

Hightown Surgery

Quality Report

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Date of inspection visit: 12 July 2016

Date of publication: 08/08/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

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 Hightown Surgery on 12 July 2016. Overall the practice is rated as requires improvement. Specifically improvements are required in providing safe and effective services.

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

- There was a system in place for reporting and recording significant events. Reviews of complaints, incidents and other learning events were thorough, but there was no overall formal review system for these.
- Risks to patients were mostly assessed and well managed. However, some risks were not fully managed, such as fire and legionella.
- Staff assessed patients' ongoing needs and delivered care in line with current evidence based guidance.

- National data suggested patients mostly received appropriate care for long term conditions. However, exception reporting was very high and there was a risk that patients did not always receive care in line with national guidance wherever possible.
- The system for recording the review of patients on repeat medicines was not fully functional, but the practice had identified this and taken mitigating action.
- Staff were trained in order 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.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a strong ethos of continuous learning.

Areas the provide must make improvements are:

- Ensure that patients' care and outcomes are in line with guidance wherever possible by; reducing

exception reporting to ensure that patients are only excepted where appropriate and continue to identify ways of improving the monitoring of patients on long term medicines and repeat prescriptions.

Areas the provide should make improvements are:

- Formalise the process for reviewing learning outcomes from significant events and complaints.
- Ensure risks identified such as legionella and fire risks, are appropriately managed and acted on.
- Review the uptake of learning disability annual health checks

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Lessons were shared to make sure action was taken to improve safety in the practice. However, a formal review of these events did not take place to identify whether any learning had been embedded in practice.
- Risks to patients were mainly assessed and well managed. However, there was not full monitoring of fire risks and the potential for infection from legionella.
- The practice had a system in place for reporting, recording and monitoring significant events.
- When things went wrong patients received reasonable support, truthful information, and a written apology where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Emergency medicines and equipment were stored appropriately and within expiry dates.
- The practice was clean and well maintained.
- Equipment was checked and calibrated.
- There were health and safety policies in place.

Requires improvement



Are services effective?

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

- The most recent published results showed 100% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%.
- The practice has a rate of 15% exception reporting compared to the national average of 9% and regional average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, patients do not attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had not identified why their exception reporting was much higher than national average or a means of reducing it.
- 89% of patients on the mental health conditions register had a physical health check in 2014/15 and 84% had care plans.

Requires improvement



Summary of findings

- Learning disability checks were undertaken by the practice. 54% of patients with a learning disability had received a health check.
- The monitoring of medicine reviews was not fully functional. However, the practice was aware this was due to the change in their patient record system and had taken measures to improve the monitoring.
- Uptake of breast and bowel cancer screening was higher than local and national averages.
- 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 staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Screening programmes were available to eligible patients. The performance for chlamydia screening was comparable to local averages.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified.
- The appointment system was monitored to identify improvements where possible.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Complaints were not formally reviewed to identify trends and ensure changes to practice had become embedded.

Are services well-led?

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

- The practice had a clear vision and 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 and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The monitoring of the service identified risks but not all were managed or assessed fully.
- 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 active and involved by the partners and practice manager.
- There was a strong ethos of continuous improvement including participation in research and providing new means of assessing patients' needs.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- There were concerns identified in the delivery of care to patients in line with national guidance due to the high level of exception reporting and low numbers of up to date medicine reviews for patients on repeat medicines. Risks associated with legionella and fire were not fully risk assessed. These risks relate to all the population groups.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- GPs offered home visits, longer appointment slots and urgent appointments for those with enhanced needs.
- The premises were accessible for patients with limited mobility and there was a hearing aid loop available for patients with poor hearing.
- All appointments were available on the ground floor.
- Patients over 75 had a named GP.
- There was a dementia diagnosis rate is 85% compared to the national target 67% and the CCG average of 67%.
- There was visiting health care assistant who carried out observations and phlebotomy in the homes of housebound patients.
- The practice provided care to patients spread across 14 different care and nursing homes. They were the pilot practice within the local GP practice federation for the use of technology to enable virtual reviews of patients' needs where appropriate to provide efficient and timely support.

Requires improvement



People with long term conditions

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

- There were concerns identified in the delivery of care to patients in line with national guidance due to the high level of exception reporting and low numbers of up to date medicine reviews for patients on repeat medicines. The practice has a rate of 15% exception reporting compared to the national average of 9% and regional average of 10%. Risks associated with legionella and fire were not fully risk assessed. These risks relate to all the population groups.

Requires improvement



Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice pharmacist also had a supporting role in chronic disease management.
- The most recent published results were 100% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%.
- All these patients were offered structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were concerns identified in the delivery of care to patients in line with national guidance due to the high level of exception reporting and low numbers of up to date medicine reviews for patients on repeat medicines. Risks associated with legionella and fire were not fully risk assessed. These risks relate to all the population groups.
- 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.
- The practice had achieved above national average cervical screening rates at 85% compared to the national average of 82%.
- There was a nurse practitioner led express clinic for minor illnesses, which was often used by children and families.
- Immunisation rates were similar to average 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.
- There was a GP with specialist interest in teenage mental health.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Joint working with external organisations took place in the management of children at risk of abuse.
- The practice offered contraceptive coil and implant fitting.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

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

- There were concerns identified in the delivery of care to patients in line with national guidance due to the high level of exception reporting and low numbers of up to date medicine reviews for patients on repeat medicines. Risks associated with legionella and fire were not fully risk assessed. These risks relate to all the population groups.
- 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.
- Patients' feedback on the appointment system was very positive overall.
- The appointment system was monitored to identify improvements where possible.
- 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.
- Travel vaccinations were available.
- There were extended hours appointments available

Requires improvement



People whose circumstances may make them vulnerable

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

- There were concerns identified in the delivery of care to patients in line with national guidance due to the high level of exception reporting and low numbers of up to date medicine reviews for patients on repeat medicines. Risks associated with legionella and fire were not fully risk assessed. These risks relate to all the population groups.
- There was also low uptake of learning disability checks.
- 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.

Requires improvement



Summary of findings

- 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.
- Joint working with external organisations took place in the management of patients at risk of abuse or harm.
- The practice had easy read materials and other accessible information, such as easy read health questionnaires and decision aids for patients with learning disabilities.
- There was a substance misuse clinic provided with a local substance misuse support and treatment provider alongside a GP from the practice who had specific training in this area.

People experiencing poor mental health (including people with dementia)

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

- There were concerns identified in the delivery of care to patients in line with national guidance due to the high level of exception reporting and low numbers of up to date medicine reviews for patients on repeat medicines. Risks associated with legionella and fire were not fully risk assessed. These risks relate to all the population groups.
- Performance for mental health related indicators was 99% compared to the national average 92% and regional average of 95%.
- Exception reporting for mental health indicators was slightly above the national average (11%) and regional average (11%) at 13%.
- 89% of patients on the mental health conditions register had a physical health check in 2014/15 and 84% had care plans.
- 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 advanced care planning for patients with dementia and screening for those deemed at risk of the condition. The diagnosis rate was much higher than the national average.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. There were 249 survey forms were distributed and 127 were returned. This represented 1.2% of the practice's patient list.

- 86% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 62% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 59%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 89% and national average of 85%
- 98% found it easy to contact the surgery by phone compared to the CCG average of 84% and national average of 73%.

- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 90%.
- 91% 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 78% and CCG average of 83%.

We received 29 comment cards from patients during the inspection. The comments were mainly highly positive about the service patients received, specifically care and treatment. We spoke with patients from the patient participation group who were highly complementary about the practice.

The practice undertook the friends and family test from April to June 2016 95% of patients stated they would recommend the practice (the vast majority stating they were very likely to recommend).

Areas for improvement

Action the service **MUST** take to improve

- Ensure that patients' care and outcomes are in line with guidance wherever possible by; reducing exception reporting to ensure that patients are only excepted where appropriate and continue to identify ways of improving the monitoring of patients on long term medicines and repeat prescriptions.

Action the service **SHOULD** take to improve

- Formalise the process for reviewing learning outcomes from significant events and complaints.
- Ensure risks identified such as legionella and fire risks, are appropriately managed and acted on.
- Review the uptake of learning disability annual health checks

Hightown Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hightown Surgery

We undertook an inspection of this practice on 12 July 2016. The practice provides services from Hightown Gardens, Banbury, Oxfordshire, OX16 9DB

Hightown Surgery has a purpose built location with good accessibility to all its consultation rooms. The practice serves 10,700 patients from the surrounding town. The practice demographics closely match the national average in terms of age and gender. According to national data, the practice's Index of Multiple Deprivation (IMD) was 12.5 in 2015, which was higher than the CCG average (11.6) but lower than the national average (21.8). The practice population is therefore slightly more deprived than average for the county. There are some patients from minority ethnic backgrounds, but the population is mostly white British by origin.

- There are five GP partners at the practice, four female and one male. There are also four salaried GPs (one male and three female) and two practice pharmacists (one male and one female). There are four practice nurses, a phlebotomist and one healthcare assistant. A number of administrative staff and a practice manager support the clinical team.
- This is a training practice and GP Registrar placements were taken at the practice.

- There are 6.1 whole time equivalent (WTE) GPs and 3.4 WTE nurses.
- The practice was open between 8am and 6.30pm Monday to Friday. There were extended hours appointments from 7.15 on Monday and 7.30 Tuesday and Wednesday and until 7pm on Mondays and Wednesdays.
- Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.

The practice had not been inspected by CQC previously.

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 12 July 2016. During our visit we:

- Spoke with a range of staff, including four GPs, members of the nursing team and support staff.
- Observed how patients were being cared for.

Detailed findings

- 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

The practice had a system in place for reporting, recording and monitoring 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:

- Staff told us that they would inform the practice manager of any significant events and complaints. We saw that there was a standard form for recording events.
- Complaints, incidents and concerns about care or treatment were recorded, reviewed and any action required to improve the service were noted.
- When a significant event had been investigated the findings would be fed back to the staff in clinical team meetings (GPs and Nursing staff) or individually to staff. For example, a test result had not been picked up as urgently as should have been due to a change in the local haematology department's way of working (Usual practice was to phone through all abnormal results). Therefore the practice was unaware that the system had changed. As a consequence of this occurrence the practice raised the issue with the haematology department who agreed to reinstitute the previous practice across the county for safety reasons. Within the practice, GPs were also reminded that they should still alert colleagues to any awaited results that may need urgent action in their absence.
- Staff told us that informal reviews of significant events and complaints were undertaken but there was no formal review process periodically to ensure that changes required as a result of incidents or complaints were embedded in practice.
- The practice reported events that related to external services and the practice to a system called datix. Datix is an Oxfordshire initiative providing GP feedback to secondary care and other providers, designed to identify improvements in the local healthcare system. This practice was the leading contributor in the county, having submitted 160 reports in 2015/16. The practice informed us this resulted in system-wide changes such as reducing waiting times for specific specialities such as urology and ophthalmology.

Overview of safety systems and processes

- 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. There were contact details for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs 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 and the lead nurse were trained to child protection or child safeguarding level three and received appropriate adult safeguarding training. GPs attended multidisciplinary team meetings to discuss vulnerable patients and also provided information to case conferences where required.
- 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. Reception staff were occasionally asked to perform the chaperone role, had received training but did not have Disclosure and Barring Service (DBS) checks. (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 immediately suspended the use of reception staff as chaperones, whilst DBS checks were undertaken on them. All nurses had DBS checks.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed that the practice was clean and tidy. There was an audit tool used to identify any improvements in infection control. The infection control lead had received relevant training. Checks of cleanliness were undertaken. There was an infection control protocol in place and staff had received up to date training. This included a sharps injury protocol (needle stick injury). This was available on the intranet. Clinical waste was disposed of appropriately.
- Medicines were managed safely. Blank prescription forms and pads were securely stored. A system to monitor blank prescription forms was put in place within 48 hours of the inspection. We saw that medicines stored onsite were within expiry dates and stored properly. Fridges used to store medicines were monitored and temperature checks recorded.

Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Where any patient specific directions (PSDs) were required by healthcare assistants or nurses these were also in place. Staff were trained to administer vaccines against PSDs and PGDs by a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw all staff were requested to provide Hepatitis B vaccination records and had a DBS undertaken where required.
- There was annual testing for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, there was no assessment of what other checks may be needed as well, such as temperature checks at water outlets.
- Staff at the practice had received fire training. Fire equipment had been tested and maintained. The practice provided us with a completed fire risk assessment. However, not all action was taken to mitigate identified risks. For example, it was identified that there were no fire doors on the premises but no advice on whether these were needed was sought. There was no planning for evacuating disabled patients, which was identified on the risk assessment undertaken in 2016.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. The planning for medical emergencies was risk assessed:

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. However, not all risks were fully assessed and managed

- There were health and safety related policies available. Staff had received relevant in health and safety. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, use of nitrogen and fire.
- The practice had an automated external defibrillator and clinical staff received training in how to use this.
- There were appropriate emergency medicines onsite and these were available to staff. All staff had received basic life support training.
- Panic alarms were available in all rooms including reception to alert staff to any emergencies.
- The practice had a 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 reviewing templates used to deliver patient reviews.
- The local clinical commissioning group (CCG) monitored practices' use of national and local guidelines provided on the local digital decision support system. The practice informed us that the CCG commended the practice on being the highest user of local guidelines (including prescribing and care referral pathways) in the county.

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 showed 100% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice has a rate of 15% exception reporting compared to the national average of 9% and regional average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This indicated the practice was performing well in terms of national data but was exempting high numbers of patients from the data submitted as part of QOF. Specifically exception reporting for heart failure was 17% compared to the national average of 9% and for hypertension 10% of patients were exceptions compared to the national average of 4%. The practice wrote to patients three times requesting the make an appointment or make other

relevant contact to enable the practice to provide care in line with NICE guidelines. However, the practice had not analysed why the exception reporting may be so high and what could be done to improve this.

This practice was not an outlier for any QOF (or other national) clinical targets, but was an outlier in terms of exception reporting. Data from 2015 showed:

- Performance for diabetes related indicators was 100% compared to the national average of 89% and regional average of 93%. Diabetes exception reporting was 17% compared to the CCG average of 13% and national average of 11%.
- Performance for mental health related indicators was 99% compared to the national average 92% and regional average of 95%. Exception reporting for mental health indicators was slightly above the national average (11%) and regional average (11%) at 13%. 89% of patients on the mental health conditions register had a physical health check in 2014/15 and 84% had care plans.

There was evidence of clinical audit which led to improvements in care:

- The practice participated in local audits, identified their own audits and national benchmarking. They had an annual audit planner which highlighted when audits needed to be repeated. There were six ongoing audits in 2015/16 and we also saw completed audits from 2015.

Findings were used by the practice to improve services. Outcomes were discussed in team meetings. Where improvements were identified in the audits we saw actions were noted for GPs and nurses to make improvements. For example, an audit (February 2016) and re-audit (June 2016) in the prescribing of a medicine which can cause high blood pressure led to a new protocol for prescribing the medicine. There was also improved checking of patients' blood pressure prior to prescribing, but as the practice was not satisfied with the improvements in this area, the audit was due to be repeated again in January 2017.

Information about patients' outcomes was used to make improvements. For example it was identified that there were low numbers of women with a history of gestational diabetes providing fasting blood glucose tests annually. This led to an audit where the figures improved from 17% to 44% within the first month of the audit, with an eventual target of 90% set by the practice.

Are services effective?

(for example, treatment is effective)

The practice provided us with information on how many patients were recorded as having up to date medicine reviews for their repeat prescriptions on the last 15 months. For patients on four or more medicines this was 57% and for less than four medicines it was 35%. This indicated that the monitoring of patient medicine reviews was not adequate. There had been a new patient record system implemented in 2015. The partners were aware this had led to problems in recording medicine reviews and therefore the monitoring of these had been affected. Our GP specialist adviser reviewed the process for repeat medicines and they were able to find evidence that measures had been put in place to provide patients with timely medicine reviews.

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 told us they could access role-specific training and updates when required and that there was a comprehensive programme of training. GPs had undertaken diplomas to provide specialist care within the practice, such as dermatology, cardiology and ear nose and throat related diplomas. Nurses were also supported to undertake specific training to enable them to specialise in areas such as respiratory and diabetes care.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- 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.
- Virtual information sharing was used by the practice for speedy analysis of test results, to gain advice from consultants and for virtual consultations using skype. Hightown Surgery was the highest user of virtual dermatology diagnostics in the county.

Staff worked together with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. A consultant at a local hospital had told the practice that their department suggested to patients new to the area, with complex oncological problems, to register at this practice, as they had positive feedback and experience of their patients being looked after at Hightown Surgery. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. There were 181 patients deemed at risk of unplanned admissions and 96% had care plans to reduce the risk of this occurring. These care plans were digitised so as to enable sharing with other services such as out of hours.

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 (MCA).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- There was a protocol for the MCA and this was available to staff. Staff were also provided with in-house training on the MCA.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- There were 10 patients on the end of life register and 7 had care plans.
- Additional support for carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation was available. Patients were signposted to the relevant service when necessary.
- There were 749 patients listed as smokers and 76 had attended smoking cessation clinic service with 25% of those who attended recorded as quitting.

The practice's uptake for the cervical screening programme was 85%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The surgery had a policy that no patient eligible for cervical screening was exception reported even if they have expressed a wish not to undertake the screening.

In the last year 14 patients deemed at risk of developing dementia were screened with 4 being referred to a memory clinic. There was a diagnosis rate of 85% for dementia (this is determined against the estimated rate for the practice population).

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Of those eligible 62% had undertaken bowel cancer screening compared to the national average of 59%. Of those eligible 78% of had attended breast cancer screening within six months of being invited, compared to the national average of 73%.

The practice offered annual health checks to patients with a learning disability. 54% of patients with a learning disability had received a health check.

In 2015/16, 8% of eligible patients undertook chlamydia screening.

Childhood immunisation rates for the vaccinations were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 98% (CCG 93%) and five year olds from 94% to 98% (CCG 95%).

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Nearly all of the 29 patient Care Quality Commission comment cards we received were highly positive about the service experienced. There were no themes to the negative comments. Patients said they felt the practice offered an excellent and caring service. They reported staff were helpful and treated them with dignity and respect. Patients specifically noted how they rated the care and treatment they received very highly. We spoke with three members of the patient participation group (PPG) and they told us the service provided a caring service and they were respected by the staff and partners.

Results from the national GP patient survey showed patients felt they were generally treated with compassion, dignity and respect. The practice was higher than average for most satisfaction scores on consultations with GPs and nurses. The most recent results showed:

- 95% of patients said their GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% national average of 85%.

- 94% 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% and CCG average of 92%.
- 95% of patients said the last nurse they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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 on CQC comment cards. 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. 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 compared to the national and local averages:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85% and CCG average of 88%.
- 89% 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% and CCG average of 87%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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's computer system alerted GPs if a patient was also a carer. The practice had identified 267 patients as carers 2.5% of the practice list. The PPG had asked for a carers' champion to be identified and the practice was in

the process of doing this. The PPG had also implemented their own carers' champion who was working with contacts to try and improve support within the practice. A local carer's charity was invited to come and provide information in the practice.

The practice manager told us GPs contacted relatives soon after patient bereavements and if appropriate again at a later date. Bereavement support was also available from a specialist counsellor.

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 planned its services accordingly. For example:

- There were longer appointments available for vulnerable patients including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There was visiting health care assistant who carried out observations and phlebotomy in the homes of housebound patients. Same day appointments were available if required by patients.
- Patients were able to receive travel vaccinations.
- There was a nurse practitioner led express clinic for minor illnesses, which was often used by children and families.
- The practice had easy read materials and other accessible information, such as easy read health questionnaires and decision aids for patients with learning disabilities.
- The practice monitored the appointment system using a third appointment audit (a review of the third available appointment for each GP, as the first and second may not be a true picture of accessibility to the service, due to late cancellations for example). This enabled the practice to monitor and amend the appointments system as they required. The audit showed that patients could get a planned GP appointment within 3.5 days
- A hearing loop and translation services available.
- The front of the building was accessible for patients with limited mobility or disabled patients.
- All treatment rooms were on the ground floor.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. There were extended hours appointments from 7.15 on Monday and 7.30 Tuesday and Wednesday and until 7pm on Mondays and Wednesdays. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than most local and all national averages shown below:

- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 89% and national average of 85%.
- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 98% found it easy to contact the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 86% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 62% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 59%.

Feedback from comment cards and patients we spoke with showed patients were able to get appointments when they needed them. There were 23 patients using online appointment booking.

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. The practice uses an alternative early visiting service, provided by the local GP federation. 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 several complaints received in the last 12 months and there was a process for assessing and investigating the complaint. They were satisfactorily handled, dealt with in a timely way and that patients received a response with an outcome. For example, we saw that a verbal complaint regarding a patient who was

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

unhappy with their consultation, was followed up with a phone call and the patient was offered another appointment with a different GP. However, there was not a formal review of complaints to identify trends or ensure changes were embedded in practice.

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 staff shared a clear vision to deliver a high standard of patient care.

- There was an ethos of patient centred care at the practice and this was reflected in discussions with staff.
- The partners were considering the future of the practice, especially regarding space. The practice premises were designed when the list size was 5000 and it is now 10 700. Partners informed us this was of increasing concern due to the planned expansion of the local population, which was likely to be about 18% over the next five years.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, some risks were identified during the inspection that the practice had not identified.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- 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.
- A comprehensive understanding of the performance of the practice was maintained.
- However, exception reporting was very high and no monitoring of this had taken place to try and reduce exceptions and ensure patients were receiving care in line with national guidance.

Some risks regarding the premises were not fully assessed or managed, specifically fire risks and legionella.

Leadership and culture

The partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure quality care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff felt included in the running of the practice.

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 clear leadership structure in place and staff felt supported by management:

- Staff told us the practice held regular team meetings and we saw relevant minutes.
- 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 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.

- The practice had gathered feedback from patients via its patient participation group (PPG). The PPG reviewed patient feedback to identify and propose improvements. For example, the PPG had been involved in reviewing and improving the electronic patient check in system. They also influenced the introduction of a carers' champion to lead in providing advice and support to carers. The partners and practice manager engaged closely with the PPG. They involved them in discussions about the future of the practice. The PPG members we spoke with felt highly involved in the future planning. They informed us the partners and manager had discussed the potential options for moving to a new site.

Are services well-led?

Good 

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

- The practice undertook the friends and family test from April to June 2016 95% of patients stated they would recommend the practice with 89% stating they were very likely to recommend the practice.
- The practice had gathered feedback from staff through appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with

colleagues and management

Continuous improvement

- There was focus on continuous learning and improvement. The practice was highly involved in clinical research trials and had achieved a Silver status from the National Institute for Health Research (NIHR). This enabled the practice to implement new different approaches to patient care before other practices.
- The practice participated in virtual consultations and diagnostic approaches which sped up the access to results for patients awaiting diagnoses. Hightown Surgery was the highest user of virtual dermatology diagnostics in the county.
- The partners involved all staff groups in identifying and implementing improvements. For example, the practice manager was leading on a review of frequent attenders at the practice to see if providing them with much longer appointments twice a year may reduce their need to see GPs and nurses.
- The access staff had to training and personal development demonstrated that the practice was engaged in continuous staff development and improving the specialisms within the practice. For example, GPs had undertaken diplomas in cardiology, dermatology and other clinical areas in order to provide expertise in these areas. Every significant clinical domain had a clinical lead and an administrative lead within the practice.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe Care and Treatment
Maternity and midwifery services	The provider was not fully assessing the risks to the health and safety of service users. The provider was not doing all that is reasonably practicable to mitigate such risks. There was not adequate monitoring of exception reporting to ensure patients had every opportunity to access the care they required. Where risks related to the premises were identified there was not always appropriate action to mitigate against them.
Surgical procedures	This was in breach of Regulation 17 Good governance (1)(2)(a)(b)(d)
Treatment of disease, disorder or injury	