

# Ouse Valley Practice

## Quality Report

Dumbledore Primary Care Centre  
Haywards Heath  
West Sussex  
RH17 6HB  
Tel: 01444 405750  
Website: [www.ousevalleypractice.nhs.uk](http://www.ousevalleypractice.nhs.uk)

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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

We carried out an announced comprehensive inspection at Ouse Valley Practice on 1 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patient's 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The medicine management systems were not always safe, for example, medicines were not stored securely, not all fridge temperatures were monitored correctly and the monitoring of prescription pads and printer forms was not robust enough to ensure their security.

The areas where the provider must make improvement are:

# Summary of findings

- The provider must ensure that systems for the management and security of medicines are robust and safe.
- The provider must ensure that they have a record of hand written and computerised prescription serial numbers to monitor their use. This must be maintained and up to date
- The provider must ensure the actions taken as a result of the infection control audit are documented.
- The provider must maintain a record of equipment and room cleaning to assist with maintaining the cleanliness of the environment and informing future audits

The areas where the provider should make improvements are:

- The provider should continue to develop their systems for involving patients in providing feedback to the practice.

**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.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed. However, the practice had not always ensured that medicine management systems protected patients.
- Actions as a result of infection control audits had not been documented and records were not maintained to demonstrate clinical areas were cleaned.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



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

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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. For example, the practice had developed risk templates and carried out risk profiles to ensure patients who needed additional support were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



# Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice proactively sought feedback from staff and patients, which it acted on. However the practice patient participation group was no longer active and the practice were exploring ways of developing a new group.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had worked with local care homes to develop risk assessments and care plans for patients. They worked closely with the proactive care team (a team of healthcare professionals who work with people with long term conditions and their carers to actively promote health and wellbeing in the community) to ensure patient's needs were met and to avoid hospital admissions.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 96% which was higher than the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 80% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months which was higher than the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 84% compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Extended hours allowed patients to have an appointment before or after work if they work night.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good





# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

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

- 81% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 259 survey forms were distributed and 107 were returned. This represented 1.6% of the practice's patient list.

- 74% of patients found it easy to get through to this surgery by phone compared to a national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 85%).
- 86% of patients described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 80% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were positive about the standard of care received. Patients told us that they had a positive experience of using the surgery, they were treated with respect and their dignity maintained. Patients told us that they could usually get an appointment to suit them.

We spoke with four patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- The provider must ensure that systems for the management and security of medicines are robust and safe.
- The provider must ensure that they have a record of hand written and computerised prescription serial numbers to monitor their use. This must be maintained and up to date
- The provider must ensure the actions taken as a result of the infection control audit are documented.

- The provider must maintain a record of equipment and room cleaning to assist with maintaining the cleanliness of the environment and informing future audits

### Action the service **SHOULD** take to improve

- The provider should continue to develop their systems for involving patients in providing feedback to the practice.

# Ouse Valley Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Ouse Valley Practice

Ouse Valley Practice offers primary medical care via a general medical services (GMS) contract to approximately 6,525 registered patients. The practice provides services to a higher number of patients who are aged between 35 and 54 and over 85 years of age, when compared with the local clinical commissioning group (CCG) and England average. The practice is in an area with lower deprivation levels compared to the national average.

The practice clinical staff comprises of four GP Partners (all female), a nurse practitioner, two practice nurses and four health care assistants.

The Practice is supported by a team of dispensary staff, administration staff including an office manager, reception and secretarial team. Day to day management is undertaken by a practice manager.

The practice runs a number of services for its patients including minor surgery, asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support. The practice also supports patients who have been excluded from other GP practices.

Services are provided from:

Ouse Valley Practice (Main Surgery)

Dumbledore Primary Care Centre

Haywards Heath

West Sussex

RH17 6HB

And

Balcombe Surgery (Branch)

Deanland Road

Balcombe

West Sussex

RH17 6PH

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 February 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, healthcare assistants and reception and administration staff. We spoke with patients who used the service at the location and members of the patient participation group.
- We visited the branch surgery to look at the medicine management practices at this premises including the dispensary.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when an error occurred, in the management of appointments, the practice took steps to review its systems and procedures. Actions to reduce the risk of a reoccurrence were put in place and staff received support and training.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level three.
- Notices in the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a

Disclosure and Barring Service 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). The practice had a detailed risk assessment for each member of staff who did not have a DBS check.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit took place in November 2015 and the outcome was positive with the practice scoring 87%. We noted some areas had been highlighted for action, for example, the need for eye protection and ordering disposable curtains. An action plan had not been completed. However we saw that new disposable curtains were in place. We saw that the practice did not maintain a record of equipment and room cleaning to assist with maintaining the cleanliness of the environment and informing future audits.
- Not all medicine management practices were safe. For example, whilst medicines were stored securely in the dispensaries and treatment rooms, one refrigerator at the branch surgery, used to store dispensary medicines, was not secure allowing unauthorised access. Temperature records were available for the four medicines refrigerators. Two sets of records provided assurance that the refrigerators had remained within the recommended temperature range. However, the other two sets of records for the dispensary fridges at both the main practice and the branch were incomplete and did not provide assurance that the refrigerators had remained within the recommended temperature range. We also found one medicine requiring refrigeration not being stored within a refrigerator. Processes were in place to check medicines were within their expiry date and suitable for use including expiry date checking. However, we found two items in a dispensary

## Are services safe?

refrigerator at the branch surgery, sterile needles and professional samples (medicines used for health education of patients in areas such as diabetes and smoking cessation) that were out of date.

- The nurses used Patient Group Directions (PGDs) to administer vaccines that had been produced in line with legal requirements and national guidance. Whilst current in date PGDs signed by the appropriate people were available at the main practice, these were not available at the branch where we found copies of older PGDs that were due for review in 2007. The health care assistant administered vaccines and other medicines using Patient Specific Directions (PSDs) that were produced by a prescriber.
- All non-dispensing patient prescriptions were reviewed and signed by a GP before they were given to the patient. Prescribers signed all acute prescriptions for dispensing patient at the end of each session. However, they signed all repeat dispensing patient prescriptions after the patient had collected their medicines. Whilst blank prescription forms for use in printers and those for hand written prescriptions were generally stored securely, we saw prescriptions were not always secure at the branch surgery. Blank prescription pads and computer forms were not tracked on-site in accordance with national guidance.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. Practice staff had not consistently followed these procedures. The controlled drugs were stored securely and access to them was restricted. However, the keys were not always held securely. The practice had recently identified discrepancies within their controlled drug registers. The practice explained the investigations they had undertaken and the involvement of the Controlled Drugs Accountable Officer from the NHS Area Team. At the time of the inspection the investigations was on going. Whilst there were arrangements in place for the destruction of controlled drugs they were not being followed in a timely manner. For example some medicines requiring destruction were stored since 2013.
- The practice had appropriate processes in place for the production of prescriptions and dispensing of

medicines. However, we found they had received, but not processed an order from September 2015.

Dispensing staff had all completed appropriate initial training.

- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. The practice was in the process of installing a bar code scanner to reduce product selection errors within the dispensing process.
- We reviewed five personnel files for staff recently employed and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

# Are services safe?

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, flooding or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available This practice was not an outlier for QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was higher than national average. 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 96% compared to the national average of 88%.
  - The percentage of patients with hypertension having regular blood pressure tests was 87% compared to the national average of 84%.
  - Performance for mental health related indicators was higher than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% compared to the national average of 88%.
  - The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 81% compared to the national average of 84%.

Clinical audits demonstrated quality improvement.

- We reviewed four clinical audits completed in the last year, these were completed audits where the improvements made were implemented and monitored. Improvements included review of patients on the combined contraceptive pill who complained of migraine. The follow up audit demonstrated improvement with no cases of associated migraine found.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example a medicines prescribing audit and a cancer emergency admissions audit.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics 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 for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- 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.



# Are services effective?

(for example, treatment is effective)

## Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

## Consent to care and treatment

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

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

## Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 84% which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example the number of patients aged between 60 and 69 screened for bowel cancer in last 30 months was 61% compared to a CCG average of 64% and a national average of 58%.

Childhood immunisation rates for the vaccines given were comparable or higher than CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 90% to 100% compared to the CCG range of 92% to 96% and five year olds from 86% to 96% compared to the CCG average range of 86% to 96%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

There were 26 Care Quality Commission patient comment cards received. There were 23 which were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring, professional and treated them with dignity and respect. There were three comment cards which contained concerns about the performance of the dispensary although they all stated that they had seen some improvement in this area.

We spoke with four patients on the day of the inspection and their responses supported the feedback we received on the comment cards.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average or above average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 90% of patients said the GP gave them enough time (CCG average 89%, national average 87%).
- 93% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 86% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91, national average 90%).
- 91% of patients said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 81%)
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

The patients we spoke with and feedback we received through comment cards indicated that patients were happy with the way the GPs, nurses and healthcare assistants involved them in their care and treatment.

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

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room 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. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had established close links with the proactive care team (a team who work with people with long term conditions and their carers to actively promote health and wellbeing in the community) and developed strategies to support patients and avoid hospital admissions

- The practice offered appointments outside usual hours on Monday mornings from 6.55am for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children, frail elderly patients and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8.30am and 6pm Tuesday to Friday. Extended surgery hours were offered between 6.55am and 8am on Mondays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The practice has made arrangements with the out of hours provider to provide essential services outside of these hours however we were told that an allocated GP is available in the practice during the core hours of 8am to 6.30pm should access to a GP be required.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 75%.
- 74% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and the national average of 73%.
- 82% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Patients told us that they could always see a GP or nurse on the day if urgent.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets were available in the reception area and information was also on the practice website.

We looked at the record of complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. We saw that the practice recorded verbal complaints and demonstrated openness and transparency with dealing with the complaint.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice has received a high number of complaints in respect of the dispensary services offered by the main surgery and branch. We saw evidence of actions taken to address these concerns and improve the service which include the recruitment of new dispensary staff and the training and development of dispensary team. We saw evidence of appropriate and timely responses to complainants.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the areas of risk with medicine management had not been adequately assessed and managed.

### Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group and through surveys and complaints received in the past. There was no active patient participation group (PPG) and the last survey carried out was in 2014. The practice reviewed information from the national patient survey, reviews complaints and compliments and comments and suggestions from patients. We were told that they were attempting to set up a new PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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 involved and engaged to improve how the practice was run.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The provider had not ensured repeat prescriptions used by the dispensary were signed prior to collection.
Maternity and midwifery services	The provider had not ensured that all medicines were stored securely.
Surgical procedures	The provider had not ensured accurate records were maintained of blank prescription pads and computer forms.
Treatment of disease, disorder or injury	The provider had not ensured that accurate and full records were maintained of fridge temperatures.
	The provider had not ensured the actions taken as a result of the infection control audit are documented.
	The provider had not maintained a record of equipment and room cleaning to assist with maintaining the cleanliness of the environment and informing future audits
	This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014