

Oaks Place Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oaks Place Surgery Practice on 22 September 2015. Overall the practice is rated as good.

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 the time of inspection.

Our key findings were:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, opportunities for the practice staff and locum GPs to learn from internal and external incidents were limited.
- Risks to patients were assessed and managed. However risks related to the monitoring of infection control systems including cleaning schedules were not in place

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- 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 said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

Importantly, the provider must:

Summary of findings

- Take action to put in place monitoring and audit systems, to minimise the risk of cross contamination and spread of infection including those that are health care associated.
- Put a system in place to ensure learning and actions taken from incidents and audits is shared across the practice and with locum GPs, in order to promote consistent care and treatment.

The provider should:

- Ensure that the systems used to monitor patient access are robust and use all the available data to enable the practice to effectively plan services.
- Ensure all staff undertake Mental Capacity 2005 training to enable them to support vulnerable people safely and effectively.
- Ensure detailed records are held with regard to patients subject to the Mental Capacity Act 2005 Deprivation of Liberty Safeguards to enable clinicians to safeguard patients from inappropriate care and treatment.
- Ensure there are sufficient chaperones available to support patients and clinicians to access this service.
- Ensure that the system in place to monitor uncollected prescriptions to ensure vulnerable patients are receiving their medication is adhered to by staff.
- Ensure that there is a written procedure in place to support reception staff to gain sufficient information from patients seeking a same day appointment.
- Ensure staff are aware how to use the emergency alarms situated in the clinical rooms and on the computer system.

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 as there were areas where it should make improvements. The practice was able to provide evidence that they monitored safety issues. However, there was limited evidence of shared learning taking place or that lessons learnt had led to effective change. The practice had a recruitment system in place that ensured appropriate checks on permanent and temporary staff were undertaken. The practice advertised that chaperones were available, however due to staffing levels this facility was unworkable. There was no system in place to effectively monitor the cleanliness of the practice. There was system in place to monitor uncollected prescriptions to ensure vulnerable patients were receiving their medication. However records viewed during the inspection identified that the system was not always being followed by the staff team.

Requires improvement



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Data showed patient outcomes were broadly in line or above national averages. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than 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. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice offered pre bookable and same day appointments and also offered telephone consultations to determine whether a patient needed to be seen by a GP or could be offered advice or sign posted to a more appropriate service such as a pharmacist. There were limited systems in place to monitor patient access. For example,

Good



Summary of findings

monitoring the use by patients of the urgent care and walk in services situated in the building to determine the effectiveness of the service provided to meet patients' needs. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The practice did not carry out an annual complaints audit to identify themes and to monitor the effectiveness of the complaints process as a driver of improvement. The practice does not have a website.

Are services well-led?

The practice is rated good for being well-led. The practice had recently changed from a GP partnership to a single handed GP. The lead GP had identified areas for improvement in the clinical and administration staffing levels and had taken steps to resolve these issues. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. However, further work was needed to ensure proactive work took place to remove or minimise risks identified. Self-employed and locum GPs received external appraisals, in house induction and were invited to staff meetings.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered personalised care to meet the needs of the older people in its population and had an enhanced service in dementia. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health development and immunisation clinics were provided. Childhood immunisation rates for the vaccinations given were comparable to or exceeded CCG averages. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns. There was a policy of same day appointments for all children. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding children. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered pre-bookable appointments, same day appointments and telephone consultations. Patients could book appointments and order repeat prescriptions by telephone, in person or on line. Health

Good



Summary of findings

checks were offered to patients who did not have any existing chronic disease to promote patient wellbeing and prevent any health concerns. The practice did not offer extended opening hours to accommodate this group of patients.

People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice referred patients to the health engagement team for support with a range of health and social issues such as social isolation and housing. Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual health check. However, data from 2013/14 showed that the practice performed lower than the national average with regard to providing patients with a mental health care plan that had been agreed and reviewed. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2015 showed the practice was generally performing in line with local and national averages. 449 survey forms were distributed and 76 forms were returned, representing a response rate of 16.9%. This is around 2.5% of the patient list size which is over 3000. Data from the GP patient survey provided the following information:

- 87.1% said the GP was good at listening to them compared to the CCG average of 90.2% and national average of 88.6%.
- 99.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.4% and national average of 95.3%.
- 79.7% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.1% and national average of 85.1%.
- 90.5% patients said they found the receptionists at the practice helpful compared to the CCG average of 79.2% and national average of 86.9%.
- 94.8% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97.7% and national average of 97.2%.

Responses showed the practice was above average in telephone access and experience of making an appointment:

- 75.5% of patients described their experience of making an appointment as good compared to the CCG average of 62.4% and national average of 73.8%.
- 92.8% of patients said they were able to see or speak to someone the last time they tried compared to the CCG average of 82.2% and the national average of 85.4%.

Responses for waiting times and recommending the practice were above average when compared to the local and national average:

- 80.2% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 58% and national average of 65.2%. 84% of patients said they would recommend the practice to someone new to the area compared to the CCG average of 73.2% and national average of 78%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards and during the inspection we spoke with five patients. All patients were positive about the service received, the majority said they felt listened to and involved in decision making about their care and treatment. All commented that the reception staff were caring and helpful. Patients said they were generally able to get an appointment when one was needed.

Areas for improvement

Action the service **MUST** take to improve

- Take action to put in place monitoring and audit systems, to minimise the risk of cross contamination and spread of infection including those that are health care associated.
- Put a system in place to ensure learning and actions taken from incidents and audits is shared across the practice and with locum GPs. To promote consistent care and treatment.

Action the service **SHOULD** take to improve

- Ensure that the systems used to monitor patient access are robust and use all the available data to enable the practice to effectively plan services.
- Ensure all staff undertake Mental Capacity 2005 training to enable them to support vulnerable people safely and effectively.
- Ensure detailed records are held with regard to patients subject to the Mental Capacity Act 2005 Deprivation of Liberty Safeguards to enable clinicians to safeguard patients from inappropriate care and treatment.

Summary of findings

- Ensure there are sufficient chaperones available to support patients and clinicians to access this service.
- Ensure that the system in place to monitor uncollected prescriptions to ensure vulnerable patients are receiving their medication is adhered to by staff.
- Ensure that there is a written procedure in place to support reception staff to gain sufficient information from patients seeking a same day appointment.
- Ensure staff are aware how to use the emergency alarms situated in the clinical rooms and on the computer system.

Oaks Place Surgery

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 advisor and a practice manager specialist advisor.

Background to Oaks Place Surgery

Oaks Place Surgery is situated in the Widnes area of Cheshire. It is responsible for providing primary care services to approximately 3000 patients. The practice population are of mixed gender and ages.

The staff team includes the lead GP a locum GP, a part-time practice nurse, two practice managers, reception and administration. The practice is open 8am to 6pm Monday, Tuesday, Wednesday and Friday and 8am to 12pm Thursday. Patients requiring a GP outside of normal working hours are advised to contact the out of hours provider Urgent Care (UC24).

The practice has a Primary Medical Service (PMS) contract and also offers enhanced services for example; childhood Vaccination and Immunisation Scheme, flu and shingles vaccinations and facilitating timely diagnosis and support for people with dementia.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health (including people with dementia)

We carried out an announced inspection of the practice and in advance of our inspection, we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We also reviewed policies, procedures and other

Detailed findings

information the practice provided before the inspection. This did not raise any areas of concern or risk across the five key question areas. We carried out an announced inspection on 22 September 2015.

We reviewed the operation of the practice, both clinical and non-clinical. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We discussed how

GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We sought views from patients, looked at survey results and reviewed comment cards left for us on the day of our inspection. We also spoke with the practice managers, lead GP, a locum GP, practice nurse, administrative staff and reception staff on duty.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. We saw that information from patient complaints were also incorporated into significant event findings, if relevant. However, records and discussions with GPs identified that there was no formal system in place to share learning or actions identified through the investigation and analysis of significant events. For example, a significant event had identified a learning need with regard to the Mental Capacity Act and information the practice held about patients living in care homes who were subject to a deprivation of Liberty Safeguard (DOLS). The practice had sought basic information to add to their records but had not identified why the DOLS had been put in place to support their role in safeguarding vulnerable patients.

The practice held staff meetings at which significant events were a standing item on the agenda. There was limited information held in the meeting minutes. There was no signposting system to ensure locum GPs were aware of changes to protocols or processes following a significant event.

Records showed the lead GP and practice nurse had not undertaken training to improve their knowledge and competency with regard to the Mental Capacity Act 2005 and its application.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance.

Overview of safety systems and processes

The practice had systems, processes in place, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs regularly attended safeguarding meetings

and always provide reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and records showed that staff had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that a chaperone (an impartial observer) could be provided, if required. However only the clinicians (part-time practice nurse and either the lead GP or a locum GP) were able to act as a chaperone. This limited the ability of the practice to provide a chaperone service to patients and to provide safeguards to clinicians. We discussed this issue with the lead GP and practice managers who agreed that if a patient wanted a chaperone and the clinicians were unavailable the patient would be asked to re-book the appointment. The delay in seeing a GP could present a risk to a patient's health and wellbeing. The lead GP confirmed that the practice managers would receive the training and a Disclosure and Barring Service check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable) to enable the practice to provide speedy access to chaperones.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The health and safety of the building was managed by the owners of the building. There was a health and safety policy available with a poster in the reception office. The practice had documentation from the owners of the building to assure themselves that up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice nurse had undertaken infection control update training in June 2014. There were no detailed cleaning schedules in place to identify who was responsible for cleaning specific areas or equipment such as cupboards and drawers in clinical areas and blood pressure monitoring cuffs. There was no system in place to audit

Are services safe?

the effectiveness of the external cleaners contracted to clean all areas of the practice. There were no systems to monitor the infection control practices of the staff team. The last infection control audit was carried out in July 2015 and the practice had an action plan in place to address issues identified during the audit.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Regular medication audits were carried out with the support of the organisation's medicines management team and the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. However, audits carried out by the practice with regard to prescribing habits were not shared with colleagues and other health professionals to support best practice and improved outcomes for patients. There was system in place to monitor uncollected prescriptions to ensure vulnerable patients were receiving their medication. However records viewed during the inspection identified that the system was not always being followed by the staff team. Prescription sheets were held securely.
- Recruitment checks were carried out and the five files we reviewed showed that the recruitment process was effective and all required checks had been carried out to ensure staff had the required skills and competencies to carry out their roles safely.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- We noted that two clinicians spoken with did not know how to access the emergency alarm on the computer system or the alarm situated in the consulting room if there was an emergency with a patient. This was discussed with practice managers who agreed to address this learning need with the clinicians and to include this information in the locum GP induction pack.
- The practice had emergency equipment and drugs such as oxygen and a defibrillator to deal with medical emergencies and all staff had undertaken basic life support training.
- There was no written procedure in place to support reception staff to gain sufficient information from patients seeking a same day appointment. They did not ask patients if they felt they urgently needed to see a GP. After routine appointments were booked patients were routinely directed to the urgent care facility or the walk in centre rather than proactively offering a telephone consultation with a GP.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines. The practice had access to guidelines from NICE and guidelines developed by Halton Clinical Commissioning Group (CCG) and used this information to develop how care and treatment was delivered to meet needs.

The clinical staff we spoke to told us that patients' consent to care and treatment was sought in line with legislation and guidance. Some of the staff spoken with understood the relevant consent and decision-making requirements of legislation and guidance. Records showed the clinical staff had not undertaken Mental Capacity Act training. We discussed with the lead GP the need to review learning needs with staff to ensure they have the necessary skills and competencies. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.

Protecting and improving patient health

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area. The practice had links with the CCG commissioned Health Engagement Team. They proactively referred patients to this service which operated in the same building for support with a range of health and social needs such as smoking cessation, alcohol services, dietary education and social isolation. Health checks for patients aged 40 - 74 who did not have any existing chronic conditions were offered. New patients registering with the practice completed a health questionnaire and were given a new patient medical appointment with the practice nurse.

The practice monitored how it performed in relation to health promotion. It used the information from Quality and Outcomes Framework (QOF – this is a system intended to improve the quality of general practice and reward good practice) and reward good practice and other sources to identify where improvements were needed and to take

action. Quality and Outcomes Framework (QOF) information showed the practice was meeting its targets regarding health promotion and ill health prevention initiatives.

Childhood immunisation rates for the vaccinations given were varied when compared with the CCG averages. For example, childhood immunisation rates pneumococcal vaccinations given to children up to five years were 84% compared with the CCG average of 91.9%.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example, when people were referred to other services. Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients who were at risk of unplanned hospital admissions.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were followed up throughout the year to ensure they attended health reviews. Discussions with the lead GP and a review of up to date data showed the practice had made improvements in the monitoring and recall systems for patients with long term conditions; this resulted in improved health outcomes. Data from 2013-2014 also showed:

- The dementia diagnosis rate was 73.3% when compared to the national average of 83.8%.
- Performance for cervical screening of eligible women (aged 25-64) in the preceding five years was 87.3% when compared to the national average of 81.8%.

Are services effective?

(for example, treatment is effective)

- The percentage of patients with atrial fibrillation currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100% when compared to the national average of 98.3%.

Quality improvement audits were carried out such as an audit of antenatal prescribing at the practice with particular regard to vitamin D deficiency and folic acid supplementation. We looked at the minutes of clinical meetings held in July, August and September 2015. There was no standing agenda item to discuss the results of clinical audits or a system in place to share this information with the rest of the staff team or locum GPs working at the practice. The GP lead told us this issue would be addressed and outcomes from clinical audits would be shared. The practice participated in local CCG audits such the prescribing of specific medications.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Training records showed the staff team had attend training appropriate to their roles including information governance, safeguarding and basic life support training.
- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Locum and self-employed GPS received an induction from the practice manager and they had access to a Bank GP and locum GP Induction Pack which included information about the operation of the practice and policies and procedures.
- Staff employed by the practice received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The practice proactively supported patients with dementia to access services.

We received 28 comment cards and spoke to four patients. Patients all said that their privacy and dignity were promoted and they were generally positive about the service experienced. All patients said the practice managers and reception staff were caring and helpful. All comments about the care and treatment provided by the GPs were positive.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

Data from the National GP Patient Survey July 2015 showed patients' views about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to local and national averages.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt health issues were discussed with them; they felt listened to and involved in decision making about the care and treatment they received.

Data from the National GP Patient Survey July 2015 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:

- 82.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84.7% and national average of 86.3%.
- 76.7% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81.5%.
- 94.8% said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97.7% and national average of 97.2%.
- 87.1% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 90.2% and national average of 88.6%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services including dementia assessments and avoiding unplanned admissions to hospital.

The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients who were at risk of unplanned hospital admissions. Minutes of clinical and practice meetings showed the needs of these groups of patients were discussed and monitored.

The practice had a Patient Participation Group (PPG) that was in the process of being re-launched to proactively encourage patients to become involved.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for patients who needed them, such as patients with a learning disability.
- Urgent access appointments were available for children and those with serious medical conditions.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- The practice worked with the local pharmacy to support collection and delivery of medication to housebound patients.
- Winter pressures were dealt with by making extra GP sessions available to help reduce hospital admissions.
- There were disabled facilities and translation services available.
- Staff spoken with indicated they had received training around equality and diversity.
- The practice referred patients to the CCG commissioned Health Engagement Service for support with a range of health and social issues such as smoking cessation, alcohol issues and social isolation.

Access to the service

Results from the national GP patient survey from July 2015 showed that patient satisfaction with some aspects of

access to care and treatment was comparable to local and national averages. People we spoke to on the day were able to get appointments when they needed them. For example:

- 64.8% patients said they could get through easily to the surgery by phone compared to the CCG average of 52.3% and national average of 74.4%.
- 75.5% patients described their experience of making an appointment as good compared to the CCG average of 62.4% and national average of 73.4%.
- 92.8% said the last appointment they got was convenient compared to the CCG average of 82.2% and the national average of 91.8%.

We received 28 comment cards and spoke to five patients. Patients said they were generally able to get an appointment when one was needed.

The practice had commissioned a patient survey which had been carried out in June 2015. At the time of the inspection they were awaiting the results.

The practice was open from 8am-6pm Monday, Tuesday, Wednesday and Friday and open 8am to 12pm Thursday. Surgery times ran from 9.20am to 6pm Monday, Tuesday, Wednesday and Friday and 9.20am to 12pm Thursday. The practice offered pre-bookable appointments up to four weeks in advance, same day appointments and a small number of telephone consultations. Patients could book appointments and order repeat prescriptions by telephone, in person or on line.

There were limited systems in place to monitor patient access. For example, monitoring the use by patients of the urgent care and walk in services situated in the building to determine the effectiveness of the service provided to meet patients' needs.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room and in a practice leaflet. The complaints policy clearly outlined a time framework for when the

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

complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. We reviewed two complaints received by the practice

within the last 12 months. All had been dealt with in line with the practice's complaints policy and procedure. The practice had not carried out an annual audit of complaints to be used as part of their quality assurance system. The practice managers told us moving forward they would review their complaints annually.

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 Mission statement of the practice stated how it aimed to deliver effective primary care services of the highest available standard to all individuals equally, from a friendly and supportive environment.

Governance arrangements

The staff attended a monthly meeting where practice related issues were discussed, such as significant events. Clinical meetings also took place and we saw the minutes from the last three meetings in July, August and September 2015 which showed safeguarding and palliative care were discussed.

The lead GP told us that they had identified staffing shortages in clinical and administration staff and had recently recruited two administration staff to add to the team. She intended to increase the practice nursing hours and had also advertised for a salaried GP and a GP partner to support her in moving the practice forward and to improve access to the service for patients.

The lead GP told us that the practice had only recently started to use locums due to the retirement of the senior GP partner and that she was proactively trying to recruit to minimise the use of locum GPs.

The practice had a number of policies and procedures in place to govern activity and staff knew how to access them.

We looked at a sample of policies and procedures, for example the recruitment and the safeguarding policies and procedures and found they had been recently reviewed and contained the required information.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The clinical staff spoken with and the practice managers told us that QOF data was regularly reviewed and action plans were produced to maintain or improve outcomes. Records showed the practice proactively monitored the QOF indicators to ensure patients received appropriate care and support.

In the last twelve months staff appraisals had not been carried out. During the inspection the practice managers provided us with a copy of a schedule of staff appraisals that would be carried out by the end of October 2015.

The practice had a business continuity plan in place.

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

The Patient Participation Group (PPG) was in the process of being re launched. The practice sought patient feedback by other means such as utilising a suggestions box in the waiting room. Following the change in the practice partnership to the lead GP becoming the sole provider an in house survey was being produced to gain patients views of the service provided. Staff told us they felt able to give their views at practice meetings or to the practice managers and that they felt valued and supported by the lead GP. Staff told us they could raise concerns and felt they were listened to.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control Patients were not protected against the risk associated with infection control because the provider did not have systems in place to monitor infection control procedures.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Patients were not protected against risks associated with care and treatment due to the lack of an effective system to share learning and actions from incident and audits.