Washington House Surgery

Quality Report

77 Halse Road, Brackley, Northamptonshire. NN13 6EQ.
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection of Washington House Surgery on 30 July 2015. This was a comprehensive inspection under Section 60 of the Health and Social Care Act (2008) as part of our regulatory functions. The practice achieved an overall rating of good. Specifically, we found the practice to be good for providing effective, caring, responsive and well-led services. We found it to be requiring improvement for safe. It was good for providing services for older people; people with long-term conditions; families, children and young people; working age people; people whose circumstances may make them vulnerable and people experiencing poor mental health.

Our key findings were as follows:

- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.
- We saw patients receiving respectful treatment from staff. Patients felt they were seen by friendly and helpful staff. Patients reported feeling satisfied with the care and treatment they received.
- The practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness.
- The practice acted upon best practice guidance to further improve patient care.
- The management and meeting structure ensured that appropriate clinical decisions were reached and action was taken.
- Some systems to ensure the appropriate management of medicines were lacking or not fully implemented.
- Adequate recruitment procedures including completing the required background checks on staff were lacking.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

Summary of findings

- Ensure a coordinated approach to medicines management and that medicines are stored securely and within their expiry dates. Ensure the recording of stock of controlled drugs is completed properly and a process is in place that would identify if a form for hand written prescriptions was missing or used inappropriately.
- Ensure adequate recruitment procedures are in place including completing the required background checks on staff and that the required information is available in respect of each person employed.

In addition the provider should:

- Ensure that all staff are supported by receiving appropriate supervision and appraisal.
- Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented and audited appropriately. Staff should be trained in relation to infection control processes and procedures.

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 safe. There were incident and significant event reporting procedures in place and action was taken to prevent recurrence of incidents when required. The structure of management communications ensured that staff were informed about risks and decision making. Systems were in place to identify and respond to concerns about the safeguarding of adults and children. The medical equipment at the practice was fit for purpose and received regular checks for accuracy. Arrangements were in place for the practice to respond to foreseeable emergencies. Systems to ensure that medicines were checked, stored securely and that controlled drugs were managed appropriately were not adhered to. The practice appeared clean. However, some systems to protect people from the risks of infection were lacking. Systems to ensure that all staff employed at the practice received the relevant checks were lacking.

Are services effective?

Good

The practice is rated as good for effective. The practice reviewed, discussed and acted upon best practice guidance to improve the patient experience. There was a limited programme of clinical audit at the practice to further improve patient care and the practice was working on developing this further. The practice provided a number of services designed to promote patients' health and wellbeing. The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working at the practice. Clinical staff were aware of the process used at the practice to obtain patient consent and were informed and knowledgeable on how to obtain advice and guidance on the requirements of the Mental Capacity Act (2005). A system to ensure all staff received an appraisal of their skills, abilities and development requirements was in place, but behind schedule. The practice was proactive in ensuring staff learning needs were met.

Are services caring?

Good

The practice is rated as good for caring. On the day of our inspection we saw staff interacting with patients in reception and outside consulting rooms in a respectful and friendly manner. There were a number of arrangements in place to promote patients' involvement in their care. Accessible information was provided to help patients

Summary of findings

understand the care available to them. Patients told us they felt listened to and included in decisions about their care. They said they were treated with dignity and respect and were positive about staff behaviours.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. There were services targeted at those most at risk such as older people and those with long term conditions. The premises and services were adapted to meet the needs of people with disabilities, mobility issues and other impairments. At the time of our inspection, appointments, including those required in an emergency were available. The practice used a number of methods to ensure patients had access to resources and information. Methods were available for patients to leave feedback about their experiences. The practice demonstrated it responded to patients' comments and complaints and where possible, took action to improve the patient experience.

Are services well-led?

Good

The practice is rated as good for well-led. Staff felt engaged in a culture of openness and consultation. The management and meeting structure ensured that clinical decisions were reached and action was taken. There was a process in place for identifying and managing risks and ensuring these were acted upon. The practice sought feedback from patients and staff and listened to representatives of the patient population. Staff were supported by management and a system of policies and procedures that governed activity.

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 population group of older people. The practice offered personalised care to meet the needs of older people in its population. Older patients had access to a named GP, a multi-disciplinary team approach to their care and targeted immunisations such as the flu vaccine. A range of enhanced or patient register services were provided such as those for patients with dementia and end of life care. The practice was responsive to the needs of older people offering home visits.

People with long term conditions

Good

The practice is rated as good for the population group of people with long term conditions. The practice provided patients with long term conditions with an annual review to check their health and medication needs were being met. Patients with multiple long term conditions had all their reviews together. All newly diagnosed patients with diabetes were referred appropriately. They had access to a named GP and targeted immunisations such as the flu vaccine. There were GP and nurse leads for a range of long term conditions.

Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people. Systems were in place for identifying and protecting patients at risk of abuse. There were six week post-natal checks for mothers and their children. Programmes of cervical screening for women over the age of 25 and childhood immunisations were used to respond to the needs of this patient group. Appointments were available outside of school hours. A range of contraceptive and family planning services were available at the practice. The premises was suitable for children and babies.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of working age people (including those recently retired and students). The practice offered online services such as appointment booking and repeat prescriptions. There was additional out of working hours access to meet the needs of working age patients. There were extended opening hours with earlier opening from 7am on Thursdays and late opening until 7.30pm on Wednesdays. The practice was open every other Saturday from 9am to midday for nurse pre-bookable appointments. Routine health checks were available for patients between 40 and 74 years old. The practice

Summary of findings

encouraged feedback and participation from patients of working age through the virtual patient participation group (an online community of patients who work with the practice to discuss and develop the services provided).

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with learning disabilities. Patients with a learning disability received an annual health review. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice maintained a register of patients who were identified as carers and additional information was available for those patients. Staff knew how to recognise signs of abuse in vulnerable people and were aware of their responsibilities in raising safeguarding concerns. The practice tackled inequity by identifying and addressing the specific needs of patients and enabling their full access to services.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Patients experiencing dementia also received a care plan specific to their needs and an annual health check. A mental health wellbeing worker was available at the practice and patients could be referred to them by the GPs. The practice had a GP lead for mental health and depression.

Summary of findings

What people who use the service say

During our inspection, we spoke with five patients, reviewed 16 comment cards left by them and spoke with two representatives of the patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided.

Patients told us that the care and treatment they received at the practice was very good. The results of the practice's own patient survey completed in February 2014 showed that of the 16 respondents, 86% felt very happy with the clinical care they received. Patients said they felt staff were friendly, helpful and caring and that their privacy and dignity was respected. They told us they felt listened to by the GPs and involved in their own care and treatment.

The results of the national GP survey for 2014 showed that 92.6% of the 119 respondents felt the GPs at the practice displayed care and concern towards them. The national average was 85.1%.

The friends and family test results from May 2015 showed that 100% of respondents were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

Patients told us that appointments were always available and access to the practice was good. Results from the national GP patient survey in 2014 showed that of the 119 respondents, 78.9% felt their experience of making an appointment was good. This was above average when compared to the rest of England (73.8%). The results of the practice's own patient survey completed in February 2014 showed that 72% of the 16 respondents found it fairly to very easy to book an appointment in advance.

Areas for improvement

Action the service MUST take to improve

Ensure a coordinated approach to medicines management and that medicines are stored securely and within their expiry dates. Ensure the recording of stock of controlled drugs is completed properly and a process is in place that would identify if a form for hand written prescriptions was missing or used inappropriately.

Ensure adequate recruitment procedures are in place including completing the required background checks on staff and that the required information is available in respect of each person employed.

Action the service SHOULD take to improve

Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented and audited appropriately. Staff should be trained in relation to infection control processes and procedures.

Ensure that all staff are supported by receiving appropriate supervision and appraisal.

Washington House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP and a practice nurse acting as specialist advisers.

Background to Washington House Surgery

Washington House Surgery provides a range of primary medical services from premises at 77 Halse Road, Brackley, Northamptonshire, NN13 6EQ. It is a training and dispensing practice. The practice serves a population of approximately 8,850. The area served is significantly less deprived compared to England as a whole. The practice population is predominantly white British. The practice serves an above average population of those aged from 10 to 19 years and 40 to 54 years and a significantly lower than average population of those aged between 20 and 39.

The clinical staff team includes three male and two female GP partners, one trainee GP, one prescribing nurse, two practice nurses and two healthcare assistants. The team is supported by a practice manager and 14 other administration, reception and secretarial staff.

Why we carried out this inspection

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

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

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.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 30 July 2015. During our inspection we spoke with a range of staff including three GP partners, one trainee GP, three nurses, one healthcare assistant, the practice manager and members of the reception and administration teams. We spoke with five patients and two representatives of the patient participation group (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed the practice's own patient survey and 16 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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?

Detailed findings

- 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)

Requires improvement

Are services safe?

Our findings

Safe track record

The staff we spoke with demonstrated an understanding of their roles in reporting incidents and significant events and were clear on the reporting process used at the practice. The senior staff understood their roles in discussing, analysing and reviewing reported incidents and events.

A dedicated quarterly clinical meeting was used for senior staff to review and take action on all reported serious incidents and events (including complaints progressed as serious events). The minutes of the meetings we looked at demonstrated this happened as and when required. The staff we spoke with who attended the meetings were all able to recount the details of recent incidents and events discussed. All staff directly involved in specific incidents and events said they were kept fully informed and updated of related discussions, learning and action points. Details of any discussions and decisions made in the meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff meetings.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and taking action on significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. We looked at examples of how the procedure was used to report incidents and significant events relating to clinical practice and other issues. From our conversations with staff and our review of meeting minutes we found that serious incidents and events were discussed at dedicated quarterly meetings which included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. We saw that through the minutes kept, the practice maintained a log of all incidents and events which included a record of the learning points, the action taken to prevent recurrence and the reviewed effectiveness of that action.

Safety alerts were reviewed by and distributed to the relevant staff by the practice manager. The staff we spoke with displayed an awareness of how safety alerts were communicated and told us they were receiving those relevant to their roles. They were able to give examples of recent alerts relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

There were systems in place for staff to identify and respond to potential concerns around the safeguarding of vulnerable adults and children using the practice. We saw the practice had safeguarding policies and protocols in place and one of the GP partners was the nominated lead for safeguarding issues. The staff we spoke with demonstrated a clear knowledge and understanding of their own responsibilities, the role of the lead and the safeguarding processes in place. From our conversations with them and our review of training documentation, we saw that all staff had received safeguarding and child protection training at the level specific to their roles.

We spoke with staff about the details of some recent safeguarding concerns raised at the practice. We found the practice response adhered to its own policies and protocols. All the relevant agencies were informed and involved. Identifying symbols were used on the patients' notes to inform staff they were considered to be at risk.

From our conversations with staff and our review of training documentation we found that all nursing team staff and three members of the administration team were trained to be a chaperone (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The three administration staff would act as a chaperone if nursing team staff were not available. The staff in those teams we spoke with understood their responsibilities when acting as chaperones and a practice policy was in place to guide them in that role. We saw that all nursing team staff had received a criminal records check. However, none of the reception and administration staff had received one, including the three staff trained as a chaperone. Senior staff confirmed that a risk assessment on why those staff did not require a criminal records check despite acting as chaperones had not been completed.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators. Those medicines in the refrigerators were stored securely and were only accessible to authorised staff. However, the cupboards used to store other medicines were not secured. There was a policy for ensuring that medicines were kept at the required

temperatures, which described the action to take in the event of a potential failure. Records showed fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Although processes were in place to check medicines were within their expiry dates and suitable for use, one of the medicines we checked had recently expired. The practice staff took steps to dispose of this medicine immediately. All other medicines we checked, including those in the refrigerators were within their expiry dates.

All prescriptions were reviewed and signed by a GP before they were given to the patient. However, blank forms used for hand written prescriptions were not tracked. There was no process in place that would identify if a prescription form was missing or used inappropriately.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) that were kept in the doctors' bags. A policy was in place setting out how they should be managed. We found the practice did not adhere to its policy. We found the GPs did not maintain their own controlled drugs registers in accordance with the policy and there was no process in place for monitoring the controlled drugs received and used by them.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

We saw records showing all members of staff involved in the pharmacy dispensing process had received appropriate training and had regular checks of their competence. All the medicines we checked in the dispensing pharmacy were within their expiry dates and stored appropriately. We saw that processes were in place to monitor stock and record incoming and outgoing medicines. The standard operating procedures (SOPs are protocols and procedures that ensure staff adhere to good clinical governance in the dispensing of medicines) used by staff were regularly reviewed and up-to-date. We found that staff practise adhered to the procedures.

Cleanliness and infection control

We saw that the practice appeared clean. We saw there were cleaning schedules in place and the cleaning records we looked at demonstrated these were adhered to. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste.

The practice had comprehensive policies on infection control issues. The main infection control policy required all staff to receive training annually. From our conversations with staff and our review of documentation we found that only nursing and cleaning staff had received infection control training. Training records showed the practice excluded reception, administration and GP staff from infection control training. Senior staff confirmed that a risk assessment on why those staff did not require the training had not been completed.

Despite this, all the staff we spoke with were knowledgeable about infection control processes at the practice. The practice had a nominated lead for infection control issues. The lead was clear on her additional responsibilities and staff were clear on who the lead was.

A documented audit of cleanliness and infection control issues at the practice was completed in June 2015. However, some parts of the audit were not completed correctly and where action was required this was not always clearly recorded. However, we found this was a recording process issue as the practice appeared clean and staff were adhering to infection control procedures.

A Legionella risk assessment (Legionella is a bacteria that may cause Legionnaire's disease) completed at the practice in July 2014 identified some risks including water temperatures being outside the acceptable range and a lack of water temperature monitoring at the practice. We saw the practice had responded by completing all the necessary actions and maintained records to demonstrate this.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw documentary evidence of the annual calibration of medical equipment to ensure the accuracy of measurements and readings taken. All of the equipment we saw during our inspection appeared fit for purpose. All portable electrical equipment was routinely tested and the relevant report was available to demonstrate this.

Requires improvement

Are services safe?

Staffing and recruitment

The staff we spoke with understood what they were qualified to do and this was reflected in how the practice had arranged its services. The practice had calculated minimum staffing levels and skills mix to ensure the service could operate safely. The staffing levels we saw on the day of our inspection met the practice's minimum requirement and there was evidence to demonstrate the requirement was regularly achieved.

We looked at five staff records. They contained evidence that the appropriate recruitment checks such as previous working references and photographic identification were undertaken prior to employment.

All nursing team staff at the practice had received a criminal records check. For the GPs this was done using their professional registration and revalidation process and as part of NHS England's checks before adding them to the performers' list. As part of this process, the relevant bodies check the fitness to practise of each individual. Non clinical staff at the practice, including the three administration staff trained as chaperones had not received criminal records checks. A risk assessment to determine why this was not necessary had not been completed.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included dealing with emergencies, medical equipment and the health and safety (including fire safety) of the environment, staff and patients.

The staff we spoke with demonstrated a good understanding of their roles and responsibilities towards health and safety, fire safety and dealing with emergencies among other things. Our review of documentation showed these issues were part of the induction process and essential training requirement for all staff and that appropriate policies and risk assessments were available. Action was taken on all risk recommendations made by external contractors and safety services.

From our conversations with staff and our review of documentation we found the practice had a system in place to ensure that all staff received safety alerts. The practice manager received and distributed safety alerts to the relevant staff. A dedicated quarterly meeting was used for senior staff to review and take action on all reported risks, serious incidents and events. Details of any discussions and decisions made in those meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff meetings.

Arrangements to deal with emergencies and major incidents

The practice had procedures in place to respond to emergencies and reduce the risk to patients' safety from such incidents. We saw that the practice had a business continuity plan in place. This covered the emergency measures the practice would take to respond to any loss of premises, records and utilities among other things. The relevant staff we spoke with understood their roles in relation to the contingency plan.

There was documentary evidence to demonstrate all staff at the practice had completed cardiopulmonary resuscitation (CPR) training. The practice provided emergency medical equipment that was easily accessible to staff. We looked at the emergency medical equipment and drugs available at the practice including oxygen and a defibrillator. All of the equipment and emergency drugs were within their expiry dates. Documented checks on the equipment were available and completed regularly.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice reviewed, discussed and acted upon best practice guidelines and information to improve the patient experience. A system was in place for National Institute for Health and Care Excellence (NICE) quality standards to be distributed and reviewed by clinical staff.

Staff demonstrated how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required.

A coding system was used to ensure the relevant patients were identified for and allocated to a chronic disease register and the system was subject to checks for accuracy. Once allocated, each patient was able to receive the appropriate management, medication and review for their condition.

The GPs told us they led in specialist clinical areas such as asthma, epilepsy, diabetes and chronic obstructive pulmonary disease and the nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

Management, monitoring and improving outcomes for people

The practice had a limited system in place for completing clinical audit. Clinical audit is a way of identifying if healthcare is provided in line with recommended standards, if it is effective and where improvements could be made. An example of a full cycle clinical audit at the practice was one on clinical interventions for patients with type two diabetes. We found the data collected from this and other audits had been analysed and clinically discussed and the practice approach was reviewed and modified as a result. However, other audits we looked at were not repeated (not full cycle) to demonstrate the effectiveness of any changes made. The practice had identified and acknowledged that a practice programme of full cycle clinical audit was lacking and we saw that action was being taken to rectify this.

The team was making use of clinical audit, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around quality improvement.

The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was an outlier in one area of QOF (or other national) clinical targets. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 57.4%. This was below the national average of 78.5%. We looked at the area of below national average performance during our inspection and found this was due to errors in the way the practice reported. The practice had identified and taken steps to rectify this. The practice achieved 91.9% of the total QOF target in 2014, which was slightly below the national average of 94.2%. The performance for hypertension and mental health related indicators was similar to the national average.

Effective staffing

From speaking with staff and our review of documentation we found that staff received an appropriate induction when joining the service. Where applicable, the professional registrations of staff at the practice were up-to-date. All the GPs had been revalidated or had a date for revalidation and as part of this process, the relevant bodies check the fitness to practise of each individual.

We saw that a system of essential training (training that each staff member is required to complete in accordance with the practice's own requirements) was in place for staff. Our review of training records showed that with the

Good

Are services effective?

(for example, treatment is effective)

exception of infection control, most staff had completed most of the training within the required timescales. Safeguarding training was particularly well adhered to by staff.

Practice nurses and healthcare assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, all the nurses were up-to-date with cervical cytology training.

There was a mixed response from staff when discussing their appraisals and supervision. Some of the staff we spoke with said they had received an appraisal of their performance and competencies in the past year and some had not. Where these had been completed, we looked at some examples and saw that there was an opportunity for staff to discuss any learning needs. The staff we spoke with told us the practice was proactive in organising the required training to meet those needs. Our review of documentation reflected what staff had told us about the completion of appraisals at the practice in the past year. We saw that a programme was in place to complete staff appraisals but that it was behind schedule.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. We saw that a system was in place for such things as patient blood and radiology results and pathology reports to be received electronically. These processes allowed for patients requiring follow up to be identified and contacted. A system was in place to ensure that in any GP's absence, the results were still reviewed and processed. All the staff we spoke with understood how the system was used and we saw this was working well.

The practice held multi-disciplinary team meetings to discuss the needs of complex patients. This included those with end of life care needs. The practice had made use of the gold standards framework for end of life care. Weekly meetings were attended by the GP partners and hospice nurses to discuss palliative care (end of life) and other high level care patients. A full review of these patients took place at a quarterly meetings additionally attended by health visitors, the district nursing team and a mental health nurse. We saw that the issues discussed and actions agreed for each patient were recorded.

Information sharing

The practice used several processes and electronic systems to communicate with other providers. For example, there was a system in place with the local out of hours provider to enable patient data to be shared in a secure and timely manner. An electronic system was also in place for making referrals through the Choose and Book system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw that all scanning at the practice was cleared on a daily basis.

Consent to care and treatment

Some of the clinical staff we spoke with demonstrated a better understanding of the Mental Capacity Act (2005) and its implications for patients at the practice than others. Those with a more limited understanding were clear on where and how to access guidance and advice. From our conversations with clinical staff we found that patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). When interviewed, clinical staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity. Clinical staff were also aware and demonstrated a good understanding of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).

There was a practice policy for documenting consent for specific interventions. The clinical staff we spoke with were clear on the requirements of the policy and when documented consent was required. We saw examples of documented patient consent for recent patient procedures completed at the practice.

Health promotion and prevention

We saw that all new patients at the practice were offered a health check. This included a review of their weight, blood pressure, smoking and alcohol consumption. Routine health checks were also available for all patients between

Good

Are services effective?

(for example, treatment is effective)

40 and 74 years old. The practice had started its participation in this programme in June 2012. In the three year period from that date, 1,170 (36%) of the 3,253 eligible patients had received the check. Of the 1,170 completed, 503 of those were in the 2014/2015 year, demonstrating a considerable increase in year-on-year performance by the practice in this area.

We saw that the practice operated patient registers and nurse led clinics for a range of long term conditions (chronic diseases). The GP partners shared the lead roles with nominated nurses for patients with diabetes, asthma, obesity and chronic obstructive pulmonary disease (COPD) among others.

The practice maintained a register of all patients with learning disabilities. Of the 17 patients on the register, nine had received a health check review in the 2014/2015 year. All of the non-attending patients received three recalls throughout the year. Of the 58 eligible patients on the dementia register 51 had been reviewed in the past 12 months.

We found that the practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness. We saw various health related information was available for patients in the waiting area and throughout the practice. This included leaflets and displays on dementia, hearing, sight, vaccinations and travel advice.

The practice had participated in targeted vaccination programmes for older people and those with long term conditions. These included the shingles vaccine for those aged 70 to 79, and the flu vaccine for people with long term conditions and those over 65. The practice had 1,559 patients aged over 65. Of those, 1,104 (71%) had received the flu vaccine in the 2014/2015 year.

All nurses at the practice were qualified to provide and carry out cervical screening. They had all completed their update training. A system of alerts and recalls was in place to provide cervical screening to women aged 25 years and older. At the time of our inspection there was an 80% take up rate for this programme over the past five years (1,712 of 2,133 eligible patients).

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we saw that staff behaviours were respectful and professional. We saw examples of reception staff being helpful and courteous to patients attending the practice. We saw the clinical staff interacting with patients in the waiting area and outside clinical and consulting rooms in a friendly and caring manner. All staff spoke quietly with patients to protect their confidentiality as much as possible in public areas. The results of the practice's own patient survey completed in February 2014 showed that of the 16 respondents, 86% felt the reception staff were very helpful.

We spoke with five patients on the day of our inspection, all of whom were positive about staff behaviours and the excellent clinical care they felt they received. They said they felt treated with dignity and respect by staff at all times. A total of 16 patients completed CQC comment cards to provide us with feedback on the practice. All of the responses received about staff behaviours were positive. They said staff were friendly, helpful, caring and efficient and treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We found that doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

The practice had made suitable arrangements to ensure that patients were involved in, and able to participate in decisions about their care. The five patients we spoke with said they felt listened to and had a communicative relationship with the GPs and nurses. They said their questions were answered by the clinical staff and any concerns they had were discussed. We also read comments left for us by 16 patients. Of those who commented on how involved they felt in their care and the explanations they received about their care, all of the responses were very positive.

The results of the national GP survey for 2014 showed that 87.1% of the 119 respondents felt the GPs at the practice were good at involving them in decisions about their care. The national average was 81.5%. The GPs were considered to be good at listening by 95.5% of patients. This was also above the national average of 88.6%.

Patient/carer support to cope emotionally with care and treatment

The results of the national GP survey for 2014 showed that 92.6% of the 119 respondents felt the GPs at the practice displayed care and concern towards them. The national average was 85.1%. The feedback we received during our conversations with five patients and review of the comments left for us by 16 patients was consistent with the survey response.

All patients receiving palliative care were discussed at weekly and quarterly multi-disciplinary team meetings. We saw that the practice maintained an up-to-date record of all recent patient deaths. From speaking with staff, we found that all the GPs made contact with the family of each deceased patient offering an invitation to approach the practice for support. A condolence card was also sent by the practice. The senior staff we spoke with knew of the availability of a local counselling service (including bereavement counselling) and the practice referred patients requiring such support to them. However, they acknowledged the lack of free counselling services available in their local area. A well-being worker was based at the practice once each week. Patients could access this through referral from the GPs. A drug and alcohol counsellor was available at the practice once each fortnight.

Patients in a carer role were identified where possible. The practice maintained a register of 65 patients who identified as carers. This information was mainly sourced from patients upon registering with the practice or during their consultations with the GPs. Staff told us those patients on the register had access to home visits including vaccinations at home if required. We saw information aimed at carers provided on the practice's website and displayed in the waiting area. This gave details of the local support available among other things.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 137 patients (2% of the practice's patient population over 18) were receiving such care. There was also a palliative care register of 14 patients at the practice with regular multi-disciplinary meetings to discuss those patients' care and support needs.

Smoking cessation services including advice were provided at the practice by qualified nurses. At the time of our inspection, smoking cessation services were offered to 1,433 of the 1,661 known smokers in the practice patient population. Intervention was accepted by 414 of those patients, all of whom had received advice or referral from the practice at the time of our inspection.

We saw that patients with diabetes received an annual health review at the practice. All newly diagnosed patients with diabetes were referred for diabetic eye screening. Newly diagnosed patients with complex needs were referred to the diabetes nurse specialist at the local hospital trust.

The practice had a patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided. From our conversations with PPG members and our review of some PPG meeting minutes, it was clear the group was engaged with the practice.

Tackling inequity and promoting equality

We found that all staff at the practice completed equality and diversity training during their induction and an equality and diversity policy was in place. We saw the premises and services were adapted to meet the needs of people with disabilities. All of the clinical services were provided on the ground floor and the practice had step free access to the main entrance and a dedicated entrance for people who use wheelchairs. Two wheelchairs were available at the practice for patient use. We found that the waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients and these included baby changing areas.

An external translation service was available to the practice. However, due to the local patient population being predominantly from a white British background this was not frequently used by patients. A hearing loop was provided in reception for those patients who may need it. There were male and female GPs in the practice and patients could choose to see a male or female doctor. We found the practice was aware of and catered for its patients with specific needs. These included home visits for those patients who were unable to attend the practice due to the nature of their conditions and those who required specific and individual methods of communication.

Access to the service

On the day of our inspection we checked the appointments system. The next routine bookable appointment to see two of the three GPs we checked was the next working day. We saw that the appointments system was structured to ensure that the GPs were able to complete home visits every day. The system ensured that all urgent cases were seen on the same day and each GP was able to complete telephone consultations.

The practice was open from 8am to 6.30pm Monday to Friday with earlier opening from 7am on Thursdays and late opening until 7.30pm on Wednesdays. The practice was open every other Saturday from 9am to midday for nurse pre-bookable appointments. Due to the recruitment of a new salaried GP, from 10 August 2015 the Saturday opening would include GP pre-bookable appointments. The extended opening times provided additional access to the practice for those who found attending in normal working hours difficult.

Information was available to patients about appointments on the practice website. This included how to book appointments through the website. Patients were able to make their repeat prescription requests at the practice or online through the practice's website. There were also

Good

Are services responsive to people's needs?

(for example, to feedback?)

arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out of hours (OOH) service was provided to patients.

We saw there was a standard process in place for the practice to receive notifications of patient contact and care from the out of hours provider. We saw evidence that the practice reviewed the notifications and took action to contact the patients concerned and provide further care where necessary.

During our inspection, we spoke with five patients and read the comments left for us by 16 patients. Of those who commented on the appointments system and access to the practice all of the responses were positive. Patients told us that appointments were always available and access to the practice was good.

Results from the national GP patient survey in 2014 showed that 60.2% of patients felt they didn't have to wait too long to be seen at the practice. This was slightly above average when compared to the rest of England (57.8%). Of the 119 respondents, 78.9% felt their experience of making an appointment was good. This was also above average when compared to the rest of England (73.8%). When asked about getting through to the practice on the phone, 88.1% of respondents found this to be an easy experience. This was considerably above average when compared to the rest of England (74.4%).

The results of the practice's own patient survey completed in February 2014 showed that of the 16 respondents, 86% found it fairly to very easy to get through to the practice on the phone. When asked about booking appointments in advance, 72% found this to be fairly to very easy.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. During our inspection we saw there was a complaints procedure available and there were two designated responsible persons who handled all complaints in the practice. These were the practice manager and a GP partner. Those two individuals dealt with all aspects of complaints made to the practice.

We saw that information was available to help patients understand the complaints system. A leaflet containing information on how to complain was available from reception. The practice's full complaints procedure was also available online. All of the staff we spoke with were aware of the process for dealing with complaints at the practice. During our inspection we spoke with five patients, none of whom had ever needed to make a complaint about the practice.

We looked at the practice's records of complaints from 2014/2015. We saw examples of when the complainants were contacted to discuss the issues raised. As a result, the practice had agreed actions to resolve the complaints to their satisfaction. We saw that where necessary, actions were taken and the complainants formally responded to in writing in accordance with the practice's own procedure. The action and learning points for all the complaints received by the practice were documented.

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

From speaking with staff and our review of documentation, we found the practice held two strategy meetings involving the GP partners and the practice manager. Held in 2013, these were used to develop the practice's direction and strategy. We saw that these meetings included a review of the management of patients with long term conditions, the appointments system and how staffing could be arranged to be most useful and productive.

From this the practice had developed a vision statement to provide high quality care to patients and advocate best practice in the delivery of all services. The practice had a 13 point strategy of how it would achieve its vision. This included the efficient recall and review of patients with long term conditions, listening to patients and supporting training for staff.

Staff told us they were involved in discussions about the practice's direction and strategy. They said this made them feel valued and supported and provided them with the opportunity to discuss relevant issues that affected them as staff and also their patients. Staff said that most recently in January 2015 an all staff meeting was used to involve them in discussions about the practice's move to new premises.

The fortnightly business meeting was used for senior staff to monitor and review the strategic direction of the practice. Discussions had and decisions made at those meetings were cascaded to staff through a range of team conversation with senior staff, update emails and other staff team meetings.

Governance arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure. They understood that the GP partners were the overall decision makers supported by the practice manager. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this. All staff contributed to practice processes and issues through a range of staff communications, working relationships and ad-hoc staff meetings.

The practice had a comprehensive system of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we looked at during our inspection were reviewed and up-to-date. However, procedures and systems in relation to medicines management and staff checks were not yet fully embedded at the practice at the time of our inspection.

The practice had arrangements for identifying, recording and managing risks. A dedicated quarterly clinical meeting was used for senior staff to review and take action on all reported risks, serious incidents, events and complaints escalated as significant events. We looked at minutes of the meetings that demonstrated this happened as and when required. Details of any discussions and decisions made in those meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff meetings.

The practice had a system in place for reporting, recording and taking action on significant events. From our conversations with staff and our review of meeting minutes we found that serious incidents and events were discussed at dedicated quarterly meetings which included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. We saw that through the meeting minutes, the practice maintained a log of all incidents and events which included a record of the learning points and action taken to prevent recurrence.

Leadership, openness and transparency

There was a clear leadership structure at the practice which had named members of staff in lead roles. We saw there were nominated GP and nurse leads for patients with epilepsy, osteoporosis, chronic heart disease and asthma among others. There were also nurse led clinics for cervical screening, smoking cessation and travel advice and vaccinations. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns. All the staff we spoke with said they felt fortunate to be part of a committed, hardworking and friendly team.

From our conversations with staff and our review of documentation, we found that the practice did not participate in the local protected learning time programme. However, processes were in place and followed to ensure all staff were able to complete the relevant training. The GPs used a journal club meeting held every Wednesday to plan and deliver their own educational topics. There were

Are services well-led?

Good

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

both scheduled and ad-hoc meetings for individual staff groups and multi-disciplinary teams to attend. Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss issues at the meetings or directly with the relevant staff members. They said they felt their views were respected and considered.

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

The practice had mechanisms in place to listen to the views of patients and those close to them. The practice had a patient participation group (PPG) of 18 members of which a core number met quarterly. The PPG is a group of patients who work with the practice to discuss and develop the services provided. There was also an online virtual patient participation group (vPPG) incorporated into the PPG. The vPPG is an online community of patients who work with the practice to discuss and develop the services provided. We saw that through meetings or emails the group was able to feedback its views on a range of practice issues. We spoke with two members of the PPG who said the group had very good and open working relationships with practice staff. They said the PPG was treated as a valuable resource by the practice. We saw the PPG was integral in developing the practice's last patient survey.

The practice had distributed its last patient survey around February 2014 and responses were received from 16 patients. The results showed the respondents thought highly of their clinical care at the practice with 86% stating they were very happy. In response to the survey, the PPG worked with the practice to develop priority areas set out in their annual report for 2014/2015. These included improving the telephone system and overall access to the practice. As a result, a new appointments system was in place and we saw this was working well for patients.

The staff we spoke with said patient feedback was discussed in their meetings and through general staff conversations so they were clear on what patients thought about their care and treatment. They said the schedule of various practice and other ad-hoc staff team meetings also provided them with an opportunity to share their views on the practice.

Management lead through learning and improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Non-clinical staff also said their development was supported. We saw that the practice used a system of time blocking and staff cover arrangements to provide staff with the training and development they needed to carry out their roles effectively.

From our conversations with staff and our review of documentation we found that some staff received appraisals in accordance with the practice's own timescales and some staff did not. Where these were completed, we looked at some examples and saw these were an opportunity for staff to discuss any learning needs and their professional development. The staff we spoke with told us the practice was proactive in organising the required training to meet those needs. We saw that a programme was in place to complete staff appraisals but that it was behind schedule.

Systems were in place for senior staff to review and action all reported risks, incidents, events and complaints. The evidence we reviewed demonstrated that all incidents and events were discussed. This included discussion on how the incidents could be learned from.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found that the registered person had not protected people from the risks associated with the improper and unsafe use and management of medicines by means of the making of appropriate arrangements for the storing and recording of some medicines used for the purpose of the regulated activity. Non-refrigerated medicines were not stored securely. There was no process for monitoring the controlled drugs received and used by the GPs. There was no process in place that would identify if a blank form for hand written prescriptions was missing or used inappropriately. This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** We found that the registered person had not protected people from the risks of unsafe or inappropriate care and treatment by ensuring all the required information in respect of each person employed was available and up-to-date. Non clinical staff at the practice, including three staff trained as a chaperone had not received criminal records checks and a risk assessment to determine why this was not necessary had not been completed.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.