

London Road 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?

Good 

Are services effective?

Requires improvement 

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 London Road Surgery, Reading on 17 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed and recruitment checks were completed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There were gaps within staff training and development, including elements of mandatory training and the Mental Capacity Act 2005.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about how to complain was available and easy to understand.
- Information about services was available but not everybody would be able to understand or access it as only a few posters and leaflets were in another language (the practice recognised that they had a high number of their practice population whose first language was not English).
- Urgent appointments were usually available on the day they were requested, although patient feedback suggested this was not always the case.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

The practice had been recognised by the Clinical Commissioning Group (CCG) for their work on improving

Summary of findings

sexually transmitted disease screening targets. The 2013/14 figures indicated that the surgery was performing poorly for the locality, being forth from the bottom in a performance table of 54 practices. The figures for October 2015 showed improvement, with the practice being third from the top and increasing their screening percentage from 0.6% to 4.3%. Only two other practices had achieved the CCG target of more than 5% of the eligible population group being screened.

The areas where the provider must make improvements are:

- To provide the appropriate training and updates in essential skills such as basic life support and the Mental Capacity Act 2005 to all staff at the required level. In addition, the practice must complete the induction programme for newly appointed staff and ensure an ongoing timetable of training requirements for all staff is implemented.

- The practice must implement a protocol in line with their risk assessment relating to medical emergency response times and consider their preparedness for a cardiac emergency with the provision of an automated external defibrillator as recommended by the UK Resuscitation Council.

The areas where the provider should make improvements are:

- Provide practice information, including the complaints procedure, in appropriate languages and formats.
- Ensure services are accessible to those with hearing or speech difficulties. For example, by installing a hearing loop and offering British sign language as part of their translation services.

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 good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

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

- There were gaps within staff training and development, including elements of mandatory training.
- Only one GP had been trained in the Mental Capacity Act 2005 but was now on long term leave from the practice. There was limited or no understanding of the MCA from other non clinical staff.
- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams and the local community to understand and meet the range and complexity of people's needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice similar or lower than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information about services was available but not everybody would be able to understand or access it. For example, the practice had acknowledged a high proportion of their patient population as non-English speakers. Whilst there were messages available on the televised information screen in the waiting room, there were limited hard copy information leaflets in different languages. The practice website offered information in over 80 languages.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the doctors had approached the local Imam (Muslim faith leader) to discuss the needs of patients who were diabetic and celebrating Ramadan (a Muslim holy month) that involves fasting during daylight hours.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. They had recently applied for funding to supply an automated external defibrillator device.
- Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It 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.

Good



Summary of findings

- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- All staff had received inductions and a newly appointed staff member had yet to complete their induction checklist.

The staff were keen to develop and improve at all levels, although we identified some gaps in mandatory training.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A staff member had asked the practice about improving elderly care through the provision of an elderly care pack. This has recently been implemented and contains useful contact numbers, information on claiming benefits and social services entitlement as well as leaflets from local and national charity organisations.
- The percentage of people aged 65 or over who received a seasonal flu vaccination (77.7%) was greater than the national average (72.99%).

Good



People with long term conditions

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

- Quality and outcomes framework (QOF) indicators for diabetes care showed the practice had obtained 87.2% which was higher than the Clinical Commissioning Group average (80%) and comparable with the national average (89%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients approaching the last days of life had access to a GP's personal mobile number to ensure continuity and efficiency of palliative (end of life) care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 88.25% of women aged between 25-64 have had cervical screening in the last five years. This was greater than the CCG average of 82.55% and national average of 81.88%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice offered same day appointments for under five year olds as standard practice.
- We saw good examples of joint working with midwives and health visitors.

The practice sent a congratulations letter to new mothers with an appointment for their six week post-natal check.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Early morning appointments had just been implemented on Friday mornings with a plan to review this in three months.
- The practice had an agreement with two other surgeries to provide a Saturday morning surgery rota, providing GP services by pre-bookable appointment.
- 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.
- There was a recent increase in screening for sexually transmitted diseases (STD's) following a performance table result showing the practice forth from bottom of 54 practices. The improvement had been recognised by the CCG with the practice now third from the top, with an increase from 0.6% to 4.3%. Only two practices in the locality had successfully achieved the CCG target of over 5%.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- There were no registered patients identified as homeless or from the travelling community but a policy was in place to allow people with no fixed address to register or be seen at the practice.
- Longer appointments were available for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients were advised how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses disorder have a comprehensive, agreed care plan documented in the record in the preceding 12 months
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



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 in line with local and national averages. 432 survey forms were distributed and 111 forms were returned.

- 88% found the receptionists at this surgery helpful which is comparable with the CCG average 86% and national average 87%.
- 88% were able to get an appointment to see or speak to someone the last time they tried which is comparable with the CCG average of 87% and national average of 85%.
- 91% said the last appointment they got was convenient which is comparable with the CCG average of 92% and national average 92%.
- 76% described their experience of making an appointment as good which is comparable with the CCG average of 77% and national average 73%.

- 76% usually waited 15 minutes or less after their appointment time to be seen which is greater than both the CCG average 66% and the national average 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 67 comment cards of which 51 were positive about the standard of care received. Comments included how satisfied patients were with the level of care received and how they were treated with dignity and respect. Many highlighted how the doctors were good at listening and did not rush their patients. There were also comments on how clean and tidy the practice looked. 16 comment cards were less positive, expressing dissatisfaction with

We spoke with one patient during the inspection, who said that they were happy with the care they received and thought that staff were approachable, committed and caring. We were unable to interview any more patients on the day as they were being called through within moments of arriving at the practice for their appointment.

Areas for improvement

Action the service MUST take to improve

- To provide the appropriate training and updates in essential skills such as basic life support and the Mental Capacity Act 2005 to all staff at the required level. In addition, the practice must complete the induction programme for newly appointed staff and ensure an on going timetable of training requirements for all staff is implemented.
- The practice must implement a protocol in line with their risk assessment relating to medical emergency

response times and consider their preparedness for a cardiac emergency with the provision of an automated external defibrillator as recommended by the UK Resuscitation Council.

Action the service SHOULD take to improve

- Provide practice information, including the complaints procedure, in appropriate languages and formats.
- Ensure services are accessible to those with hearing or speech difficulties. For example, by installing a hearing loop and offering British sign language as part of their translation services.

Outstanding practice

The practice had been recognised by the Clinical Commissioning Group (CCG) for their work on improving

sexually transmitted disease screening targets. The 2013/14 figures indicated that the surgery was performing

Summary of findings

poorly for the locality, being forth from the bottom in a performance table of 54 practices. The figures for October 2015 showed improvement, with the practice being third

from the top and increasing their screening percentage from 0.6% to 4.3%. Only two other practices had achieved the CCG target of more than 5% of the eligible population group being screened.

London Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to London Road Surgery

London Road Surgery provides primary medical services to approximately 2,400 patients from the New Town, Palmer Park, Earley, and Woodley areas of Reading.

The local population has a high number of ethnic minority groups with a high proportion of these being non-English speakers. Overall, the combined localities score medium-low on the deprivation scale, indicating that many patients registered are affected by a social deprivation and there are known areas of high deprivation locally within the practice boundary.

The practice has two GP Partners (one female and one male). One of the GP partners is currently on maternity leave and a locum GP (female) has been contracted to cover this. There is another locum GP (male) who undertakes regular sessions. Other staff included a part time practice nurse with a mix of skills and experience, a small number of reception staff and a practice manager.

The practice is open between 8am and 6.30pm Monday to Friday, except Wednesdays when it is closed from 2pm. There is a reciprocal agreement with a neighbouring practice to provide GP services cover on Wednesday afternoons. The practice offer cover to the same neighbouring practice on Tuesday afternoons.

Appointments are from 8.30am to 12pm every morning (Fridays 9am to 12pm) and 4pm to 6.30pm Monday, Tuesday and Thursday, with Friday appointments from 3.30pm to 6pm. Appointments can be booked up to six weeks in advance for both the nurse and GP.

Extended hours surgeries are offered between 7am and 8am on Friday mornings. This is a new initiative that was due to start the same week as the inspection. There is a shared Saturday morning opening agreement with two other local practices for pre-bookable appointments only.

The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England.

The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website and over the telephone when the surgery is closed.

London Road Surgery is registered to provide services from the following location:

172 London Road

Reading

Berkshire

RG1 3PA

The current provider registered with the Care Quality Commission (CQC) in September 2014. The previous provider had been inspected by the CQC using our old methodology in June 2013. At that time the practice was found to not be meeting all the required standards in infection control and in the identification and reporting of significant events and a warning notice was issued. A subsequent inspection was carried out in December 2013 to ensure compliance in meeting these safety standards

Detailed findings

was being met. Whilst the practice had corrected the previously identified issues, a further concern around medicines management was highlighted during a follow up inspection in January 2014. An action plan was implemented to correct the error and another inspection carried out in July 2014. The last published report in August 2014 found that the practice was then meeting all the required standards.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 November 2015. During our visit we:

- Spoke with a range of staff including GP's, practice nurse, practice manager and reception staff.
- Observed how people were being cared for and talked with carers and/or family members

- Reviewed 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. We also spoke with a patient who used the service and a representative of the patient participation group (PPG)

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient arrived for their appointment one morning and was not on the list for that day. The subsequent investigation showed that an error had been made during the booking process due to heavy workload and insufficient staffing to meet the demand in the mornings. In response, the practice arranged for additional staffing in the mornings and ensured all staff was aware of the correct appointment booking procedures.

When there are safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people 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 in safeguarding to a level suitable for their role.

- A notice in the waiting room advised patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff were fully aware who could act as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. 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. There was an infection control protocol in place and staff had received up to date training in hand hygiene. Annual infection control audits were undertaken including a hand hygiene audit of all staff.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group 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. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files and found that 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 DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the meeting room. 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

Are services safe?

also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

- 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. There was also a panic button in the reception area.
- Most staff had received annual basic life support (BLS) training and there were emergency medicines available in the treatment room. One member of staff that was identified on the day of inspection that did not have the required BLS training was immediately booked onto the next available date.

- The practice had oxygen with adult and children's masks. There was also a first aid kit and accident book available. There was no automated defibrillator device (AED) on site. The practice informed us that they rely on the rapid response of the ambulance service for their medical emergencies. A risk assessment had been completed, however, the practice had not assessed the response time of the ambulance service or the action that would be taken in the event of a cardiac arrest on the premises. The provider could evidence that prior to the inspection, the practice had discussed and acknowledged that this was not best practice and have already applied for funding for an AED, through the British Heart Foundation, to be kept on site.
- 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. A risk assessment regarding the storage of a controlled drug (CD) classified medication in the emergency grab bag had been carried out by the practice.

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. Hard copies were kept securely off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date with current guidelines. Staff had access to NICE via a hyperlink on the practice computer system and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the quality and outcomes framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.9% of the total number of points available, with 4.3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was higher (87.2%) than the Clinical Commissioning Group (CCG) average (80%) and comparable with the national average (89.2%).
- The percentage of patients with hypertension having regular blood pressure tests was higher (98.5%) than the CCG (90%) and national (91.4%) averages.
- Performance for mental health related indicators was similar (88.5%) to the CCG (91.3%) and national average (92.8%).

The dementia diagnosis rate was significantly higher (100%) than the CCG (89.8%) and national average (94.5%).

Clinical audits demonstrated quality improvement.

- Five clinical audits were undertaken in the last two years; four of these were completed audits, where improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring that proton pump inhibitor (PPI) treatment was prescribed alongside long term non-steroidal anti-inflammatory drug (NSAID) use. This is to prevent damage to the stomach lining that can be brought about by long term use of NSAID medications. Patients were identified who were not being offered PPI protection and, in consultation with the GP, were offered the preventative treatment. The repeat audit concluded that prescribing of PPI had increased in conjunction with NSAID prescribing and in accordance with NICE guidelines.

The practice had audited the appropriateness of the two week wait for patients being referred for a possible cancer diagnosis. This has shown that appropriate referrals are being made and the practice is adhering to the NICE guidelines to underpin their clinical judgement.

Information about patients' outcomes was used to make improvements such as; patients requiring a further cervical smear test due to the first sample being inadequate resulted in additional training and has reduced the number of insufficient smear samples being collected. This has resulted in fewer women being recalled to the surgery for a repeat test.

Effective staffing

There was evidence of appraisals and staff development, however, missed induction training checks and gaps in mandatory training were identified.

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff we spoke to on the day confirmed they had received and completed an induction programme. When we checked the personnel files, most of these were not included and there was an incomplete induction checklist for a newly

Are services effective?

(for example, treatment is effective)

appointed member of staff. The practice were able to provide evidence to the CQC that the new member of staff had completed their induction learning within two days of the inspection visit.

- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. However, the practice were unable to evidence that there was an established ongoing programme of training to ensure all mandatory elements had been undertaken and updates provided within the recommended intervals. For example, we found that one member of non-clinical staff had not received any basic life support (BLS) training and another member of non-clinical staff had missed their safeguarding update, although they had received previous training.
- Staff had access to and made use of e-learning training modules and in-house training. However, the practice was unable to demonstrate how they ensured role-specific training and updates for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- All staff had received an appraisal within the last 12 months.

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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are 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. However, there was no clearly defined training or awareness programme for staff.

- Training for staff in the Mental Capacity Act 2005 (MCA) was limited and staff were unable to demonstrate the basic principles. The lead GP for MCA had recently commenced maternity leave and the practice could not evidence that any other GP had the appropriate training to complete this role.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A referral system for healthy eating was available and smoking cessation advice was available from a local support group.

The practice had a dependable system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 88.25% which was greater than CCG average of 82.55% and the national average of 81.88%.

The practice had noticed a decrease in the number of eligible patients attending for cervical screening over the last two to three years. In response to the declining attendance rates, the practice nurse implemented opportunistic screening and a care co-ordinator started sending letters and offering telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two

Are services effective?

(for example, treatment is effective)

year olds ranged from 81.4% to 94.4% compared to the CCG average of 73.9% to 93%. Under five year olds immunisations ranged from 83.3% to 100% compared to the CCG average of 81.1% to 92%.

Flu vaccination rates for the over 65s were 77.7 %, and at risk groups 67.76%. These were above the national averages of 72.99% and 53.23% respectively.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

51 of the 67 patient CQC 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. The remaining 16 comment cards were less positive and described problems when attempting to get through to the practice by telephone, and two cards expressed dissatisfaction with staff attitude. The practice were aware of the issues and had already allocated additional staff to ensure telephone calls in the mornings were answered.

We spoke with one member 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 at or lower than average for its satisfaction scores on consultations with doctors and nurses. For example:

- 82% said the GP was good at listening to them compared to the Clinical Commissioning Group average of 80% and national average of 81%.
- 85% said the GP gave them enough time (CCG average 84%, national average 87%).

- 92% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 81% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 88% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patient feedback on the comment cards told us that 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. The one patient and the PPG representative we spoke to were also positive and aligned with these views.

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

- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.
- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in multiple languages 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. However, the majority of these were in English despite the practice acknowledging that approximately 70% of their

Are services caring?

patient list were from ethnic minority backgrounds with many of these being non-English speaking. The practice told us they would work with the local care authority and CCG to ensure availability of alternative language leaflets.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 carers (1%) on the practice list. 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 or sent them an individualised sympathy letter. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children under five and those with serious medical conditions.
- There were disabled access doors and ground floor facilities, however, these were not automated.
- Translation services were available for spoken languages, but the practice had not identified a British sign language provider or installed a hearing loop.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, except Wednesdays when it was closed from 2pm. There is a reciprocal agreement with a neighbouring practice to provide GP appointments cover on Wednesday afternoons. The practice offered cover to the same neighbouring practice on Tuesday afternoons.

Appointments are from 8.30am to 12pm every morning (Fridays 9am to 12pm) and 4pm to 6.30pm Monday, Tuesday and Thursday afternoons, with Friday afternoon appointments from 3.30pm to 6pm. Appointments could be booked up to six weeks in advance for both the nurse and GPs.

In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or below local and national averages. Feedback we received on the day informed us that patients were able to get appointments when they needed them.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.

- 76% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 76% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.
- 55% patients said they could get through easily to the surgery by phone compared to the CCG average 75% and the national average 73%. The practice were aware of this score and were continually working to improve telephone access including ensuring additional staff available in the mornings to take telephone calls. The change in staff numbers has not long been implemented and so is too early to confirm the impact this has had on telephone access.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system We saw patient leaflets and posters prominently displayed. However, these were entirely in English despite the practice acknowledging they had a high population percentage of patients whose first language was not English.

We looked at five complaints received in the last 12 months and found they were dealt with appropriately and in a timely manner. Complaints were discussed and disseminated to staff during monthly team meetings. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care. For example, the practice had identified that language difficulties had resulted in a misunderstanding regarding treatment. The computer system now alerts staff to patients who may require translation services. The new patient registration pack also contains information about providing translation services, although the pack is entirely in English.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

Despite being a young, still developing partnership, the GP partners demonstrated they have the ambition, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care, applying integrated information technology (IT) frameworks effectively alongside their clinical skills and experience. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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

When there were safety incidents:

- the practice gives affected people 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 that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They felt confident in doing so and were supported if they did. We also noted that team away days were held on average every six months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, drinking water is now available in the waiting room following a PPG request.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and

Are services well-led?

Good 

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

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 example, one member of staff had initiated the “anticipatory care pack” to offer support to vulnerable and elderly patients by signposting them to local and national support groups and services, with a view to preventing them from seeking inappropriate healthcare alternatives such as accident and emergency (A&E) care.

Continuous improvement

The practice demonstrated an eagerness to improve at all levels within the practice and had taken ownership of the identified concerns relating to induction, training and

recruitment procedures. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They are already implementing plans to improve service provision in the future, through the acquisition of a new purpose built practice within one mile of the current premises. They are negotiating with NHS England, the CCG and two other local GP practices with regard to expanding and possibly merging their services. This will allow for a rapidly growing population and expand provision of more robust and integrated GP services to the locality. All staff and the PPG have been involved in the process and were offered the opportunity to suggest further improvements and initiatives.

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 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Health and social care act 2008 Regulations 2014 Regulation 18(2)(a): Staffing How the regulation was not being met: The provider was not ensuring that training, learning and development was being carried out at the start of employment and reviewed at appropriate intervals during the course of employment. The provider must ensure that staff are supported to undertake training, learning and development to enable them to fulfil the requirements of their role.
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Health and social care act 2008 Regulations 2014 Regulation 12(2)(b)(f): Safe care and treatment. How the regulation was not being met: The provider must risk assess the response time of the emergency ambulance service and ensure risk based provision of appropriate response in relation to this. The provider must ensure an automated external defibrillator, is available on the premises to reduce the risk to patients in an emergency.