

Beversbrook Medical Centre

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?

Good



Are services effective?

Requires improvement



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 Beversbrook Medical Centre on 26 January 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- 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.

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

- The practice must improve their systems for learning from significant events, audits, complaints and patient and staff feedback, and for sharing this learning across the whole practice team.
- The practice must improve the process for reviewing quality indicators. There were no systematic processes in place or evidence to demonstrate that clinical audit was driving improvement and improving patient outcomes.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology. Practice staff were told about any actions to improve processes in order to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Nurses undertaking chaperone duty routinely made a note on the patient's file recording that they had undertaken this role.
- Responsibility for undertaking routine health and safety checks was shared with administration staff to develop learning and to provide them with an opportunity to assess issues.

We found one area where the practice needs to improve.

- We heard that lessons learnt from significant events were discussed with staff but these discussions were not adequately documented to ensure that lessons learnt were adequately shared with staff unable to attend the meeting.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Data showed patient outcomes were generally similar compared to the locality and nationally.

We found one area where the practice needs to improve

Requires improvement



Summary of findings

- The practice had no systematic process for reviewing quality indicators. There was no evidence to demonstrate that audit was driving improvement in performance in order to improve patient outcomes.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice slightly higher than others for almost all aspects of care. For example, 94% of patients said the last GP they saw or spoke to was good at listening to them, compared to a clinical commissioning group average of 90% and a national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- New patients were guided through the process by a member of staff acting as a Registration Champion, which meant the patient had a single point of contact for any questions they might have.
- The practice was registered with the local authority as a Safe Place. This meant any person, whether a patient of the practice or not, could be directed to the surgery where they would be offered support and made safe.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said they found it easy to make an appointment with a named GP and 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

However, we found an area where the practice needs to improve.

Summary of findings

- The minutes of management meetings did not contain a summary of discussions regarding complaints and there was no clear system of oversight or sharing lessons learnt from complaints.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice had systems in place for knowing about notifiable safety incidents.

Whilst the leadership team had some governance systems in place, we found that the overarching framework was incomplete. We found a number of areas where the practice needed to improve.

- The practice needs to develop a clear programme of continuous clinical and internal audit to monitor quality and to support improvements.
- The practice needs to ensure they have a clear system for sharing learning from audits, complaints or significant events.
- They need to develop a system to ensure that staff were aware of new guidance or procedures relating to their role.
- They need to ensure the partners have an understanding of the practice performance under the Quality and Outcomes Framework.

Requires improvement



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 requires improvement for the care of older people. The provider was rated as requires improvement for effective and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 had a named GP.
- The practice holds regular GP and nurse practitioner clinics for patients aged over 75 with more complex needs.
- The practice offered on-site retinal and abdominal aortic aneurysm (AAA) screening. (AAA screening is a way of detecting a dangerous swelling [aneurysm] of the aorta – the main blood vessel that runs from the heart, down through the abdomen to the rest of the body.) This enabled the tests to be carried out more quickly and conveniently for patients.
- The practice supported carers in various ways including arranging a carers coffee morning.
- The GP routinely visited local care homes to provide treatment for patients who were registered with the practice.
- The practice was registered as a Safe Place venue with the local authority.
- There was a Care Coordinator based at the practice who helped coordinate patients care when it involved other agencies such as social services.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safety, effective and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



Summary of findings

- There were 93% of patients on the register with a diagnosis of diabetes who had an influenza immunisation in the period 2014/2015, compared to the national average of 74%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine 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.
- The practice provided a smoking cessation service.
- The practice could refer patients to a dietician for those who would benefit from this service.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for effective and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- 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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- There were 77% of patients diagnosed with asthma, on the practices patient register, that had a review of their asthma condition within the last 12 months, compared to the national average of 75%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- There were 84% of women on the register aged 25-64 that had undergone a cervical screening test in the preceding 5 years (04/2014 to 03/2015), compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had arranged a baby event at the surgery in conjunction with Wiltshire County Council and Banardos Children's Centre.
- They offered a sexual health service.
- They were a designated breast feeding friendly venue.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for effective and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients outside of the local area were able to register at the practice.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for effective and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The practice held a register of patients living in vulnerable circumstances and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

Requires improvement



Summary of findings

The provider was rated as requires improvement for effective and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- There were 93% of patients diagnosed with dementia who, had, had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- There were 94% of patients diagnosed with a psychosis who had had their alcohol consumption recorded in the last 12 months, which was above the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice hosts secondary mental health services to see patients at the practice for the provision of specialised psychological services.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing slightly above the local and national averages. Two hundred and fifty survey forms were distributed and 113 were returned. This represented 1.8% of the practice's patient list.

- 95% of patients found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 78% and a national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%
- 93% of patients described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 88% and national average 85%.

- 89% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 81% and national average 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards and all but one were positive about the standard of care received. Patients said the staff were friendly, compassionate and the service provided was excellent. Two patients thought the radio played in the reception area was too loud and another two mentioned a mix up with appointment arrangements made by the practice.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Beversbrook Medical Centre

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, a CQC inspection manager, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Beversbrook Medical Centre

Beversbrook Medical Centre is located in a purpose built building on the outskirts of Calne, in Wiltshire. Most of the consulting rooms are on the ground floor and there is a lift to the first floor if required.

The practice has a registered population of approximately 6,200 patients. Data shows minimal income deprivation among the practice population. There are a higher number of patients aged between 40 and 50 years than the national average. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the second least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is 79 and 84 years, which is in line with the national average of 79 and 83 years respectively.

There are two GP partners and two salaried GPs making a whole time equivalent of three GPs. Three are female, one is male. There is a nurse practitioner, a practice nurse, a

health care assistant (HCA) and a trainee HCA. The practice manager, who is also a partner in the business, is supported by a team of seven which includes two apprentices. There is a cleaning team of five people.

The practice has seen significant partnership changes over the past two years. However, the management team is now in an improved position. The practice was aware of weaknesses in some areas and we saw there was a clear focus and commitment to improve these and take the practice forward.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments with GPs are from 9am to 11.30pm every morning and 3pm to 5.40pm every afternoon. Extended surgery hours are offered every Monday between 7am and 8am. They provide a GP phone consultation service on Tuesday and Thursday evenings.

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by Medvivo and is accessed by calling NHS 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

Services are delivered via a Personal Medical Services contract (PMS). (PMS contracts are negotiated between NHS England and general practices for delivering medical services).

All services are provided from;

Beversbrook Medical Centre, Harrier Close, Calne, Wiltshire, SN11 9UT.

Detailed findings

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 26 January 2016. During our visit we:

- Spoke with a range of staff including all four GPs, the two nurses, the trainee health care assistant and three members of the administration and reception team.
- Spoke with four patients including three members of the patient participation group.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- 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 a system in place for reporting and recording significant events. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed.

- Staff told us they would inform the practice manager of any incidents and there was an incident recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events.

The practice did not have a policy on significant events and they did not carry out retrospective reviews to look for themes. Although significant events were discussed with staff, these discussions were not adequately documented to ensure that lessons learnt were adequately shared with staff unable to attend the meeting.

When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice at the reception desk advised patients that chaperones were available if required. Only nurses acted as chaperones. Nurses employed since April 2013 had all received a Disclosure and Barring Service check

(DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). After undertaking chaperone duty nurses routinely made a note on the patient's file, recording they had carried out this role and adding any other relevant information.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicine audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccines after specific training, when a doctor or nurse was on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred to specialist services if they had an abnormal result.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

The practice employed a team of cleaners and we saw the cleaning schedule.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had a policy of asking two different staff members to do the regular health and safety checks of the building in order to aid their learning and provide a different perspective of potential issues.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice did not make effective use of 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 for the period April 2013 to March 2015 show the practice achieved 75% of the total number of points available, with 4.7% 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 an outlier for QOF (or other national) clinical targets relating to diabetes. Data from 1 April 2014 to 31 March 2015 showed;

- Performance for diabetes related indicators was above the CCG and national averages. The practice achieved 78% compared to the CCG average of 96% and national average of 89%.
- Performance for diabetes related indicators was lower than the national average. For example, 57% of patients with diabetes, on the register, had a blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less, compared to the national average of 78%.
- 93% of patients on the register with diabetes had an influenza immunisation in the period 2014/2015, compared to the national average of 74%.
- The percentage of patients with hypertension having regular blood pressure tests was 82% compared to the national average of 84%.

- Performance for mental health related indicators was similar to the national average. For example, 93% of patients on the register diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months, compared to a national average of 84%.

The lower than average total QOF points (75% of those available in the period April 2014 to March 2015) were discussed during the inspection. We saw some examples showing the practice had been working to improve their performance in some areas. For example, they have changed how they managed patients with a diagnosis of diabetes and were reviewing data to check their performance was improving. However, the practice had no systematic process for reviewing their QOF indicators and were unaware of their performance in some areas. For example, the partners we spoke to were unaware of their lower than average achievement for blood pressure readings of patients with diabetes.

The practice was unable to demonstrate a programme of completed clinical audits. We saw evidence that nursing staff were completing audits in some areas such as infection control and insulin management. However,

- There had been no clinical audits completed by the GPs in the last twelve months.
- We were told that the GP discussed clinical issues in meetings and used data to improve services. However, the partners we spoke to were unaware of their lower than average achievement in some areas, such as for blood pressure readings of patients with diabetes. and these discussions were not minuted which means that they could not demonstrate any decision making processes or the improvements made.

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 vaccines and taking

Are services effective?

(for example, treatment is effective)

samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care 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 that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, 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 and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.
- They kept a record of patients who smoked and provided a smoking cessation support service.
- They provided a sexual health service aimed at young people, which included contraception and testing for sexually transmitted infections, as well as advice and information on sexual health issues

The practice's uptake for the cervical screening programme was 84%, 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. For an example 62% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to the national average of 58%

Childhood immunisation rates for the vaccinations given were comparable to clinical commissioning group (CCG). For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 98% to 100%, compared to the CCG average range of 83% to 97% and 92% to 97% respectively.

Are services effective?

(for example, treatment is effective)

Flu vaccination rates for the over 65s were 73%, and at risk groups 45%. These were also comparable national averages of 73% and 49%.

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

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We also saw two areas of the practices innovative approach to caring.

- New patients were guided through the registration process by a member of staff acting as a Registration Champion. This meant they had a single point of contact for any questions.
- The practice was registered with the local authority as a Safe Haven Place. This meant any person, whether a patient of the practice or not, could be directed to the surgery where they would be offered support and made safe.

All except one of the 27 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, caring and treated them with dignity and respect.

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

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 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 and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average 81%.
- 93% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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 1.9% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and gave them advice on how to find a support service if it was appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered telephone consultations on Tuesday and Thursday evenings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice offered on-site retinal and abdominal aortic aneurysm (AAA) screening. (AAA screening is a way of detecting a dangerous swelling [aneurysm] of the aorta – the main blood vessel that runs from the heart, down through the abdomen to the rest of the body). This enabled the tests to be carried out more quickly and conveniently for patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11.30 every morning and 3pm to 5.40pm daily. Extended surgery hours were offered between 7am to 8am on Monday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments 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 slightly higher than local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 76% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 64% and national average of 60%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw that information was available to help patients understand the complaints system.
- We looked at four complaints received in the last 12 months and found these were satisfactorily handled.
- The practice discussed all complaints at management meetings which all partners usually attended and the date of this discussion was noted in the complaint record.

However,

- The minutes of management meetings did not contain a summary of discussions regarding complaints and there was no clear system of oversight or sharing lessons learnt from complaints.

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 has had significant personnel changes which had an impact on all the staff but felt they were now in a more stable position. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They were aware of plans for more military families to be based on a local military base, which was close by and were considering how to respond to this.

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

Governance arrangements

Whilst the leadership team had some governance systems in place, the overarching framework was incomplete.

- The practice did not have a clear programme of continuous clinical and internal audit to monitor quality and to make improvements.
- There was no clear system for sharing learning from audits, complaints or significant events.
- There was no system to ensure that staff were aware of new guidance or procedures relating to their role.
- The practice did not have a comprehensive understanding of its performance under the Quality and Outcomes Framework.

There was a clear staffing structure and staff were aware of their own roles and responsibilities.

Practice specific policies were implemented and were available to all staff on the practice intranet.

Leadership and culture

The practice manager and two GPs were partners in the practice. They were relatively new to the role following a period a significant change within the management team. 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 members of staff.

The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It 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 and complaints received. The PPG was a virtual group which did not meet. They were unable to communicate with each other directly. Instead they responded to questionnaires sent out by the practice manager. We heard evidence that the practice listened to feedback. For example, a PPG member told us that they made a suggestion that the practice should have a hand cleanser dispenser in the reception area and shortly afterwards a dispenser was provided. They were working to create a more independent PPG.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For

Are services well-led?

Requires improvement 

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

example, when a staff member suggested the practice process for responding when a patient died could be improved, they were listened to and following further discussion a revised process was introduced.

Continuous improvement

The practice has seen significant partnership changes over the past two years which we heard had been unsettling for some staff. However, the management team is now in an improved position. There were aware of weaknesses in some areas and we saw there was a clear focus and commitment to improve these and take the practice forward.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	17. (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.
Maternity and midwifery services	17. (2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—
Surgical procedures	17. (2)(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);
Treatment of disease, disorder or injury	17. (2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;
	17. (2)(f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).
	How the regulation was not being met:
	<ul style="list-style-type: none">• There were no clear systems for monitoring and learning from significant events, clinical audits, performance data, complaints, and patient and staff feedback, or using this information to improve performance and patient outcomes.