Dr Zaw Thike

Quality Report

The Surgery,
Folkestone,
Kent
CT18 8HY
Tel: 01303862109
Website: www.thesurgerylyminge.nhs.uk

Date of inspection visit: 5 April 2016
Date of publication: 02/06/2016

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

Ratings

Overall rating for this service	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

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 6

What people who use the service say 9

Areas for improvement 9

Detailed findings from this inspection

Our inspection team 10

Background to Dr Zaw Thike 10

Why we carried out this inspection 10

How we carried out this inspection 10

Detailed findings 12

Action we have told the provider to take 21

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Zaw Thike on 5 April 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 for reporting and recording significant events. However, formal recording, learning and action from near misses did not always occur in the dispensary.
- Risks to patients were assessed and well managed, with the exception of consistent recording of fridge temperatures where vaccines were stored and near misses in the dispensary.
- 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 that there was continuity of care, with urgent appointments available the same day.
- Results from the national GP patient survey were consistently better than the local and national average.
- The practice was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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 areas where the provider must make improvement are:

Summary of findings

- Ensure that records detailing the cold storage of vaccines are routinely and consistently completed and that there are protocols to manage this activity during times of staff absence.
- Ensure near misses in the dispensary are managed to reduce the risk of errors in the future.

The areas where the provider should make improvement are:

- Review how daily and weekly infection prevention activities are recorded.
- Continue to identify patients who are also carers and build on the current carers register to help ensure that all patients on the practice list who are carers are offered relevant support if required.

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.

- There was an effective system for reporting and recording significant events. However, formal recording, learning and action from near misses did not always occur in the dispensary.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended 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 to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, with the exception of consistent recording of fridge temperatures where vaccines were stored and near misses in the dispensary.
- The nursing team told us they undertook daily and weekly infection prevention activities. However, there were no records to confirm this.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were similar to the local and 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?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for most 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?

Good

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.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice 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.

Are services well-led?

Good

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

- 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 that included all staff members.
- There was an overarching governance framework which supported the delivery of the practice aims, values 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 principal GP and practice manager encouraged a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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

Good

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 worked closely with other healthcare professionals such as the community nurses and had reduced unplanned admissions in this population group by 33% since 2013/14.

People with long term conditions

Good

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.
- Home visits and longer appointments were available for patients that needed them. Staff booking these appointments were supported with long-term condition protocols to help them book the correct time slot and provide patients with important information about the appointment.
- These patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems 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.
- 79% of patients with asthma, on the register, had received an asthma review in the preceding 12 months that included an assessment of asthma control (national average 75%).

Summary of findings

- The practice's uptake for the cervical screening programme was 82%, which was the same as the national average.
- 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)

Good

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.
- Online services were available as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a nurse led clinic every Thursday evening between 6.30pm and 7.50pm for working patients who could not attend during normal opening hours.

People whose circumstances may make them vulnerable

Good

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

- 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.
- 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)

Good

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

Summary of findings

- 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 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was consistently performing better than national averages. Two hundred and thirty survey forms were distributed and 106 were returned. This represented 4% of the practice's patient list.

- 91% of respondents said they found it easy to get through to this surgery by phone compared to a national average of 73%.
- 82% of respondents said they were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 92% of respondents described the overall experience of their GP surgery as fairly good or very good (national average 86%).
- 89% of respondents 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 asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards 28 were positive about the service provided at the practice. Patients commented that they felt listened to by the GPs and the nurses and that the friendly, efficient staff responded compassionately when patients needed help and support. Two comment cards contained mixed comments and one was negative. Negative comments were about telephone access and a delay in diagnosis.

We spoke with six patients, including two members of the patient participation group (PPG). They all talked positively about the personalised and responsive care the practice provided. Patients told us they appreciated the patient centred, family practice approach adopted by the practice and said their dignity, privacy and preferences were always considered and respected.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvement are:

- Ensure that records detailing the cold storage of vaccines are routinely and consistently completed and that there are protocols to manage this activity during times of staff absence.
- Ensure near misses in the dispensary are managed to reduce the risk of errors in the future.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review how daily and weekly infection prevention activities are recorded.
- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.

Dr Zaw Thike

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 and a practice manager specialist adviser.

Background to Dr Zaw Thike

Dr Zaw Thike (also known as The Surgery Lyminge and Hawkinge Surgery) is a single handed General Practitioner (GP) whose practice serves the local area in Lyminge and Hawkinge, Folkestone. There are approximately 2600 patients on the practice list. The practice has more patients aged over 64 years and fewer patients aged 14 and under than national averages. There are significantly more patients (75%) with a long standing health condition, compared to the national average (60%).

The practice holds a Personal Medical Service contract and consists of one GP (male), one salaried GP (female) and two practice nurses (female). A wide range of services are offered by the practice including diabetes clinics, weight management and child immunisations.

Dr Zaw Thike is able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. This service is delivered by two dispensers (female). The GPs, nurses and dispensers are supported by a practice manager and a team of administration and reception staff.

The practice is open from 8am to 6.30pm. Morning appointments begin at 8.30am and finish at 11.10am. Afternoon appointments commence at 3.10pm and conclude at 5.30pm. The nurse offers extended hours appointments every Thursday from 6.30pm to 5.30pm.

The practice has recently completed renovations in the clinical rooms and is currently undertaking renovations in the waiting room area at The Surgery in Lyminge. Negotiations are underway between the provider and NHS England to move The Hawkinge Surgery to more suitable premises within Hawkinge.

An out of hour's service is provided by Integrated Care 24, outside of the practices open hours and there is information available to patients on how to access this at the practice, in the practice information leaflet and on the website.

Services are delivered from the main site at:

The Surgery, Church Road, Lyminge, Folkestone, Kent, CT18 8HY.

And branch site

The Hawkinge Surgery, 99 Canterbury Road, Hawkinge, Folkestone, Kent, CT18 7BS.

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 5 April 2016. During our visit we:

- Spoke with a range of staff including one GP, one practice nurse, the practice manager, reception and administration staff and patients who used the service.
- Observed how staff talked with patients, 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.'
- We visited the main site at The Surgery. We did not visit the branch site at The Hawkinge Surgery.

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents, there was a recording form available.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records and incident reports. There were seven significant events recorded in the last 12 months, the practice had analysed and learnt from these events in order to improve safety in the practice. For example, a medication dispensing error resulted in a review and amendment of protocols. Staff we spoke with were aware of this significant event and subsequent changes.

When there were unintended 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 to keep patients safe and safeguarded from abuse, which included:

- There were arrangements 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. The principal GP was the lead member of staff for safeguarding. The GP 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. GP was trained to Safeguarding Children level 3.
- Notices in the waiting room and clinical areas advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role but not all staff undertaking this role 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 was aware of this and we saw evidence that they had begun DBS applications for relevant staff members.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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 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 nursing team told us they undertook daily and weekly infection prevention activities. However, there were no records to confirm this.
- The arrangements for managing medicines at the practice, including emergency medicines and oxygen kept patients safe (obtaining, prescribing, recording, handling, storing and security). Medicines which required refrigeration were kept between 2oC and 8oC, however, records were not always consistently kept to demonstrate this. For example, the practice failed to record the temperature of the fridge, where vaccines were stored, during renovations and a period of staff absence for one week in February 2016.
- 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. Prescription pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The principal GP was responsible for the dispensary and we saw evidence that staff involved in dispensing activities were trained to an appropriate level. Standard operating procedures were used and reviewed regularly. Dispensing errors were recorded as significant events and learning demonstrated. However, formal recording, learning and action from near misses did not always occur. For example, the practice failed to action a near miss when two medicines with the same name were confused. This later resulted in a significant event involving the same two medicines.

Requires improvement

Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. The appropriate checks through the Disclosure and Barring Service had been applied for.
- There were systems 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, with the exception of medicine management.

- There were procedures 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 to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure that enough staff were on duty. The practice worked closely with another local GP to ensure a continuance of service in an emergency situation. This buddy system had been applied during adverse weather in the past, to ensure staffing levels were maintained.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 was 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 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.

- There were systems 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, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 01/04/2014 to 31/03/2015 showed;

- Performance for diabetes related indicators were better than the CCG and national average. For example, 92% pf patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months (national average 78%)
- 88 % of patients with hypertension had regular blood pressure tests which was similar to the national average 84%.
- 79% of patients with asthma, on the register, had received an asthma review in the preceding 12 months that included an assessment of asthma control (national average 75%).

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years; one for minor surgery and one prescribing medicines. The two cycles of minor surgery audit showed good results and little or no remedial action had been required.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the prescribing audit had reduced the number of patients receiving a medicine that had been associated with increased risks of cardiovascular complications.

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 on going support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision 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 safety awareness, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Good

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 on going 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. The practice worked closely with the community nurses and had added patients requiring multidisciplinary care to the unplanned admissions register. Patients on the register were regularly reviewed and unplanned admissions had been reduced by a third from 2013/14 to 2015/16.

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 receiving palliative care, 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.

The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. There was a policy to conduct telephone reminders for patients who did not attend for their cervical screening test. There were systems 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. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were similar to national averages. For example, childhood immunisation rates for the vaccines given to children aged 24 months and under two ranged from 80% to 100% (national average 82% 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.

Good

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 were able to offer patients who wanted to discuss sensitive issues or appeared distressed a private room to discuss their needs.

We received 31 comment cards, 28 were positive about the service provided at the practice. Patients commented that they felt listened to by the GPs and the nurses and that the friendly, efficient staff responded compassionately when patients needed help and support. Two comment cards contained mixed comments and one was negative. Negative comments were about telephone access and a delayed diagnosis

We spoke with six patients, including two members of the patient participation group (PPG). They all talked positively about the personalised and responsive care the practice provided. Patients told us they appreciated the patient centred, family practice approach adopted by the practice and said their dignity, privacy and preferences were always considered and respected.

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

- 94% of respondents said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 93% of respondents said the GP gave them enough time (CCG average 85%, national average 87%).
- 95% of respondents said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 92% of respondents said the last GP they spoke to was good at treating them with care and concern (national average 86%).
- 95% of respondents said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 90%, 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 better than national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments (national average of 86%).
- 88% said the last GP they saw was good at involving them in decisions about their care (national average 82%)
- 98% said the last nurse they saw was good at involving them in decisions about their care (national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language, but to date there had been no cause to access this service.

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. The practice had identified 31 patients who were also carers which was 1.2% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Good

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 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.

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.

- The practice offered a nurse led clinic every Thursday evening between 6.30pm and 7.50pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for patients with long-term conditions such as diabetes and asthma.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice manager and GP regularly reviewed demands on appointments and made changes when necessary.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.10 am every morning and 3.10pm to 5.30pm every afternoon. Extended surgery hours were offered by the nursing team every Thursday from 6.30pm to 7.50pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was consistently and significantly better than the national averages.

- 88% of patients who responded were satisfied with the practice's opening hours compared to the national average of 78%.
- 91% patients who responded said they could get through easily to the surgery by phone (national average 73%).
- 80% patients who responded said they always or almost always see or speak to the GP they prefer (national average 36%).

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

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance for GPs in England.
- The practice manager was responsible for managing complaints in the practice.
- We saw that information was available to help patients understand the complaints system; there was a complaints policy which included timescales by which a complainant could expect to receive a reply. Information was available to help patients understand the complaints system in the form of leaflets, notices and material on the practices website.

There had been seven complaints received in the last 12 months: three clinical, two for communication and attitude of staff and two for dispensary. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, after investigating a complaint about the delay in the supply of medicines protocols were reviewed and action was taken.

The practice also reviewed, responded, learnt from and shared positive feedback with staff.

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 values were aimed at delivering safe, patient centred, and responsive care.

- Staff understood and engaged with the practice values.
- The practice had strategies and plans which reflected the values.

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 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 was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of monitoring fridge temperatures during staff absences and renovations, as well as managing near misses in the dispensary.

Leadership and culture

The principal GP and the practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The principal GP and the practice manager were visible in the practice and staff told us they were approachable and 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 principal GP encouraged a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents.

When there were 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 for both positive and negative incidents.

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

- Staff told us the practice held monthly 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. We noted that training was often completed by the practice as a team.
- Staff said they felt respected, valued and supported, particularly by the principal GP and the practice manager. Staff we spoke with said they were involved in discussions about how to run and develop the practice, and the principal GP 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 engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints and compliments received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had replaced the ramp for patients who use wheelchairs after concerns were raised. After receiving a complaint about uncomfortable seating, the practice consulted with patients through the PPG, before ordering new chairs to ensure new seating suited patients' needs and requirements.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that they felt involved and engaged to improve how the practice was run.

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 participated in schemes to

Are services well-led?

Good

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

improve outcomes for patients in the area. For example, the practice had adopted the iPlato Patient Care Messaging scheme introduced by the local clinical commissioning group (CCG) to remind patients about upcoming appointments. This system had also been used by the practice to deliver health improvement information.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had failed to assess the risks to the health and safety of service users receiving the care or treatment, do all that is reasonably practicable to mitigate any such risks; as well as the proper and safe management of medicines: In that: • For a period of one week in February 2016, the practice had failed to record the temperature of the medicine fridge used for the safe storage of vaccines. • Formal recording, learning and action from near misses in the dispensary, did not always occur. This was in breach of regulation 12(1)(2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.