

# Barrowford Surgery Limited

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection Barrowford Surgery Limited

on 2 February 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with 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 areas where the provider must make improvements are

- Put in place effective checking systems for equipment, medication and fridge temperatures to ensure risks to patients are minimised.

# Summary of findings

- Carry out a fire risk assessment and regular testing of fire systems. Ensure staff be fully aware of evacuation procedures
- Risk assessments must be in place including health and safety and legionella assessments
- Emergency medications and equipment for emergency procedures must be in date and easily accessible.
- Recruitment arrangements must include evidence of all necessary employment checks for staff.
- Have effective infection control systems in place with training for key staff and with links made with the Infection and Control (IPC) teams for advice and support.
- Improve handling of blank prescription forms to reflect nationally accepted guidance as detailed in NHS Protect Security of prescription forms guidance.
- Have written consent in place for minor surgery where more invasive procedures i.e. excisions occurred.

In addition the provider should:

**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.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

- We found that risk assessments such as health and safety, fire and legionella were omitted and that systems were not in place to ensure patients were safe.
- Medications and equipment for emergency procedures were not in date or easily accessible.
- Handling of blank prescription forms need was not in line with nationally accepted guidance as detailed in NHS Protect Security of prescription forms guidance.
- Recruitment arrangements did not evidence all necessary employment checks for staff had been carried out.
- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

**Good**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- We saw that patients were well supported with their health promotion and long-term conditions.
- The practice had good links with Carer's Link who met as a support group regularly at the practice and patients could make appointments individually for support with advisors.

**Good**



## Are services well-led?

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

- The governance arrangements were not fully embedded and this had led to gaps in safe management of the service. For example, audit and checking systems were not effective to ensure risks to patients were minimised and patients were safe.
- There was a leadership structure and staff told us they felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had good links with other local GP practices to mutually support each other, share skills and provide GP cover arrangements.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice delivered gold standard end of life care, using regular reviews and multidisciplinary working.
- They routinely offered all patients aged 75 and over at least fifteen minute appointment times.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients discharged from hospital were contacted by the practice to review their health needs.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

**Requires improvement**



# 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 ranged from 86-100% for all standard childhood immunisations which were comparable with the CCG rates.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Women aged 25 to 64 who had a cervical screening test recorded in the preceding five years was 80%, which was comparable with the national average.
- A weekly baby clinic was provided with the GP and nurse.

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

The practice is rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However

- 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 telephone consultations as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended opening hours during the week on a Monday evening until 7:30pm.

**Requires improvement**



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.

**Requires improvement**



# Summary of findings

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

**Requires improvement**





# Summary of findings

## What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing in line with local and national averages. Of 306 surveys distributed (The patient list size was 3473) there were 111 returns representing a response rate of 36.3%, equating to 3.2% of the practice's list. Of the responses:

75% found it easy to get through to this surgery by phone compared with a national average of 73%.

81% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.

71% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.

88 % were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.

88% said the last appointment they got was convenient compared with a national average of 92%.

69% described their experience of making an appointment as good compared with a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were positive about the standard of care received.

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

- Put in place effective checking systems for equipment, medication and fridge temperatures to ensure risks to patients are minimised.
- Carry out a fire risk assessment and regular testing of fire systems. Ensure staff be fully aware of evacuation procedures
- Risk assessments must be in place including health and safety and legionella assessments
- Emergency medications and equipment for emergency procedures must be in date and easily accessible.

- Recruitment arrangements must include evidence of all necessary employment checks for staff.

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

- Have effective infection control systems in place with training for key staff and with links made with the Infection and Control (IPC) teams for advice and support.
- Improve handling of blank prescription forms to reflect nationally accepted guidance as detailed in NHS Protect Security of prescription forms guidance.
- Have written consent in place for minor surgery where more invasive procedures i.e. excisions occurred.

# Barrowford Surgery Limited

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team included a **CQC lead inspector** a GP and a practice nurse specialist adviser.

## Background to Barrowford Surgery Limited

Barrowford Surgery is located in Barrowford on the outskirts of Colne. They have 3473 registered patients. They have a higher than national average population of patients aged over 40 -70 years.

The practice provides Personal Medical Services PMS under a contract with NHS England. The practice is also contracted to provide a number of enhanced services, which aim to provide patients with greater access to care and treatment on site. They offer enhanced services in; extended hours, supporting people with dementia, childhood vaccinations and minor surgery. They are also a GP training practice, providing support and guidance to trainee GPs.

There are two male GPs; a female advanced nurse practitioner, female practice nurse who can prescribe medication and female healthcare assistant. These are supported by a practice manager and an experienced team of reception/administration staff. The practice is open between 7:30am and 6:30pm Monday to Friday, with extended hours on a Monday evening until 7:30pm and early closure on a Thursday at 12.00 pm. Appointments are available from 7:30 am to 6:30pm. The practice was covered by GPs from other local practices on a Thursday afternoon for emergency appointments. The practice has opted out of providing out of hours

services (OOHs) for their patients. When the practice is closed patients use the 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

## 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.

## How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and NHS East Lancashire CCG Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) and national GP patient survey.

We carried out an announced inspection on the 2 February 2016. During our visit we spoke with one GP, advanced

# Detailed findings

nurse practitioner, health care assistant the practice manager and four reception/ secretarial staff. We also spoke with four patients. We reviewed four CQC comment cards where patients shared their views and experiences of the practice.

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

Older people

People with long term conditions

Families, children and young people

Working age people (including those recently retired and students)

People whose circumstances may make them vulnerable

People experiencing poor mental health (including people with dementia)

# 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 also a recording form available on the practice's computer system.
- The practice carried out 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 there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe,

- Arrangements were in place to safeguard adults and children 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 where 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.
- A notice was displayed in the waiting room, advising patients a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- We reviewed two recruitment files and saw that some checks had been undertaken prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However we did note that some information was omitted i.e. references and proof of identification, were not in place for staff reviewed. We discussed this with the practice manager who told us that verbal references had been taken but not recorded.
- We saw whilst an infection control risk assessment had been completed other important risk assessments had been omitted. We noted that health and safety risk assessments for the building and fire and legionella risk assessments were not in place.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy however we found that dressings and single use items were out of date and that checking systems were ineffective. A member of staff was identified as the infection prevention and control (IPC) lead but had only received basic training in infection control and there had been no liaison with the IPC teams to keep up to date with best practice.
- The temperatures for the vaccine fridges were regularly audited but we noted that there was only one thermometer integral to the fridge. This was not regularly (i.e. monthly) calibrated and it was not clear to what extent the readings taken were accurate. This is not in line with protocols provided by NHS England on the storing of vaccines.
- We saw that the prescription pads were stored securely upon arrival into the building but no record was in place once they were delivered to the clinician to ensure an audit trail remained.

# Are services safe?

## Monitoring risks to patients

Risks to patients were not always assessed

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- We noted the fire procedure and maintenance records for the fire equipment were in place. However the practice had not completed a fire risk assessment and no regular testing of the fire system or fire drill had taken place and staff were unaware of evacuation procedures.
- The practice had not undertaken risk assessments in areas such as health and safety and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Arrangements to deal with emergencies and major incidents

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

- 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.
- Medication for use in an emergency was stored in a locked treatment room. We noted that some out of date emergency medicines were in this area. We were told these were to be disposed of but replacements had not yet been ordered. We also noted that medicines were not stored together and were not easily accessible if an emergency occurred.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

### 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 94.4% of the total number of points available, with 3.5% clinical 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). This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014-2015 showed;

Data showed;

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months were comparable with other practices at 78% with national average at 84%.
- Emergency hospital admissions were comparable with national figures with emergency admissions for care sensitive conditions per 1000 population at 14.09 compared to a national average of 14.6 per 1000 population.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to other practice at 80.71% and 1.9 % below national averages.
- Performance for COPD related indicators was 90.91% which was 8% above the CCG and 10% above national averages.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been two clinical audits completed in the last two years. The audits covered the Warfarin prescribing and minor surgery. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. Information about patients' outcomes was used to make improvements such as; a reduction in the overall prescribing rates.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Additional staff had been recruited such as a nurse prescriber and a health care assistant to provide increased flexibility to appointments and service provided.

### 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 test results. Information such as

# Are services effective?

## (for example, treatment is effective)

NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

- The practice worked with other service providers to meet patients' needs and manage those patients who had complex needs. It received blood test results, X-ray results, letters and discharge summaries from other services, such as hospitals and out-of-hours services, both electronically and by post. All staff we spoke with understood their roles and responsibilities when processing the information.
- There were systems in place for these to be reviewed and acted upon where necessary by clinical staff.
- Staff worked together and with other health services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

- We saw that verbal consent was obtained during minor surgery but we noted that in some cases for example more invasive procedures i.e. excisions, written consent were not obtained. Written consent should be in place.

### Supporting patients to live healthier lives

- Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and patients with mental health needs. Patients were then signposted to the relevant service, for instance patients with mental health needs were referred to local mental health services.
- Patients who may be in need of extra support, for instance, carers were also identified by the practice and signposted to advocacy and support groups.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80%, compared to the CCG average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- The practice also encouraged its patients to attend national screening programmes for instance screening for bowel cancer. The practice's uptake was 67.7% of patients screened compared to the CCG average of 57.7%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 66 to 96% and 86-100% for five year olds.
- 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 on 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.
- The majority of patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards and discussions with patients
- Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had good satisfaction scores on consultations with GPs and nurses. For example:

- 78.2% said the GP was good at listening to them compared to the CCG average of 88% and national average of 86%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.5% and national average of 95%
- 89% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and national average of 97%

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

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were below national averages. For example:

- 72% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 74% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86%.
- 89% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 82% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90%.

### 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 including advocacy and carers support groups.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register for all people who had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. A carers group was held weekly at the practice to give patients the opportunity to meet together and provide additional support.

Staff told us that if families had suffered bereavement a condolence letter was sent to relatives following the death of a patient offering support if required. Their usual GP also contacted them or made a home visit.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example

- Providing additional support to house bound patients, with the provision of nursing and phlebotomy services for patients at the practice.
- There were longer appointments available for people with long term conditions and vulnerable people with mental health needs or a learning disability.
- 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.

### Access to the service

Appointments were from 7.30am to 6.30pm daily. Extended hours surgeries were offered on a Monday until 7.30pm. The surgery closed on a Thursday afternoon. The surgery had links to another practice during the Thursday afternoon closure that provided support to patients. Urgent appointments were also available daily for people that needed them. Pre bookable appointments and longer appointments were also available when required.

The practice had commissioned a survey to look at the access for patients and reviewed how they deliver their appointments. The practice had introduced an automated phone system which allowed patients to request prescriptions and leave messages. They had also improved their appointment access by the nurse taking calls and prioritising treatment according to the seriousness of the patient's condition. The practice also improved appointment access by offering GP telephone consultations.

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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 81% patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 76%

### Listening and learning from concerns and complaints

The practice had a 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 for instance information was available on the web site and in the practice leaflet which explained the complaints process. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. These had been dealt with in line with the practice policy, identifying action taken and any lessons learned. We confirmed shared learning from these was discussed with staff at practice meetings.

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 had introduced a new telephone system and an online appointment system in response to patient concerns about not being able to access appointments easily.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice staff described a clear vision to deliver high quality care and promote good outcomes for patients. The practice manager described how the staff aimed to provide a safe and effective service whilst treating patients with respect and dignity in a safe and friendly environment.

The practice had an overall focus to deliver consistent, friendly and patient centred care and staff knew and understood these values.

The patients' brochure contained the mission statement 'You can expect a level of care from this practice that is of the highest standard, based on mutual respect and trust.'

### Governance arrangements

The practice had a limited governance framework to support the delivery of the strategy and good quality care:

The arrangements for identifying, recording and managing risks, issues and implementing the mitigating actions were not fully embedded. We noted there were important risk assessments omitted. For example, there were no environmental, fire and legionella risk assessments in place.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. They 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 and we saw evidence of recorded meeting minutes available to all staff.
- 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.
- The practice had good links with other local GP practices to mutually support each other, share skills and provide GP cover arrangements

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

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

- It had gathered feedback from patients through its own patient survey. For example the practice had responded to patients comments by introducing an automated phone system which improved access to appointments.
- The practice worked with the virtual patient participation group (PPG). There was not yet a fully active PPG but the practice manager continued to encourage membership and participation in decision making at the surgery.
- The practice had also gathered feedback from staff through individual appraisals and staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice held weekly meetings and staff said they were encouraged to raise items on the agenda. Staff confirmed they felt involved and engaged to improve how the practice was run.

## 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
	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with health and safety, safe medication management, fire and legionella.</p> <p>Emergency medicines were not in place to ensure the safety of patients in an emergency.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>We found that the registered person did not operate an effective recruitment system. The information required in Schedule 3 was not held for all staff.</p> <p>This was in breach of regulation 19(1)(a)(b)(2)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Requirement notices

### Regulated activity

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:**

The provider did not have systems or processes which were established and operated effectively in order to demonstrate good governance.

The provider did not assess, monitor and improve the quality and safety on its services provided.

This was in breach of Regulation 17(1)(2)(a)

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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