

Seymour House Surgery - Hudson

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Seymour House Surgery provides a GP service to just over 13,630 patients in Richmond. We carried out an announced comprehensive inspection at Seymour House Surgery on 28 October 2014. The provider has a branch surgery, Lock Road Surgery which was not inspected as part of this visit. The inspection took place over one day by a lead inspector, a GP specialist advisor and a practice manager specialist advisor.

Overall the practice is rated as Good. Specifically, we found the practice required improvement for providing safe services. It was rated good for all population groups. It was rated good for providing effective, caring, responsive and well led services.

Our key findings were as follows:

- Staff understood and followed policies and protocols to raise concerns, report incidents and these were recorded and investigated with actions shared to minimise the risk of similar occurrences in the future.

- Risks to patients were assessed but not always well managed, particularly regarding health and safety around the building, infection control, recruitment checks and equipment maintenance and checks.
- Data showed outcomes for patients were average for the area. Audits were completed.
- Patients said they were treated with respect, their privacy was maintained and they were involved in decisions about their care and treatment.
- There was a range of in advance and on the day appointments with telephone consultations and home visits provided when required, however some patients said they experienced difficulties getting appointments, particularly with their GP of choice.
- Policies were in place and kept under review
- Systems were in place to seek feedback from patients and staff.

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

Importantly, the provider must:

Summary of findings

- Ensure medicines and prescriptions are stored securely and systems to check expiry dates are robust;
- Ensure action is taken to address all identified concerns with Healthcare associated infection prevention and control practice;
- Ensure a fire risk assessment is carried out and the fire alarm is tested weekly;
- Ensure all portable electrical appliances are tested regularly;
- Ensure staff recruitment processes include the required checks being completed before staff start work

In addition the provider should:

- Improve systems to check sufficient supplies of personal protective equipment and general items at the practice;
- Ensure patient confidentiality is maintained at all times especially as regards the location where patients leave samples;
- Improve storage to ensure all patient records and cleaning materials are stored securely.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there were areas where it should make improvements.

Staff understood their responsibility to raise concerns and report issues; reviews and investigations took place after incidents and lessons learned were shared. Suitable arrangements were in place to safeguard children and vulnerable adults from abuse. Suitable equipment was in place to deal with medical emergencies. Improvements were however required to medicines management, particularly around systems to check expiry dates to ensure all medicines were fit for use. Arrangements for cleaning and infection control need to be improved to ensure patients are protected from the risk of infection. Staff recruitment needs to include the required checks being completed before staff start work.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were in line with others in the area. Clinical staff referred to best practice guidance and this information was discussed at clinical meetings. The practice followed the Clinical Commissioning Group protocols for prescribing. Staff had access to training and support appropriate to their role and systems were in place for staff to have an annual appraisal. Suitable systems were in place to meet and share information with other health and social care services. All new patients received a health check and a range of information leaflets were available to help patients maintain a healthy lifestyle.

Good



Are services caring?

The practice is rated good for providing caring services.

Patients said they were treated appropriately and staff maintained their privacy and dignity. We saw staff spoke politely to patients. Patients said they were involved in decisions about their care and treatment. Results from the 2014 GP survey showed 77% of respondents said that the last GP they saw or spoke to was good at involving them in decisions. Seventy five per cent of respondents said their overall experience at the practice was good or very good. Seventy per cent of respondents said they would recommend the GP. We received 16 patient comment cards from patients who visited the practice during the two weeks before our visit. These cards indicated 14 of the 16 patients were satisfied to very happy with the service they received at the practice. They said that staff were caring,

Good



Summary of findings

friendly, professional, efficient and competent. Patients made positive comments about getting urgent on the day appointments and said the referral process and repeat prescription service worked for them.

Are services responsive to people's needs?

The practice is rated good for providing responsive services.

The health needs of the patient population were known and the services were developed to meet them. The practice engaged with the local Clinical Commissioning Group CCG to address improvements required to healthcare in the local area. Seymour House Surgery was accessible to patients with mobility problems, they had just had a lift fitted although they were waiting for it to be finished to enable patients access to the first floor consultation rooms. Staff had access to interpreters when required. The practices were open five days a week from 8.30am – 6.30pm and offered extended hours from 9am-12noon on Saturdays. The practices provided a range of book in advance and urgent on the day appointments. Suitable arrangements were in place for dealing with repeat prescriptions. The practice manager was responsible for dealing with complaints. Patients were made aware of the complaints procedure in the practice information booklet and on the website. Records showed complaints were responded to and learning points were shared with all staff. A Patient Participation Group had been developed and involved in seeking patient's views on the services provided with improvements made.

Good



Are services well-led?

The practice was rated as good for being well led.

There was a vision, although not all staff were clear about what this was and there was a lack of forward planning. There was a clear leadership structure and clinical and administrative staff felt supported. Policies were in place and kept under review. While staff meetings took place, the frequency had reduced during the last year.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

The practice provided a named GP for patients aged over 75. They were responsive to the needs of older people, providing home visits and on the day appointments. The practice provided a service to a local nursing home which included a weekly visit and as required visits when patients were taken ill.

Good



People with long term conditions

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

Longer appointments were available to enable medication reviews and discussions regarding all medical conditions. Home visits could be arranged for patients not able to attend the surgery. Clinical staff had lead roles in chronic disease management, nurse led clinics were provided. The practice worked with other health and social care professionals to ensure patients received multidisciplinary care.

Good



Families, children and young people

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

Suitable arrangements were in place to identify children who were at risk, although there were no regular meetings with health visitors. Policies and procedures were in place for child protection and clinical and administrative staff had completed training to the required Level and were aware of their responsibilities. Appointments were available outside of school hours.

Good



Working age people (including those recently retired and students)

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

Services were flexible with the provision of telephone consultations and Saturday appointments. Although patients were not clear about the services that were available to them online.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

The GPs received annual training on the care and treatment of patients with learning disabilities from the Clinical Commissioning Group (CCG). The practice had a register of people with learning disabilities, providing longer appointments and annual reviews. They provided a service to a care home for people with learning disabilities. The practice worked with other health and social care professionals to ensure patients received multidisciplinary care and treatment. Clinical and administrative staff were aware of their responsibility to report safeguarding concerns and how to contact the local safeguarding team to raise concerns.

People experiencing poor mental health (including people with dementia)

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

The practice carried out advanced care planning for patients from the nursing home. They worked with other health care professionals to provide multidisciplinary care for people experiencing poor mental health.

Good



Summary of findings

What people who use the service say

We spoke with four patients during our visit and received 16 comment cards, completed by patients who visited the Seymour House Surgery during the two weeks before the inspection.

Patients we spoke with made positive comments about the care and treatment they received. They said staff spoke with them appropriately and their privacy and dignity was maintained. They said the surgery was clean. While the patients we spoke with had not made a complaint, they were aware of the process and said they would speak with the practice manager and felt confident that their issues would be addressed.

Patients said they were treated appropriately and staff maintained their privacy and dignity. We saw staff spoke politely to patients. Patients said they were involved in decisions about their care and treatment. Fourteen comment cards indicated patients were satisfied and

happy with the service they received at the practice. They said that staff were caring, friendly, professional, efficient and competent. Patients said they were referred to specialists when required, that the repeat prescription service was efficient and they were usually able to get urgent appointments.

The results from the 2014 National GP survey which would cover both Seymour House Surgery and the branch surgery at Lock Road showed 70% of patients would recommend the practice to someone new to the area and 75 % of respondents said their overall experience at the practice was good. Fifty seven per cent of respondents were satisfied with the telephone access and 60% were satisfied with the opening hours, both were below the national average of 78 and 80%. Eighty five per cent of respondents said the last time they wanted to see a GP they got an appointment.

Areas for improvement

Action the service **MUST** take to improve

- Ensure medicines and prescriptions are stored securely and systems to check expiry dates are robust;
- Ensure action is taken to address all identified concerns with Healthcare associated infection prevention and control practice;
- Ensure a fire risk assessment is carried out and the fire alarm is tested weekly;
- Ensure all portable electrical appliances are tested regularly;
- Ensure staff recruitment processes include the required checks being completed before staff start work

Action the service **SHOULD** take to improve

- Improve systems to check sufficient supplies of personal protective equipment and general items at the practice;
- Ensure patient confidentiality is maintained at all times especially as regards the location where patients leave samples;
- Improve storage to ensure all patient records and cleaning materials are stored securely.

Seymour House Surgery - Hudson

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC lead inspector with a GP and practice manager specialist advisor. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Seymour House Surgery - Hudson

Seymour House Surgery operates from Sheen Road in Richmond with a branch surgery at Lock Road in Ham which is almost three miles away. While there was one patient list, we were told by staff and patients that they only attended one surgery, due to the location and access to the other surgery. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: diagnostic and screening procedures, treatment of disease, disorder or injury; family planning; and maternity and midwifery services at both surgeries.

The practice provides a range of services including maternity services, child and adult immunisations, family planning clinic and contraception services to just over 13,600 patients in the Richmond, Sheen and Ham area. The practice is a member of the Richmond Clinical Commissioning Group (CCG). It comprises of seven GPs, four partners and three salaried GPs (four male and three female). A practice manager, five part time practice nurses,

a part time health care assistant, a part time phlebotomist and a team of twelve full time equivalent administrative staff work across both surgeries. The practice is a training practice.

Appointments were available from 8.30am to 12.00pm and then from 2.30pm to 6.00pm Monday to Friday. Extended opening hours were provided on Saturday from 9.00am to 12.00pm. GPs also completed telephone consultations for patients.

Information about the practice, opening hours, appointments, services provided, repeat prescriptions results, how to make a complaint and a range of medical conditions was available to patients on the practice website, in the surgery leaflet and displayed at the practice. The practice did not provide out of hours service to patients. Information about where to seek medical help out of hours was provided on the practice answer machine, on the website and in the practice information leaflet given to new patients.

The practice had a higher than average percentage of patients between the ages of 20 and 50. They had below national average patients aged 50-60 and 70-80 years of age.

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.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Care Act 2014.

This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

- Is it well-led?

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

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

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 28 October 2014. During our visit we spoke with four patients and a range of staff including one GP and two salaried GPs, two nurses, the practice manager and four reception staff at Seymour House Surgery. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We looked at how medicines were recorded and stored.

Are services safe?

Our findings

Safe track record

Suitable systems were in place to identify risks and improve safety for patients. Incidents were reported and investigated. The lead GP received and acted on national patient safety alerts and safety alerts from the Medical and Healthcare Products Regulatory Authority and cascaded these to other clinical staff, although there was no system to check they were followed.

Staff we spoke with were aware of their responsibilities to raise and report concerns and near misses.

The practice had developed policies and procedures for staff recruitment, safeguarding children and vulnerable adults, health and safety and infection control. These documents were kept under review and were accessible to all staff electronically.

Learning and improvement from safety incidents

There were systems in place for staff to record and report significant events. Significant events were discussed at monthly practice meetings and staff meetings. The practice operated a 'no blame' culture and issues were analysed to ensure improvements were made. We saw systems had been put in place following incidents, for example when a patient received two different medicines for the same medical condition, repeat prescription processes were reviewed and new systems of recording changes in medicines were devised. Another example was a delayed referral, which resulted in records being kept of pending referrals to be followed up by GPs.

Reliable safety systems and processes including safeguarding

The provider had developed child protection policies. Records showed staff were trained to the required Level with reception and administrative staff at Level 1 and clinical staff at Level 3. There was a system on the electronic records to identify if a child was subject to a child protection plan. Clinical staff were clear about their responsibility to report issues and concerns and gave examples of referrals made to social services and issues raised to the practice safeguarding lead.

The practice had a policy and staff had completed training in adult safeguarding. Staff were clear about concerns they need to raise and actions they need to take to protect vulnerable adults.

The chaperone policy was displayed for patients. GPs told us they would ask one of the nurses to act as chaperone. Nurses we spoke with were clear about their role.

Medicines management

Improvements were required to medicines management. While medicines were securely stored in one consultation room, they were in an unlocked cupboard in another room. We found three tubes of lubricant gel that were open and had been used but not disposed of, out of date needles (December 2011), out of date dressings (November 2012), three out of date bottles of emollient cream (April 2104). Cupboards where medicines were stored were cluttered.

The temperature of the fridges where vaccines were stored were checked and recorded daily, and we saw from the records they had been constant and within the required range. Staff we spoke with were aware of the safe range and actions they needed to take if the temperature went out of the safe range. Systems were in place to rotate stock in the fridges. All vaccines were seen to be in date.

Controlled drugs were not kept at the practice. We found the first aid kit had a number of expired items; these were removed at the time of our visit.

One of the GPs was the prescribing lead for the practice; they had links with the prescribing lead from the CCG. Audits were completed on the use of medicines, for example hypoallergenic baby milk, to ensure it was being used appropriately and was cost effective.

Suitable systems were in place for repeat prescriptions. There was an effective repeat prescribing policy. Systems were in place for regular medication reviews to take place. Patients could hand deliver their request to the practice or send it by fax or post. Patients we spoke with confirmed that the process worked for them. Suitable arrangements were in place for the storage and recording of prescription pads. We found two prescriptions pads that were in a locked cupboard, but not with other prescriptions, it was not clear if they were accounted for.

Cleanliness and infection control

Are services safe?

Infection control policies were in place and one of the GPs was the infection control lead. There was a policy regarding actions to take after a needle stick injury. A cleaner was employed at both Seymour House Surgery and Lock Road Surgery five days a week, although they had not completed training in infection control. There was no specific cleaning schedule describing what needed cleaning and the frequency and there was no system to check the cleaning. We found some areas of Seymour House Surgery were not clean. Cleaning equipment was not colour coded and was not stored in ways to minimise the risk of cross contamination.

NHS England carried out an infection control audit in October 2014, issues identified were to be addressed within three to six months, and the practice were developing an action plan to attend to the issues. The issues identified included: blood test results for Hepatitis B immunisation of staff; a cleaning schedule for equipment; carpet in consultation rooms being replaced; fabric chairs which were stained and torn being replaced and the ceiling and wall coverings in the treatment room being smooth.

Suitable arrangements were in place for clinical and domestic waste which we saw were stored separately at the practice. A contract was in place for safe removal of clinical waste.

While hand gel was available at the entrance, it was not at the patient self-check in screen. There was a flip top bin in the patient toilet. Reception and clinical staff had access to personal protective equipment including disposable gloves. There was a wire basket for patients to put samples in, although the basket was not in a secure place and patient personal details were visible.

Patients told us the reception and waiting area and consultation rooms were clean when they visited.

A Legionella risk assessment had been completed although actions required in the assessment were not carried out. (Legionella is a germ which can contaminate water systems in buildings).

Equipment

We saw records of Portable Appliance Testing carried out in October 2013 but this did not cover all electrical equipment at the practice.

The fire alarm system was serviced and fire extinguishers checked in March 2014, although regular testing of the

system was not carried out. The practice had developed a fire policy and staff had in house training on the policy. A fire drill was carried out in March 2014. However staff had not completed training in fire safety and a fire risk assessment had not been completed. We saw copies of a request to a fire safety company for a risk assessment for the practice, although the request did not include the branch surgery.

There was an equipment cleaning list for 2014, which indicated the equipment that needed cleaning and the frequency for example after each use, daily and weekly, although records were not kept when equipment was cleaned and it was not clear who was responsible for cleaning most of the equipment.

Staffing and recruitment

Suitable staffing policies were in place, which were reviewed annually. These documents detailed the process to be followed when recruiting new staff, advertising positions, checking application forms, interviews being held and checks being carried out. However, a review of staff records showed routine checks had not been completed for all staff; references were not in place in five of the six staff files looked at, Disclosure and Barring Service (DBS) checks had not been completed for the four clinical staff whose files we looked at. We saw confirmation that DBS checks had been requested for four clinical staff. Appropriate checks had been made on three of the four clinical staff files seen with evidence of qualifications and registration with either the General Medical Council or the Nursing and Midwifery Council. There was no evidence in six staff files seen to show the person's identity had been checked. The hepatitis status of clinical staff was not routinely checked when clinical staff started work.

We were told the practice rarely used locum GPs.

Monitoring safety and responding to risk

Arrangements were in place to identify and manage risks to patients and staff at the practice, however they did not identify all areas of potential risk to patients and improvements were required to the frequency of equipment checks. A number of cupboard doors were unlocked. There was no sign on a door where liquid nitrogen was stored. This put patients at risk and is not in line with requirements. The edges of the mat at the entrance were curling which could present a trip hazard for patients. Health and safety policies were in place and we

Are services safe?

saw relevant information displayed for staff. There were systems to follow up patients who did not attend their booked appointment especially the vulnerable patients or children.

Arrangements to deal with emergencies and major incidents

Arrangements were in place to deal with a range of emergencies. Records showed staff completed training in basic life support. Equipment was available to staff to deal with medical emergencies including oxygen and a defibrillator. We found there was only one set of pads for

the defibrillator. Medicines were in place to deal with a range of medical emergencies, although there was nothing to deal with diabetic emergencies. Systems were in place for these to be checked and replaced when required. We saw these medicines were within their expiry date and fit for use.

A business continuity plan was in place and kept under review, although it had not been updated to reflect changes in commissioning in 2013. There were details of actions staff needed to take in the event of a range of emergency situations.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The lead GP received best practice updates and guidelines from the National Institute for Health and Clinical Excellence and from local commissioners. The practice used local prescribing protocols.

Each of the GPs had a specialist interest including diabetes, children's health, dermatology, family

planning and minor surgery which allowed the practice to focus on specific health conditions. Monthly clinical meetings were held and used to update clinicians with changes.

We saw no evidence of discrimination when making care and treatment decisions. Discussions with GPs identified that the culture within the practice was for patients to be referred on the basis of need and that age, gender and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Arrangements were in place to meet with local practices every three months to look at comparators, benchmarking within the CCG and repeat prescribing.

The practice had a system in place for completing clinical audit cycles. A repeated audit on the use of benzodiazepines showed a reduction in the number of patients prescribed these medicines. An audit of intrauterine devices for one year to June 2014 showed no infections and no pregnancies, although it identified 40% of women did not return for the six week check. Changes were proposed to send an invite for the six week review to improve the return for review rate. A follow up audit was scheduled for June 2015. An audit of infection after vasectomy was carried out for the thirteen month period ending July 2014; this identified an infection rate of 1.4%. The doctors carried out minor surgical procedures in line with their registration and were up to date with their training.

The practice used the information collected for the Quality and Outcomes Framework (QOF), which is the voluntary incentive scheme for GP practices across the UK, to monitor outcomes for patients. For example, the number of patients with dementia who had an annual review was 82%

with the national average recorded as 83%. Most tests for patients with diabetes were in line with the national average. The rates of childhood immunisations showed 90% of babies aged 12 months received their 5 in 1 immunisation, which was just below the CCG average of 93%. For children aged two years this was 90% with the CCG average 95% and 95% of 5 year old received the pre-school booster which was the same as the CCG average.

Effective staffing

Practice staffing included medical nursing, administrative and managerial staff. Staff training records identified staff were up to date with mandatory training. We saw the practice had a stable staff group. Staff said they had access to the training and support they needed to carry out their role. Systems were in place for administrative staff to have an annual appraisal; although records identified one staff member had not had their appraisal. GPs were up to date with their appraisal and were working towards their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Practice nurses were clear about the expectations of their duties and had received training to carry out these including immunisation, smoking cessation and cervical screening.

Working with colleagues and other services

The practice worked with other services to provide joined up care for patients with complex needs. Blood test results, x ray results and letters including hospital discharge summaries were scanned or flagged on the electronic recording system for the GP who requested the test or the named GP and the on-call doctor dealt with results when the GP was on holiday or away from the practice. The practice used special patient notes when required for patients receiving end of life care and those with complex medical conditions to ensure the out of hours service had up to date information.

Multidisciplinary meetings were held every three months with health and social care providers to ensure the needs of patients receiving end of life care, those with experiencing poor mental health and those with complex

Are services effective?

(for example, treatment is effective)

health needs who used a number of other services were known and remained appropriate. This included reviews of new cancer diagnosis. Records of the discussions were made on the individual patient record. The district nurse and midwife visited the practice daily and health visitors attended regularly.

Information sharing

The practice used an electronic recording system, and all staff were trained in how to use the system. The out-of-hours service sent records of patients seen to the practice first thing in the morning; these were checked by the named GP or the on-call doctor daily to ensure any actions were completed.

Consent to care and treatment

Clinical staff we spoke with were aware of their responsibility to seek consent before providing treatment and said they requested verbal consent for examinations. They demonstrated their understanding of Gillick competence (these help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment) and when best interest decisions were required. The practice was carrying out some minor surgery and we saw patients signed a consent form before having a vasectomy. Patients who had joint injections were not routinely asked to sign consent forms.

Patients with learning disabilities and dementia were supported to make decisions through the use of care plans. These care plans were kept under review.

The GP had not been involved in any Deprivation of Liberty Safeguards and there were no incidents when restraint had been required.

Health promotion and prevention

Clinical staff demonstrated a good knowledge of the health needs of the local population and used this to determine what health promotion to focus on. GPs we spoke with said they spoke with patients about risks of lifestyle and how to maintain good health and for patients with diabetes they spoke about the importance of lifestyle on their condition.

All new patients were seen by the nurse who took details of family health concerns and referred any issues to one of the GPs. There was a range of information leaflets available at the practice for patients. The practice website included information about how to respond to a range of minor ailments and the services available in the local area.

The electronic recording system identified patients who required additional support, including patients with a learning disability, those receiving end of life care, patients with dementia and diabetes. Records showed that all patients on the learning disability register had received an annual health check. Systems were in place to ensure routine health checks were completed for patients with long-term conditions. Medicines reviews were completed annually.

Seventy six per cent of patients over the age of 65 had the flu vaccination in 2013, this was above the national average of 73%. Forty one per cent of patients in the at risk group had the flu vaccination in 2013 which was below the national average of 52%. The number of patients with diabetes who had the flu vaccination was 81% (national average 90%).

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2014 national patient survey. Eighty five per cent of respondents said they find receptionists helpful. Seventy five per cent of respondents said their overall experience at the practice was good or very good, below the national average of 86%. Seventy per cent of respondents said they would recommend the GP which is slightly lower than the national average of 79%.

We received 16 patient comment cards from patients who visited the practice during the two weeks before our visit. Patients indicated they were satisfied and happy with the service they received at the practice. They said that staff were caring, friendly, professional, efficient and competent. Patients pointed out how individual staff had provided them with the care and treatment they needed and expected and at times exceeded their expectations.

Patients we spoke with said staff spoke with them appropriately and their privacy was maintained during appointments because doors were closed and curtains used to maintain their dignity when they were being examined.

We saw staff greeted patients by name and spoke with them politely and respectfully. The reception and waiting area had screening to help provide privacy when patients booked in for their appointment, however conversations could be heard.

Records were stored securely in the office; however we saw patient records in a cupboard that was not locked, in an

area patients could access. Consultations took place in rooms with the door closed. Curtains were provided in consultation rooms to provide privacy during examinations.

Care planning and involvement in decisions about care and treatment

Patients we spoke with said they were involved in making decisions about their care and treatment. According to the National GP survey 77% of respondents said that the last GP they saw or spoke to was good at involving them in decisions with the national average at 81% and 74% said the nurse was good at involving them with the national average at 85%.

Staff told us they had access to face to face and telephone interpreting services when required and information was available to inform patients of this service.

Patients had access to a range of information leaflets about different long term health conditions and how to maintain a healthy lifestyle in the reception and waiting areas.

Patient/carer support to cope emotionally with care and treatment

Patients and carers had access to a range of leaflets in the waiting areas relating to support services to assist patients and carers to cope emotionally. Patients we spoke with confirmed that they would know where to find support if required and said that staff were caring and provided emotional support, or advised them of how they could access emotional support when required. Comment cards received from patients reflected what patients had told us.

Information about bereavement services was accessible to patients. None of the patients we spoke with had accessed the service but they were confident about the practice providing the appropriate support and guidance if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice knew and were responsive to the needs of the local population. We saw the services provided were flexible to meet patient's needs. Patients had the choice of seeing a male or female GP.

One of the GPs attended regular meetings with the Clinical Commissioning Group (CCG), and reported back to the other GPs. The CCG looked at improvements needed to meet local health needs.

A Patient Participation Group (PPG) was set up in 2013. A patient survey and annual report were completed with an action plan developed to make improvements. Changes made following patient feedback included replacing the front door at the Seymour House Surgery with plans to do the same at the branch surgery at Lock Road and the provision of an increased number of on the day appointments.

Tackling inequity and promoting equality

The practice recognised the needs of the different groups who used the service and made changes to accommodate those needs including the provision of an automatic door and plans for a lift to enable patients using a wheelchair or pushchair to access all consultation rooms at Seymour House Surgery. The waiting area at Seymour House Surgery was large enough to accommodate patients with wheelchairs, prams and allowed access to the treatment and consultation rooms on the ground floor. Reception staff told us they knew patients that needed an appointment in a downstairs room and GPs said they would go downstairs to another room to see a patient when required.

Staff completed training in equalities and diversity and told us they had access to face to face and telephone interpreters when required.

GPs told us they provided health care services to everyone who attended. There was a practice in the local area that provided services to patients who were homeless, GPs said they would see patients and use the other practice as the address.

The electronic recording system had an indicator system to show staff if a patient was vulnerable and if a child was

subject to a child protection plan. Reception staff knew the types of appointments that needed longer time slots and were clear about prioritising appointments for patients with caring responsibilities and vulnerable patients.

Access to the service

A range of book in advance and on the day emergency appointments were provided. Appointments were available from 8.30am to 12.00pm Monday to Friday and then from 2.30pm to 6.00pm Monday to Friday. Extended opening hours were provided on Saturday from 9.00am to 12.00. One of the GPs was on call from 12.30pm to 4.00pm weekdays. GPs were available to provide telephone consultations for patients after morning surgery. Longer appointments were provided for patients who needed them. Home visits were made when required and twice a week to a local nursing home, with additional visits made when individual patients fell ill. Eighty five per cent of respondents the National GP survey stated that the last time they wanted to see a GP they got an appointment. Fifty seven per cent of respondents to the survey said there experience of getting through to the practice on the telephone was good and 73% said their experience of making an appointment was good. Sixty per cent of respondents to the national GP survey were satisfied with the opening hours, compared to 80% nationally.

The practice carried out their own surveys in 2013 and 2014 when they asked patients about access to appointments 67% said they saw a GP on the same day when required while 16% said they did not. The practice survey sought patients preferences regarding making appointments and in response were promoting the on line appointment booking system. While the practice survey identified 64% of patients said opening times were convenient and 27% said they were not.

Patients we spoke with were generally satisfied with the appointment system and confirmed they could see a GP on the same day when they needed to.

Listening and learning from concerns and complaints

The practice had a suitable system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England. The practice manager was responsible for dealing with complaints. These were discussed at the monthly practice and staff meetings. Records of complaints showed they had all been responded to and patients were

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

satisfied with the outcome or they were still being dealt with. Learning from complaints was shared with staff at the practice and staff meetings and any common themes were addressed by additional training. Records were kept of compliments received and these were shared with staff.

Information about how to make a complaint was displayed in the waiting areas and on the practice website. Patients we spoke with had not made a complaint although they said they would speak with the practice manager and felt sure issues would be addressed.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had developed a Statement of Purpose for Seymour House Surgery and the branch surgery at Lock Road which included the practice aims and objectives to provide medical services of the highest quality in a safe, friendly and confidential environment, to involve patients in decisions, respond to patient feedback and ensure staff were trained and had the skills to carry out their role. This vision was not clearly articulated by all staff we spoke with and there was a lack of forward planning to ensure the aims were met.

Governance arrangements

There were clear governance arrangements and staff we spoke with were aware of the reporting structures. Staff were aware of their areas of responsibility. For example there was a GP lead for safeguarding and infection control with designated people to deal with complaints and health and safety checks. The Quality and Outcomes Framework was discussed at practice meetings to measure performance.

The practice had the required policies and procedures in place which were accessible to staff. There was a business continuity plan in place which took account of potential disruptions to the service. The GPs and staff we spoke with were aware of the arrangements in place and were confident that in the event of an incident they would respond appropriately.

Leadership, openness and transparency

The leadership structure was clear and there was an open and transparent environment. The practice manager was responsible for the day to day running of the practice from the business side and there was a lead GP. Staff were aware of the structure and who to report issues and incidents to. Staff said they were supported to carry out their duties. We

saw minutes from practice meetings, held every other month and staff meetings which had been monthly until May 2014 with one meeting in September. We were told that the partners met regularly although these meetings were not minuted.

Practice seeks and acts on feedback from its patients, the public and staff

The practice gathered feedback from patients through patient surveys, compliments, comments and complaints received. The practice had a Patient Participation Group (PPG) which had been involved in developing action plans to make suggested improvements. The practice conducted a patient survey in 2013 and 2014, following which improvements had been made to Seymour House Surgery, to make access easier for patients with mobility issues.

Staff meetings were held regularly and staff told us they were given the opportunity to voice their opinions.

Management lead through learning and improvement

Staff were supported to continue their learning. We looked at staff files and saw that staff had an annual appraisal to identify personal areas of development.

The practice had a system in place for reporting, recording and monitoring significant events. We reviewed records of significant events which showed the practice had learned from incidents and findings were shared with relevant staff.

The practice had the required policies which were reviewed annually. A business continuity plan was in place. While this document was reviewed in May 2014, it made reference to the Primary Care Trust which was no longer in existence. We also found limited assessment and monitoring of risks for example those associated with fire safety, healthcare associated infection, portable appliance testing, medicines management and staff recruitment checks.

Meetings for non-clinical staff had been held monthly although this moved to three monthly in May 2014.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the regulation was not being met: We found that the registered person had not protected people against the risks associated with unsafe or unsuitable premises because a fire risk assessment had not been completed, the fire alarm was not tested weekly and not all portable electrical appliances were tested. This was in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: We found that the registered person had not protected people against the risks associated with infection control because there was no cleaning schedule or processes to ensure appropriate standards of cleanliness and hygiene were maintained and the cleaner had not received infection control training. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
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This section is primarily information for the provider

Compliance actions

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

We found that the registered person had not protected people against the risks associated with unsafe recruitment processes as the processes had not included a DBS check and proof of identity being checked for all staff. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

We found that the registered person had not protected people against the risks associated with unsafe management of medicines as medicines and prescriptions were not all securely stored and systems to check expiry dates of medicines were not adequate. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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.