

Wargrave Practice

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?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wargrave Surgery on 9 June 2016. Overall the practice is rated as requires improvement, with an inadequate rating in the safe domain

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, near misses and prescribing errors.
- Patients were at risk of harm because some systems and processes were not implemented in a way to keep them safe. Specifically in relation to medication reviews which were not always undertaken by a GP.
- National guidelines for distribution of blank prescriptions were not followed but were implemented on the day of inspection.
- Staff did not always follow the practice policies and procedures. For example medication reviews and identity checking when dispensing medications.
- There were issues with governance and failure to recognise when staff were not following procedures.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on.

Summary of findings

The areas where the provider must make improvements are:

- The practice must make sure that there is a clear and effective system to ensure medicine reviews and reauthorisation of repeat prescriptions are undertaken for patients at the correct intervals, with clinical decision making being overseen by a GP.
- The provider should ensure that all medicines are in date and safe to use.
- The dispensary staff should follow the standard operating procedures when dispensing medicines and the practice should assure that safe working practices are in place in the dispensary.
- Blank prescriptions are logged and stored securely at all times.

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 inadequate for providing safe services.

- Patients were at risk of harm because medicines management and dispensary systems and processes were not implemented in a way to keep them safe.
- National guidelines for distribution of blank prescriptions were not followed but were implemented on the day of inspection.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Patients were told about any actions to improve processes to prevent the same thing happening again.
- Other risks to patients were assessed and well managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Arrangements to deal with emergencies and major incidents were in place.
- Appropriate recruitment procedures were in place.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care. 100% of patients said that they had confidence and trust in the last GP they saw. Feedback from patients about their care and treatment was consistently positive.

Good



Summary of findings

- We observed a patient-centred culture.
- We found positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Information for patients about the services was available.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the community navigator pilot supported patients to access other services they require.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, including 20% increase in appointment times and prescription delivery for those unable to travel.
- Patients can access appointments and services in a way and at a time that suits them. Appointments were available early morning and late evening. Patients could access the local outreach clinic to collect and request prescriptions and for consultations. 93% of patients were happy with the practices appointment times, which was much higher than the CCG and national average of 78%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff.

The practice had a strong ethos of learning, including using data about their practice to review the effectiveness of their care and treatment via a software package assessment tool (of which they were the first UK practice to implement).

Good



Summary of findings

Are services well-led?

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

- Governance systems to monitor the quality of the service were not operated consistently. Specifically, processes and procedures to monitor the safe management of medicines and dispensary services had not identified a significant risk in relation to medicine reviews undertaken by dispensing staff.
- The practice had a number of policies and procedures to govern activity, but some of these were not followed and processes were not in place to identify this.
- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. However, improvements to the safe management of medicines were identified.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was very active.

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, outreach clinics and urgent appointments for those with enhanced needs.
- A delivery service for prescriptions was available for patients unable to travel to the surgery.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line with national figures.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe and well led, and good for caring and effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, 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.
- The practice's results for management of patients with diabetes were above the national average, in particular for the management of blood pressure, where the practice achieved for patients with a reading within recommended targets, compared to a national average of 78%.
- 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 medicines. However, we identified that some medication reviews were not undertaken by a GP.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safe and well led, and good for caring and effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, 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 people who had a high number of A&E attendances.
- Immunisation rates were slightly lower than the national average for under two year olds, ranging from to with the national average ranging from They were higher for under five year olds, ranging from with the national average ranging from
- 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.
- 84% of female patients aged 25 to 64 had attended for cervical screening within the target period, compared to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.

Requires improvement



People whose circumstances may make them vulnerable

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

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff 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.

People experiencing poor mental health (including people with dementia)

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

- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 88%.
100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months, compared to the national average of 88%.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages with 238 survey forms distributed and 118 were returned. This represented 50% of the practice's surveys sent.

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 100% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 98% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all had positive comments about the standard of care received. Patients said the service was excellent, staff are always friendly and the environment is welcoming.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The friends and family test from April 2016 showed that 100% of patients who responded were extremely likely or likely to recommend the practice to friends and family and 97% in March 2016.

Wargrave Practice

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 second CQC inspector, a practice manager specialist advisor, a pharmacist inspector and a pharmacist specialist advisor.

Background to Wargrave Practice

Wargrave surgery is registered with the Care Quality Commission to provide primary care services. The practice provides to approximately 6,800 patients from Wargrave Surgery, Victoria Road, Wargrave, RG10 8BP. They also have two outreach clinics at Waltham St Lawrence :-

The Neville Hall, Milley Road, Waltham St Lawrence, RG10 0JP and Knowl Hill Village Hall, The Terrace, Knowl Hill, Reading, RG10 9XB.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is a dispensing practice to 1,945 patients.

The building is a one storey annexe to a sheltered accommodation complex, which is owned by the housing association. The practice has four GP partners, one salaried GP (plus one starting on 22 June 2016), three practice

nurses, a health care assistant and a receptionist and administration team. The practice serves patients across three counties, five clinical commissioning groups and five local authorities.

Information from Public Health England 2015 shows the practice population age distribution is not comparable to national averages; the practice has a lower working age population and a higher elderly population. Of the working population 2% were unemployed which is below the national average of 5%.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is the least deprived. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. 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 practice is 81 and 84 years respectively, which is higher than the national averages of 79 and 83 years.

The practice was open between 7.30am and 7pm Monday to Thursday, closing at 6pm on Fridays. Appointment were available 8.20am - 11am, 4pm - 7pm Monday to Thursday, closing at 6pm on Friday. Additional appointment times were available from 7.30am until 6.45pm Monday and Tuesday and on the 2nd and 4th Saturdays of each month pre-booked appointments were available from 8.30am - 11.30am.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Out of Hours cover is provided by Berkshire Healthcare NHS Foundation Trust, via the Walk in Centre at Broad Street Mall in Reading, or Westcall via telephone 111.

Detailed findings

The practice provides its services from the following address:

Wargrave Surgery

Victoria Road,

Wargrave,

RG10 8BP

This is the first inspection of Wargrave Surgery.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 09 June 2016.

During our visit we:

- Spoke with a range of staff (including three GPs, two practice nurses and health care assistants, four reception and administration staff) and spoke with eight patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when blood samples were not taken in the correct order this meant the samples became contaminated. The practice arranged training for all clinical staff and used posters to highlight the correct technique.

- Staff told us safety alerts were received by the practice, then disseminated to staff via email. We saw evidence that action was taken. No summary was kept to evidence when no further action was needed.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, there were concerns regarding the management of medicines and the dispensary:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses were trained to level two and non clinical staff were trained to level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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).
- 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. 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.
- Medicines were stored appropriately and securely within the dispensary. The dispensary staff ordered stock via an online system and received twice-daily deliveries of medicines that meant patients received their medicines with minimal delay. Unwanted medicines were disposed of in a pharmaceutical waste bin in line with regulations.
- We found out of date medicines in the dispensary (which included Derbac-M solution 50ml, Expired 31 May 2016, Cavilon barrier cream Expired 29 February 2016 and Oilatum gel Expired 30 April 2016), which they disposed of on the day of the inspection. While the

Are services safe?

practice contracted an external company do a complete stock check once per year, the dispensary staff were not following the practice policy on stock checking in the interim months.

- Medicines that require additional controls because of their potential for abuse (controlled drugs) were stored appropriately within the dispensary. Staff completed the controlled drug record books in line with legislation. We saw records of controlled drug destruction witnessed by an external person.
- The practice had standard operating procedures that the dispensary staff and medicine lead GP reviewed and signed every year. We observed that the procedures were not always followed. For example, staff did not check patient details when taking in prescriptions or handing out medicines.
- The practice did have a clear and safe procedure for medicine reviews. However, this process was not followed appropriately or undertaken by staff with the skills and competence to make these decisions. The National Institute for Health and Care Excellence describes a medicine review as 'a structured, critical examination of a person's medicines with the objective of reaching an agreement with the person about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste'. The repeat prescribing policy stated that doctors should reauthorise repeat prescriptions (with nurses undertaking certain aspect of reviews relating to contraception and asthma etc) but we saw other members of the dispensary team do the reauthorising. We saw that one patient was reauthorised repeat prescriptions for 12 months, although their blood pressure was higher than clinically recommended by the named GP, and was not checked by the member of staff. Immediately following the inspection the practice conducted a review of medicine reviews within the last 6 weeks to ensure health concerns were not missed.
- Blank prescription stationery was stored in the administration office that was only accessible to practice staff, in accordance with current guidelines. Although staff completed a log which detailed what prescriptions were received by the practice they did not record when, where, to whom and serial numbers of

computer prescription forms distributed within the practice. The practice said they would review the process and they altered the log sheet on the day of the inspection.

- Dispensary staff said they contacted the doctors with prescribing queries and we found prescribing errors and near misses were recorded.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. One PGD was out of date but had not been used. Nursing staff would request a prescription by a GP if required.
- We reviewed three 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.

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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available on site.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- 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.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available.

The QOF results for the practice were higher than the national averages.

- The percentage of patients with chronic obstructive pulmonary disease who had a review was 96%, higher than the clinical commissioning group (CCG) average of 93%.
- Performance for diabetes related indicators 84% was better than the CCG 74% and national average 78%.
- The QOF exception reporting rate for patients with diagnosed Asthma was 1%, which was considerably lower than the CCG average of 6%. Cancer exception reporting was 8% compared with the CCG average of 14%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years where improvements had been identified, with two completed cycles. These were then implemented and monitored.

- Findings were used by the practice to improve services. For example,

The surgery were also the first practice in the UK to implement a software package which 'provides tailored education to GPs, using data to help them understand their personal practice patterns, with the specific aim of identifying when and where variance from treatment guidelines increases clinical risk and system inefficiency'.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines received specific. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by 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 on going support, one-to-one meetings and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Are services effective?

(for example, treatment is effective)

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and the practice had recently become involved in a

community navigator pilot, which patients would be referred into if GP's identified that they may need support from other agencies. Patients were then signposted to the relevant service.

- A physiotherapist was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 84% which was comparable to the national average of 82%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast cancer screening uptake was 70%, compared to the national average of 72%. Bowel screening uptake was 66%, which is higher than the national average of 58%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were lower than CCG averages, of 90% to 95%, for the vaccinations given to under two year olds, which ranged from 81% to 86%. They were comparable with CCG averages for five year olds, which ranged from 86% to 99%.

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 they could offer them a private room to discuss their needs.

All of the 30 patient Care Quality Commission comment cards we received had positive comments 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us the practice engaged with them willingly, which enabled them to make some positive changes, including creating a patient information leaflet detailing and discussing the possible changes ahead to deal with the current and future challenges within general practice.

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:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 94% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 above the local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice had identified that only 35% of patients with a learning disability had attended for a health check in the last 12 months so they had arranged for a learning disability nurse to contact them to encourage uptake.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 91 patients as carers (1.3% of the practice list). The practice had not proactively identified carers and in their newer registration form the question regarding carers had been removed. This was rectified on the day of inspection.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call 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.

- The practice had implemented two outreach clinics to meet the needs of the population. They were in surrounding hamlets that were predominantly elderly, with poor transport links. One was based in Waltham St Lawrence and another in Knowl Hill. Appointments were offered to patients in a local village hall as this was more convenient for those who may find it difficult to attend the surgery. This reduced the number of home visits required, therefore allowing more appointments to be booked at the surgery. On average four patients were seen at the village hall in around 40 minutes – which would be the equivalent to one home visit. Each clinic saw approximately 30 patients per month – enough to warrant keeping the service active but not so many that it was being used inappropriately. The clinic at Waltham St Lawrence was invaluable during a time of flooding within the local hamlet when up to eight patients a session accessed the service. The clinic was only used for consultations unless otherwise necessary and patients were told of any risks involved before giving consent. For example to ensure uptake of flu vaccinations.
- The practice offered extended hours to meet the needs of their working age population.
- The dispensary provided a responsive service to patients. We saw patients waiting less than five minutes for their medication. The practice had a medicine delivery service to the two outreach clinics and patient's homes. The practice served rural communities so the delivery service helped patients access their medicines.
- There were longer appointments available for all patients (From 10 minutes to 12 minutes which is a 20% increase) as the patients had requested this via surveys conducted by the PPG.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There was a hearing loop and translation services available.
- A call bell had been installed at the front door for disabled patients to alert a member of staff that they may need support.

Access to the service

The practice was open between 7.30am and 7pm Monday to Thursday, closing at 6pm on Fridays. Appointments were available 8.20am - 11am, 4pm - 7pm Monday to Thursday, closing at 6pm on Friday. Additional appointment times were available from 7.30am until 6.45pm Monday and Tuesday and on the 2nd and 4th Saturdays of each month pre-booked appointments were available from 8.30am - 11.30am.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, 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 higher than local and national averages.

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 78%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and national average of 73%.
- 98% of patients said they were able to get an appointment compared to the CCG average of 80% and the national average of 77%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

Are services responsive to people's needs?

(for example, to feedback?)

For example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 looked at 10 complaints received in the last 12 months and found these were satisfactorily handled in a timely way, with lessons learned and apologies given to the complainant. For example, when a patient complained about the way test results had been given to them, the practice management investigated the complaint and provided a verbal and written apology to the patient.

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

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

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, improvements were identified in relation to safety and the management of medicines. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities, except for those undertaking medicine reviews not in accordance with the current surgery policy
- Not all practice specific policies were implemented but all were available to all staff. We found evidence in the dispensary that staff were not following the guidance of the practices policies and procedures in relation to medicines expiry date checks and also patient medication reviews.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks within the practice,
- The monitoring and assurance processes in the practice had not identified the areas of concern in relations to medicines management

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff

told us the partners were approachable and always took the time to listen to all members of staff. However, improvements were required in relation to the governance arrangements within the dispensary.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the practice manager 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a patient reference group was set up by the PPG to enable them to send

Are services well-led?

Requires improvement 

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

information out to over 1,000 patients for their feedback. This resulted in a higher response rate to surveys e.g. GP patient survey response was 50% compared to the national average of 38%.

- The PPG had also founded a PPG forum within the borough to compare and discuss best practice in the local area PPG's. The aim of this was to explore how the PPG worked in other areas with a view to piloting at their practice.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the Navigator pilot scheme, the outreach clinics and the information technology software system that supported GP's in effectively managing long term conditions. These were all projects where the practice had identified a need within their community and implemented them to address this.

Continuous improvement

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with not ensuring staff were appropriately qualified to carry out medication reviews.</p> <p>They had failed to identify out of date medicines in the dispensary.</p> <p>They had failed to follow their standard operating procedures regarding dispensing medicines and medication reviews.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	