clinical meetings where these were discussed. We found that minutes recorded detailed discussions specific to the incidents and lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received a verbal or written apology, an explanation regarding the incident and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- The practice had safeguarding children and vulnerable adults policies in place that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff were aware of their responsibilities and knew who the lead staff member was for safeguarding. All staff had received training in safeguarding adult and children relevant to their role. Any ongoing safeguarding concerns would be discussed at the GP meeting.
- A notice in the waiting room advised patients that chaperones were available and to ask at reception if a chaperone was required. All staff who acted as chaperones were trained for the role, however the practice had not carried out a risk assessment to ensure staff were able to carry out this role or completed a Disclosure and Barring Service check (DBS check), if

appropriate. (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 visibly clean and tidy. A recently appointed practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw records of monthly infection control audits completed by the practice nurse. The practice nurse was reviewing current processes around maintaining cleanliness and hygiene to ensure best practice was adhered to and maintained.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice also had a clear system in place to monitor prescriptions that had not been collected; this included high-risk medicines.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken before employment for four of the five staff members. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, a clinical staff member had recently been recruited and the practice was still waiting for a DBS check to be completed and references to be returned. This was not in line with the practices' recruitment policy.
- 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.

### Monitoring risks to patients

Most risks to patients were assessed and well managed.

## Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety, however the process required improvement. There was a health and safety policy available in the reception office that identified local health and safety representatives. The practice had recently identified a new health and safety lead in the practice, the staff member was due to attend training in March 2016 and planned to complete a health and safety risk assessment following this. The practice had up to date fire risk assessments and recently implemented 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 legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A detailed risk assessment had also been carried out for the control of substances hazardous to health (COSHH), however data sheets and risk assessments for all products were not present.
- There was a rota system in place for the different staffing groups to ensure that enough staff were on duty to meet the patient needs. Staff covered each other's planned leave, as well as sickness.

### **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. This alerted staff to any emergency and the location of the emergency.
- All staff received basic life support training.
- 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 in the reception.
- 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.
- 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 patient needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' individual needs.
- The practice had templates set up on the patient record system which reflected best practice guidelines and support planning of patient care with specific long-term conditions. For example, diabetes, chronic obstructive pulmonary disease and coronary heart disease.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.9% of the total number of points available, with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators, for example monitoring of blood sugar levels, was better compared to the national average. 88% compared to 78%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. 87% compared to 84%.
- Performance for mental health related indicators was better compared to the national average. For example, 96% of those with a diagnosis of schizophrenia, bipolar

affective disorder or other had a comprehensive and agreed care plan in place, compared to 89%. 89% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, improvements were implemented and monitored as a result. The practice had implemented a high-risk drug-monitoring tool as a result, which had been shared with the local clinical commissioning group (CCG).
- The practice participated in local audits which were led by the local CCG, as well as informal external peer review.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 and protected learning time.
- The learning needs of staff were identified through a system of appraisals 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 during one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.



# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- There was a system in place to ensure all incoming mail was reviewed by a GP. We saw this system in practice and saw it worked efficiently.
- We saw that unplanned admissions or readmissions were reviewed on a daily basis. The GP partners discussed these patients and altered care plans, as necessary.

Staff worked together and with other health and social care services 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. We saw evidence of integrated care meetings which were held every two months. This included the integrated care co-ordinator and district nurse.

### 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet. Patients were then signposted to the relevant service.
- Various information and leaflets were available in the patient waiting area. This included local Age UK and MacMillan cancer support project.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 89% to 97%. The practice told us they were aware immunisation rates for vaccinations given to 12 month olds were lower than the CCG average and had increased the number of appointments available with the practice nurse to improve this.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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 saw that staff members were polite and professional 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 if patients wanted to speak in private, they could offer them a private room to discuss their needs.

All of the 23 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 and caring.

We spoke with the chair of the patient participation group. They told us the practice offered good continuity of patient care.

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

- 95% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 88%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 86% said the nurse was good at listening to them compared to the CCG average of 90% and national average of 91%.
- 91% said the nurse gave them enough time (CCG average 91%, national average 92%).
- 99% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

- 91% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

### Care planning and involvement in decisions about care and treatment

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

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%.
- 88% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 77% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

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. Practice staff also spoke eight languages, which patients were aware of.

### Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.6% of the practice list as carers. All carers were sent an information pack, they were offered a flu jab and informed that appointments could be flexible to meet their needs.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP would telephone the families.

# 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. A GP partner also attended locality meetings which reviewed service provision for the local population.

- Additional appointments were offered on a Saturday morning for those patients unable to attend on a week day.
- There were longer appointments available for patients with a learning disability and for those whose circumstances made them vulnerable.
- Home visits were available for older patients and other patients who would benefit from these, including patients experiencing poor mental health.
- Same day appointments were available for children and those with serious medical conditions.
- A hearing loop and translation services available.
- Most of the patient facilities were located on the ground floor. The nurse treatment room was located on the first floor, however there was not a lift for those patients unable to use the stairs. Staff told us there was an alert on the patient record system to identify patients unable to use the stairs and a room on the ground floor would be made available.
- The practice put up a hand rail at the front of the building to improve access for patients. This was completed after it had been raised by the patient participation group. The practice told us they had not completed an access audit which would identify any areas where reasonable adjustments may be required to ensure all patients could access the services without difficulty.

### Access to the service

The practice was open from 8.20am to 12pm and 2pm to 6.30pm Monday to Friday. Appointments were from 8.20am to 11.10am every morning and 3pm to 6pm daily. The

practice offered additional appointments on a Saturday between 8am and 10.30am. In addition to pre-bookable appointments, urgent appointments and telephone consultations were also available for patients that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 80% patients said they could get through easily to the surgery by phone (national average 73%).
- 27% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

Patients told us they were able to get appointments when they needed them. All 23 comment cards we received were generally positive about access to the practice, however two mentioned that it was sometimes difficult to get an appointment with a specific GP and would need to book in advance.

### 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 a complaints leaflet was available to help patients understand the complaints system.

We looked at five verbal complaints received in the last 12 months and found these had been dealt with in a timely way. The practice had carried out an annual review and identified four of the five complaints were regarding communication between staff and patients. The practice manager was in the process of organising a communications workshop as a result.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice did not have a development plan in place, which assisted the practice in working towards an agreed vision or strategy. There had been a recent change in the GP partnership and plans had been made to hold a development day.

### Governance arrangements

The practice did not have a documented overarching governance framework to support the delivery of a strategy and good quality care.

- GP partners were aware of the need to improve record keeping and systems which monitored and outlined the vision for the practice.
- Practice specific policies were implemented and were available to all staff, however not all systems in place had a policy or guidance to support staff to ensure a consistent approach was maintained.
- Staff were aware of their own roles and responsibilities, including where they had a lead role. For example, safeguarding lead, health and safety lead and carer's lead.
- A programme of clinical and internal audit was in place which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, however not all risks had been assessed including control of substances hazardous to health and health and safety.
- Actions as a result of audits, significant events and complaints were discussed at clinical meetings, however there was no documentation to record when an action had been completed and who was responsible for the action.
- Reception meetings had not been held since July 2015 and not all systems in place had a policy or guidance to support staff.
- The practice did not have a system in place to carry out annual checks of the registration of staff with the appropriate professional body, including the General Medical Council (GMC) and Nursing and Midwifery Council (NMC). GPs and nursing staff are required to renew their registration on an annual basis.

- We found the practice did not hold information to identify that a GP was included on the NHS Performers List. GPs must be on the NHS Performers List and local performers list to practice in that area.
- A GP did not have the appropriate medical indemnity insurance cover for the work they carried out. We raised this immediately with the practice and the GP took immediate action to rectify this. The GP provided us with evidence on the same day that they now had appropriate medical indemnity insurance in place.

### Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

- The practice gave a verbal or written apology and provided reasonable support.
- They kept written records of verbal interactions as well as written correspondence.

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

- Reception meetings were scheduled to take place every three months, however a meeting had not taken place since July 2015. Minutes of the two meetings held in 2015 did not demonstrate regular agenda items and significant events and complaints were not discussed at these meetings.
- Staff told us they could raise any issues at team meetings and were able to raise concerns if they had any, however meetings were infrequent. Staff told us they felt listened to.

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

# Are services well-led?

Requires improvement 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys. There was an active PPG which met regularly, assisted with practice patient surveys and discussed areas for improvement to the practice management team. For example, putting up a hand rail at the entrance to the surgery and reviewing template letters sent to patients to make an appointment to

ensure it was written without complicated medical terminology. The chair for the PPG organised speakers to attend meetings to raise awareness of specific conditions, for example arthritis. This information was then displayed in the waiting area for all patients to see.

- The practice had gathered feedback from staff through practice meetings, which included all staff. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues, the practice manager and GP partners.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to identify the risks associated with all control of substances hazardous to health products.</p> <p>A health and safety risk assessment had not been carried out.</p> <p>This was in breach of regulation 12(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance</b></p> <p>The registered person had not taken all necessary steps to assess, monitor and improve the quality and safety of services provided.</p> <p>A formal governance framework was not in place to assess risk, mitigate against it and monitor the quality of service provision.</p>

This section is primarily information for the provider

## Requirement notices

This was in breach of regulation 17(1)(2)(a)(d)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed**

The registered person had not taken all necessary steps to ensure persons employed were of good character and could provide information as specified in Schedule 3. This included disclosure and barring service (DBS) checks and references.

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