Rosemead Drive Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rosemead Drive Surgery on 8 July 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, not all identified events were reported and there was a lack of evidence of learning from reported incidents.
- Risks to patients were not always assessed and well managed, for example recruitment checks and risk assessments in relation to fire safety and legionella.
  - There was a programme of continuous clinical audit which was used to monitor quality and to make improvements.
  - The practice had a number of policies and procedures in place to govern activity, however some required more detail.
- The practice had sought feedback from patients by means of surveys and via a virtual patient participation group.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management.

The areas where the provider must make improvements are:

Summary of findings

- Ensure there is a robust and consistent system in place for dealing with significant events including reporting and the dissemination of learning from recorded events.
- To have in place a robust and consistent system to ensure referrals are made in a timely manner and monitored.

- Ensure appropriate systems and processes are in place relating to infection control in line with national guidance, including actions from infection control audits being recorded and implemented.
- Ensure all necessary employment checks for staff are undertaken, including DBS checks.
- Implement formal governance arrangements including systems for assessing and monitoring risks, for example relating to legionella and fire safety arrangements.

In addition the provider should:

- Ensure scheduled appraisals take place and the system for appraisal is maintained.
- Review and update procedures and guidance, including the policy relating to safety alerts, safeguarding vuylnerable adults policy and arrangements for dealing with emergencies.

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?

Requires improvement

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

- The system for reporting significant events was not effective as significant events were not reported consistently by all staff and lessons learned were not always communicated in order to improve safety.
- Patients were at risk of harm because systems and processes were either not in place or not well implemented in a way to keep them safe.
- Risks to patients were not always assessed, reviewed or well managed, such as risk assessments relating to fire and legionella.
- Not all required recruitment checks had been undertaken.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Appraisals had not been undertaken in the last year but these were scheduled for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Data showed that 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.

Summary of findings

- We also saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Are services well-led?

Requires improvement

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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. Some of the policies required more detail.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included some arrangements to monitor and improve quality and identify risk.
- The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on. There was a virtual patient participation group in place.
- Staff had not received appraisals since 2013 but this had been identified by the practice manager and appraisals were scheduled.

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

Requires improvement

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

The provider was rated as good for being effective, caring and responsive and requires improvement for providing a safe and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was higher than the national average.

People with long term conditions

Requires improvement

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

The provider was rated as good for being effective, caring and responsive and requires improvement for providing a safe and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Processes were in place for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice were part of an integrated care team who responded to health and social care needs and provided a multi-disciplinary, co-ordinated approach to support patients with complex needs. We spoke with the integrated care co-ordinator who told us that they had a good working relationship with the practice. They were responsive and caring to the needs of their patients.

Summary of findings

Families, children and young people

Requires improvement

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

The provider was rated as good for being effective, caring and responsive and requires improvement for providing a safe and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Appointments were available outside of school hours.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- Urgent appointments were available.

Working age people (including those recently retired and students)

Requires improvement

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

The provider was rated as good for being effective, caring and responsive and requires improvement for providing a safe and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

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

The provider was rated as good for being effective, caring and responsive and requires improvement for providing a safe and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Summary of findings

- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement 

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

The provider was rated as good for being effective, caring and responsive and requires improvement for providing a safe and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 96.9% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Appointments were available in house with community psychiatric nurses and psychological therapists, with self referral being available for the latter.

Summary of findings

What people who use the service say

The national GP patient survey results published on 8 January 2015 showed the practice was performing in line with local and national averages. 255 survey forms were distributed and 105 were returned.

- 83.8% found it easy to get through to this surgery by phone compared to a CCG average of 69.7% and a national average of 74.4%.
- 86.9% found the receptionists at this surgery helpful compared to a CCG average of 87.3%and a national average of 86.9%.
- 89.9% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85.4% and a national average of 85.4%.
- 91.9% said the last appointment they got was convenient compared to a CCG average of 92.6% and a national average of 91.8%.
- 76.3% described their experience of making an appointment as good compared to a CCG average of73.6% and a national average of 73.8% .
- 81.3% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 64.5% and a national average of 65.2%.
- As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. Patients commented that the service and care were excellent with a very personal approach.

We spoke with eight patients during the inspection. All eight patients said that they were happy with the care they received and thought that staff were caring, responsive and accommodating.

Areas for improvement

Action the service MUST take to improve

- Ensure there is a robust and consistent system in place for dealing with significant events including reporting and the dissemination of learning from recorded events.
- To have in place a robust and consistent system to ensure referrals are made in a timely manner and monitored.
- Ensure appropriate systems and processes are in place relating to infection control in line with national guidance, including actions from infection control audits being recorded and implemented.
- Ensure all necessary employment checks for staff are undertaken, including DBS checks.
- Implement formal governance arrangements including systems for assessing and monitoring risks, for example relating to legionella and fire safety arrangements.

Action the service SHOULD take to improve

- Ensure scheduled appraisals take place and the system for appraisal is maintained.
- Review and update procedures and guidance, including the policy relating to safety alerts, safeguarding vulnerable adults policy and arrangements for dealing with emergencies.

Rosemead Drive Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Rosemead Drive Surgery

Rosemead Drive Surgery is a GP practice which provides a range of primary medical services to around 3.700 patients from a main surgery in the town of Oadby in Leicestershire and a branch surgery at Harborough Road, Oadby, Leicestershire. The practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (CCG).

The service is provided by two male and one female full time GP partners, a part time practice nurse, a part time health care assistant. They are supported by a practice manager and reception and administration staff.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice has one location registered with the Care Quality Commission (CQC). The location we inspected was Rosemead Drive Surgery, 103, Rosemead Drive, Oadby, Leicestershire, LE2 5PP. We also visited the branch surgery at 33 Harborough Road, Oadby, Leicestershire, LE2 4LE.

The main surgery is in a two storey building with on street car parking. Designated parking was available for use by people with a disability. At both surgeries patient facilities were on the ground and first floors, but patients who were not able to use the stairs were seen in a room on the ground floor.

We reviewed information from East Leicestershire and Rutland CCG and Public Health England which showed that the practice population had much lower deprivation levels compared to the average for practices in England.

The main surgery is open between 08.30am and 7.30pm on Monday and Tuesday, 08.30 to 6.30pm on Wednesday, 08.30 to 12.30pm on Thursday and 08.30am to 6.30pm on Friday.GP, nurse and HCA appointments were available from 08.30am with the last appointment being 5.30 pm other than on Monday and Tuesday when the practice offered extended opening hours until 7.30pm at the main surgery. The branch surgery is open between 8.30am and 12.30pm Monday to Friday with GP appointments available on Monday, Wednesday and Friday and nurse appointments on Tuesday.

When the practice was closed during the daytime patients calling the practice and requiring a GP urgently are diverted to the on-call GP mobile number. At other times when the practice was closed the out-of-hours service is provided to Leicester City, Leicestershire and Rutland by Central Nottinghamshire Clinical Services.

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

Detailed findings

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

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. These 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 reviewed information from East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG), NHS England (NHSE), Public Health England (PHE) and NHS Choices.

We carried out an announced inspection on 8 July 2015.

During our visit we spoke with a range of staff including GPs, reception and administration staff and spoke with patients who used the service. Following our inspection we spoke with the practice nurse on the telephone as they were not available during our visit. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

The practice had a significant events policy dated July 2015 which was available on the practice intranet with a recording form included. We saw that three significant events had been recorded during the last 12 months and we reviewed documentation from them. We saw evidence from significant events and complaints that investigation had taken place and changes instigated as a result.The practice acknowledged that historically significant events had not been reported by non clinical staff and there was a need for sharing the learning with all staff. We saw evidence that non clinical staff were being encouraged to report significant events.

Three significant events had been reported during the last year. Documentation was reviewed for these incidents. We found that two of the incidents had been completed using the correct documentation and learning had been identified but saw no evidence that the significant event had been discussed at a meeting or the learning disseminated. Reception staff told us about a signicant event regarding an issue with district nurses and INR testing which had been discussed at a reception meeting and they were able to describe the learning from the event. However despite being described as a significant event by the nurse it had not been documented as such.

We also saw peer review minutes from May 2015 in which one of the GP partners recorded that they would be recording a significant event but we saw no evidence that this had happened.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where some were discussed. The practice had a safety alert protocol. It provided guidance to staff. The guidance stated that two people employed by the practice would receive the alerts. However we found on the day of the inspection that only one person received the alerts.

Overview of safety systems and processes

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The practice had policies in place for safeguarding vulnerable adults and children. The children's policy was detailed but we found that the vulnerable adult policy was not robust and did not contain enough information to provide staff with sufficient guidance. The policy had information on coding for vulnerable patients but when we carried out a search of patient records only one child and one adult were shown. We saw from meeting minutes that systems for safeguarding had been discussed with all staff at a meeting in May 2015. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.

The practice had a chaperone policy available on the practice computer system. Notices were visible the waiting room and in most consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role but had not received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Neither was there a risk assessment in place to address this.

The practice had a lead for infection control. The lead was not available on the day of the inspection. We observed the areas to be clean and tidy. The practice employed an external company to do the cleaning for two hours, two days a week. We saw there were daily and weekly cleaning schedules in place. We saw carpets in some consulting rooms but there was no schedule in place for cleaning the carpets.We did not see evidence that cleaning records were kept and the practice did not document when they carried out spot checks to ensure that the practice was kept clean and tidy. We spoke with the management team with regard to the number of hours they employed the cleaning company as we were not assured that four hours a week was enough to undertake all the tasks identified on the cleaning schedules. We were told they would review this and also put in place a system to carry out spot checks on a regular basis.

Staff we spoke with told us the practice areas used where kept clean and tidy.All staff received training about infection control specific to their role and received mandatory updates. An infection control policy and

supporting procedures were available for staff to refer to. The policy and procedures enabled staff to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were readily available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy.

We saw that the practice had carried out infection control audits for both the location and branch surgery in February 2015. The staff member who undertook the audits was not the infection control lead and there we could not be assured that they had had the relevant training to do them. We reviewed both audits and found that actions had been identified but there was no action plan and no indication of timescales when the actions would be completed by.

Each clinical room had clinical waste bins which were foot operated and lined with the correct colour coded bin liners. We found the external yellow clinical waste disposal bin was locked and kept behind a locked gate at the side of the surgery. An external contractor collected the waste on a weekly basis.

We saw disposable curtains were in the clinical rooms we looked at. These ensured that patients had privacy when being examined.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in most treatment rooms. However in the room used to administer immunisations there was no sink to enable staff to wash their hands in between patients.Some of the sinks were not 'hands free' tap system which is crucial in preventing re-contamination of hands following hand hygiene. The practice was already aware that the sinks in place did not meet national guidance.

We checked all the sharps bins in the practice. We found that every sharps bin in the practice had not been correctly labelled and two were over three quarters full. The Health and Social Care Act 2008 advises in the 'Code of Practice on the prevention and control of infection' all information requested on the Sharps box label must be completed in full. No Sharps box must be filled beyond the manufacturer's maximum fill line indicated on each box. Following our inspection the practice informed us of steps they had taken to ensure this was rectified.

The practice had blood and vomit spillage kits available for staff to use. Staff we spoke had not been given any training on how to use these kits. Following our inspection the practice informed us that staff had been trained in the use of the kits.

All cleaning materials and chemicals were stored securely. Control of substances hazardous to health (COSHH) information was available to ensure their safe use. Some information had not been reviewed since 2005. We spoke with the management team who told us they would contact the external company for current updates.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

One member of staff checked the temperature of the fridges within the practice. We looked at the refrigerator temperature records and found that they had been recorded daily. However we found that the external thermometers to two fridges had different minimum and maximum temperature set . These neeed to be consistent to ensure the fridge temperatures remained within specified limits. We spoke with the practice manager who told us she would reset the minimum temperature to two degress and maximum to eight degrees as set out in the cold chain policy.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

We reviewed four personnel files and found that most 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. However DBS checks had only been undertaken for the GPs. The practice manager was relatively new and told us they were in the process of reviewing all personnel files and would apply for DBS checks appropriately.

Monitoring risks to patients

- There were limited procedures in place for monitoring and managing risks to patient and staff safety. We saw a general risk assessment dated July 2014 which highlighted hazards in certain areas such as house-keeping, electrical items, storage and machinery. There was no risk register in place. The practice had limited fire risk assessments and we did not see evidence of fire drills having taken place which was contrary to the practice fire policy. There was no fire alarm system at the branch surgery. Following our inspection the practice informed us that a fire risk assessment was to be carried out at both sites by an approved contractor. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However the practice did not have a five year fixed electrical testing certificate in place. The practice did not have a formal legionella risk assessment in place nor were they carrying out monthly water temperature checks. The practice manager told us they had booked a formal risk assessment for this.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs across both surgeries. The practice had a system in place for the different staffing groups to ensure that enough staff were on duty .

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to manage emergencies. Records showed that staff had received training in basic life support.

We looked at the anaphylaxis policy which documented all the equipment the practice had in the event of an emergency. We then checked the emergency bag and found that not all the equipment indentified was available, for example, scissors, gloves, syringes and needles. We also found that the airways were not in single use packets. The practice had oxygen with a selection of masks and tubing.

The practice had a first aid box and all the dressings were out of date since 2005. Staff knew of the location but we did not see a checklist which demonstrated that the contents and expiry dates were checked monthly in line with the practice policy to ensure they were fit for use. The practice informed us following our inspection that a new process had been put in place to ensure checks were done on a monthly basis.

Emergency medicine for the treatment of anaphylaxis was available in the practice and all staff knew of the location. Anaphylaxis is an acute allergic reaction to an antigen (e.g. a bee sting) to which the body has become hypersensitive.

We found that the emergency equipment and medicines were not all kept together in the same room. We spoke with the Registered manager who told us that arrangements had already been made to ensure that medicines and equipment would be stored in one room and all staff would be informed of the new location.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. We saw that guidance had been incorporated into policies and templates.However there was not a consistent or formal system for dissemination.

The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.2% of the total number of points available, which was higher than the national average of 94.2%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed;

- Performance for diabetes related indicators was generally better than the national averages. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90.78% compared to the national average of 88.35%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average . For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less was 83.18% compared to the national average of 83.11 %.
- Performance for mental health related indicators was much better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the national average of 86.04%.
- The dementia diagnosis rate was above the national average.

Clinical audits demonstrated quality improvement.

- We saw evidence of 11 clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. This audit was undertaken in relation to antibiotic prescribing associated with icreased clostridium difficile risk. The first two cycles highlighted the large reduction of overall antibiotic prescribing but particularly cephalosporins. The final cycle results were consistent with this but found prescribing of co-amoxiclav had increased so the practice looked at the indications of this prescribing and now use more suitable alternatives.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of patients with atrial fibrillation and not receiving anticoagulation treatment was that two patients had their notes reviewed and commenced anticoagulation treatment.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice turnover was low and but the new practice manager had developed an induction plan for any future new employees which covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff had been identified through meetings and reviews of practice development needs. Staff had access to appropriate training to meet these

learning needs and to cover the scope of their work. We spoke with the health care assistant who told us there were areas of training they wanted to request at their appraisal. The only staff appraisal we saw was dated 2013. The practice manager had already identified the need for appraisals and we saw that they had been scheduled for July 2015. There was facilitation and support for the revalidation of doctors.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice generally shared relevant information with other services in a timely way. However we found that the system for making referrals was not robust. There was no clear system in place for monitoring or ensuring that referrals were done within a specific timeframe. GPs used different methods for requesting referrals, some being hand written and others being requested electronically via a task to the reception electronic inbox. We spoke with a receptionist who dealt with referrals and looked at their tasks still awaiting action. There were 38 tasks and amongst these were the referrals from GPs. The referrals whether urgent or non urgent could not be identified without opening the task they were within. There were 14 referral letters awaiting typing going back two weeks on the day of our inspection. Following our inspection the practice informed us they had reviewed their system for dealing with referrals in order to ensure they were prioritised.
- The practice did check on a weekly basis that patients with a two week wait referral had received their appointment.

The practice were part of an intergrated care team. It provided a model for older people and people with long term conditions and integrated Health and Social Care. It provided a multi-disciplinary, co-ordinated approach to support patients with complex needs. We spoke with the integrated care co-ordinator who told us that they had a good working relationship with the practice. They were responsive and caring to the needs of their patients. We saw minutes of meetings where patients were discussed, actions and person responsible to carry out the actions identified. Actions were discussed each time the team met to ensure that each patients needs were being met. Care plans were reviewed and updated appropriately following meetings.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and with psychological problems. Patients were then signposted to the relevant service.
- Appointments were available witha psychological therapist on the premises and this could also be by self referral.

The practice had a robust system and policy for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for

Good

Are services effective?

(for example, treatment is effective)

the cervical screening programme was 81.23%, which was comparable to the national average of 81.88%. There was a policy to offer three reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher overall when compared to CCG averages and were particularly higher for under five year olds. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 100% and five year olds from 97% to 100%. Flu vaccination rates for the over 65s were 58.48%, and at risk groups 79.46%. These were also significantly higher than the national averages.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice telephone systemwas located at the reception desk but was not shielded by glass partitions. We saw that, where possible, staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.

All but one of the 44 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a highly caring service and all staff were helpful, flexible, empathetic and treated them with dignity and respect.

We also spoke with eight patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 97.6% said the GP was good at listening to them compared to the CCG average of 91% and national average of 88.6%.
- 96.4% said the GP gave them enough time compared to the CCG average of 89.3% and national average of 86.8%.
- 99.2% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.7% and national average of 95.3%.
- 86.3% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.1% and national average of 85.1%.
- 81.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.9% and national average of 90.4%.
- 86.9% said they found the receptionists at the practice helpful compared to the CCG average of 87.3% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and always had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views, many commenting that they never felt rushed.

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, although results were lower than local and national averages. For example:

- 80.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.4% and national average of 86.3%.
- 79.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.4% and national average of 81.5%.

The practice had a population with a high percentage of patients whose first language was not English. They catered for this by the use of multilingual staff and staff told us they could use translation services if necessary. Staff and

Good

Are services caring?

patients told us that a family member was often used to aid communication if appropriate. We did not see any notices in the reception areas informing patents this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and on the practice website told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 101 patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

The senior GP told us that if families had suffered bereavement, their usual GP contacted them by phone or visited them and followed this up two weeks later where appropriate in order to offer support, advice or signposting to a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice were looking at different options regarding new premises in conjunction with other practices and the CCG. We also saw evidence in meeting minutes of changes to the INR service delivery in response to local need.

- The practice offered extended opening hours on Monday and Tuesday evenings until 7.30pm for working patients who could not attend during normal opening hours.
- An on call GP was available on a daily basis to deal with urgent home visits or other urgent matters.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice was situated on the first and second floors of the building. The practice did not provide good access for patients with reduced mobility. The current doorway into the practice was not wide enough for a wheelchair to get through. The practice had two clinical rooms downstairs and the practice tried to ensure that patients who were unable to negotiate the stairs were seen in a downstairs room.
- Accessible toilet facilities were available for all patients attending the practice.

Access to the service

The main surgery was open between 08.30am and 7.30pm on Monday and Tuesday, 08.30 to 6.30pm on Wednesday, 08.30 to 12.30pm on Thursday and 08.30am to 6.30pm on Friday.GP, nurse and HCA appointments were available from 08.30am with the last appointment being 5.30 pm other than on Monday and Tuesday when the practice offered extended opening hours until 7.30pm at the main surgery. The branch surgery was open between 8.30am and 12.30pm Monday to Friday with GP appointments available on Monday, Wednesday and Friday and nurse appointments on Tuesday. In addition to pre-bookable appointments that could be booked up to a month in advance, urgent appointments were also available for people that needed them.

Appointments could be booked online, by telephone or in person. When the practice was closed during the daytime patients calling the practice and requiring a GP urgently were diverted to the on-call GP.

Results from the national GP patient survey showed that patient's satisfaction withhow they could access care and treatment was higher than local and national averages. People told us on the day that they were were able to get appointments when they needed them.

- 73.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 73.1% and national average of 75.7%.
- 83.8% patients said they could get through easily to the surgery by phone compared to the CCG average of 69.7% and national average of 74.4%.
- 76.3% of patients described their experience of making an appointment as good compared to the CCG average of 73.6% and national average of 73.8%.
- 81.3% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 64.5% and a national average of 65.2%.

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.
- The practice manager and senior GP were the designated responsible persons who handled all complaints in the practice.
- We saw that comprehensive information was available to help patients understand the complaints system by means of a poster in the reception area, a patient leaflet and information on the practice website.

We looked at the one complaint the practice had received in the last 12 months and found this was dealt with in a timely and open way. The learning from the complaint was communicated to the complainant and was well

Good

Are services responsive to people's needs?

(for example, to feedback?)

documented. The learning had been implemented in order to improve the quality of care. For example the complaint related to a late referral and the learning was that referrals should be double checked to see if they were urgent.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was part of their business plan and stated that 'the quality of care provided to patients was the key priority and guaranteed that care would be safe, timely, effective, patient centred and equitable'. Core values for all staff were openness, fairness, respect and accountability.These values were demonstrated by staff during our inspection.
- The practice had a robust strategy and we saw a supporting business plan for 2014 -2017 which reflected the vision and values and were regularly monitored.
- A number of areas for improvement had been identified in the practice business plan and the practice manager was relatively new in post and had started to put in place some new systems and processes in order to make them more robust. However at the time of our inspection these had not yet had time to be embedded.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We reviewed 22 policies and procedures. Some policies required more detailed guidance.
- There was a programme of continuous clinical audit which was used to monitor quality and to make improvements.
- There were limited arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had identified this as an issue and were taking steps to address it.
- There were regular minuted meetings, including practice meetings, meetings between admin and reception staff, multi disciplinary team meetings, palliative care meetings, and peer review meetings.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

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

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

Since our inspection the practice had identified a number of areas where they felt there was room for improvement and had put in place an action plan to address this as part of their strategy going forward. These actions have not had time to be implemented yet or not had time to be embedded but demonstrated that the practice had awareness of the need for change.

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

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

- It had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. There was a virtual PPG consisting of 10 members who the practice consulted to gain their views and agree key areas for improvement. Areas where the practice had acted on

Are services well-led?

Requires improvement

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

feedback from patients and the virtual PPG to make improvements were; changing the practice phone number to a local rate one and improving patient telephone access by introducing an extra telephone in reception and supplying an extra member of staff at the times which had been identified as the busiest. The practice had also gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt more involved and engaged to improve how the practice was run than they had in the past. Staff had not received annual appraisals but this had already been identified as an issue by the new practice manager and had been scheduled.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were engaged with other practices locally to work together to mprove outcomes for patients in the area.

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 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 12 – (1) Care and Treatment must be provided in a safe way for service users. 12 - (2) (b) – do all that is reasonably practicable to mitigate any such risks (h) – assessing the risk of, and preventing, detecting and controlling the spread of infections inclose those that are health care associated This was in breach of 12 (1) (2)(b) (h) 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 17 HSCA (RA) Regulations 2014 Good governance 17 – (1) Systems and processes must be established and operated effectively to ensure compliance. (2) – (b) – assess, monitor and mitigate the risks relating to the health, saety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. This was in breach of Regulation 17 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

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

19 – (1) Persons employed for the purposes of carrying on a regulated activity.

(a) be of good character

(b) have the qualifications, competence, skills and experience which are necessary for the work to be performed by them

This was in breach of Regulation 19 1(a)(b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014)