

Dr John Davies

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?	Inadequate	
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 at Dr John Davies' practice on 18 April 2016. Overall the practice is rated as requires improvement.

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

- Patients told us that they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment.
- Staff did not always understand and fulfil their responsibilities to raise concerns, and to report incidents and near misses. The practice did not keep a near miss record of dispensing errors that have been identified before medicines have left the dispensary. Staff could not tell us how dispensing errors were recorded or reported.
- The practice was not able to demonstrate they were equipped for dealing with emergencies due to a failure to risk assess the provision of emergency equipment and medicines.
- Recognised guidance had not been followed to ensure safe storage of medicines requiring refrigeration, fridge temperatures had not always been recorded correctly and action taken when fridge temperatures were outside of the recommended ranges was not recorded.
- The learning needs of staff were not always identified through a system of appraisals, meetings and reviews of practice development needs.
- There was no evidence of formal team or clinical meetings since January 2015.
- Patients told us 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 a number of policies and procedures to govern activity.
- The practice had proactively sought feedback from patients which it acted upon.
- There was a clear leadership structure and staff felt supported by management.
- The registered provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

The areas where the provider must make improvements are:

- Ensure that arrangements are in place for the safe management of medicines.
- Review the provision of equipment and medicines for use in an emergency.
 - Ensure all staff are supported to participate in statutory training.
 - Ensure all staff receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and consider need to include clinical appraisal for staff who may require this.

In addition the provider should:

- Introduce a system to ensure standard operating procedures are regularly reviewed and followed by dispensary staff.
- Develop a process for embedding and reviewing the effectiveness of the recently introduced process for monitoring blank prescriptions within the practice.
- Continue recently introduced fire drills regularly to monitor and ensure staff are aware of the procedures to take in the event of a fire.
- Review the recruitment process to ensure that all of the required pre employment checks are carried out for all staff before they commence employment at the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

- The practice maintained appropriate standards of hygiene and cleanliness.
- Staff did not always understand and fulfil their responsibilities to raise concerns and to report incidents and near misses. The practice did not keep a near miss record of dispensing errors that had been identified before medicines had left the dispensary. A dispensing error had been dealt with appropriately, but staff could not tell us about the process for reporting this.
- Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff.
- Although most 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.
- The practice held some stocks of emergency medicines, however there was no oxygen and no automated external defibrillator (AED) on the premises. An AED is a portable electronic device that automatically diagnoses life threatening cardiac arrhythmias and is able to treat them. There had been no risk assessment carried out about the limited choice of emergency medicines, or the lack of this equipment.
- Recognised guidance had not been followed to ensure safe storage of medicines requiring refrigeration, fridge temperatures had not always been recorded correctly and action taken when fridge temperatures were outside of the recommended ranges was not recorded.
- We saw that blinds in the practice did not meet Department of Health guidance, February 2015, relating to blinds and blind cords in that some of the blinds had looped cords which could create a risk of serious injury to children due to entanglement. The practice manager was informed of this risk on the day of the inspection and following the inspection we were supplied with evidence that safety devices were being fitted to the cords.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We did not see evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs however there was no evidence of formal meetings since January 2015.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice generally had good facilities and was well equipped to treat patients and meet their needs with the exception of some emergency equipment.
- There was no poster displayed showing information about how to complain, this was available in leaflet form on request from the receptionist. This leaflet was easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. On the day of the inspection a poster was

Good



Summary of findings

placed in the waiting area with information about how to make a complaint. There was no record of verbal complaints. Following the inspection, we were told by the practice manager that a log book for verbal complaints had been made available for all staff.

Are services well-led?

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

- The practice had a vision and a strategy and all staff were aware of this and their responsibilities in relation to it.
- There was a clear leadership structure and staff told us they felt supported by management.
- The practice had a number of policies and procedures to govern activity.
- The practice proactively sought feedback from patients which it acted upon.
- All staff had received inductions but not all staff had received regular performance reviews.
- The practice did not hold regular staff or clinical meetings and issues were discussed ad hoc.

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 inadequate for safe and requires improvement for well led which impacts on the care of older people. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- Flu vaccination rates for patients over 65 years old at 77% were higher than the national average of 73%.

Requires improvement



People with long term conditions

The practice is rated as inadequate for safe and requires improvement for well led which impacts on the care of people with long term conditions. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c (a blood test to monitor control of type two diabetes) is 64mmol/mol or less in the preceding 12 months, was 79%. This was comparable to the local average of 75% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There was information on long term conditions and useful links on the practice website.

Requires improvement



Families, children and young people

The practice is rated as inadequate for safe and requires improvement for well led which impacts on the care of families, children and young people. There were, however, examples of good practice.

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances or who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- In the last 12 months, 85% of patients diagnosed with asthma, on the register, received a review of their care. This was 15% above the local average and 10% above the national average.
- Patients told us children and young people were treated in an age appropriate way and were recognised as individuals and we saw evidence on the day of the inspection to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as inadequate for safe and requires improvement for well led which impacts on the care of working age people (including those recently retired and students). There were, however, examples of good practice.

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

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as inadequate for safe and requires improvement for well led which impacts on the care of people whose circumstances may make them vulnerable. There were, however, examples of good practice.

- The practice held a register of patients living in circumstances that could make them vulnerable including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Requires improvement



Summary of findings

- The practice regularly worked with multidisciplinary teams in the case management of people whose circumstances could make them vulnerable. However, we saw no evidence that any formal meetings had taken place since January 2015.
- People whose circumstances could make them vulnerable had been advised how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in 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. However, one member of clinical staff had not received training in safeguarding of children, appropriate to their role, since 2012. Following the inspection we were supplied with evidence to show this had since been completed.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for safe and requires improvement for well led which impacts on the care of people experiencing poor mental health (including people with dementia). There were, however, examples of good practice.

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months; this is higher than the CCG average of 81% and the national average of 84%.
- The practice regularly worked with multi disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- Patients experiencing poor mental health had been advised how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing higher than local and national averages. 250 survey forms were distributed and 109 were returned which was a response rate of 44%. This represented 3% of the practice's patient list.

- 99% found it easy to get through to this surgery by phone (CCG average 64%, national average 73%).
- 96% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 95% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).

- 92% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

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

We spoke with eight patients during the inspection. All these patients told us they were happy with the care they received and thought staff were approachable, committed and caring.

Dr John Davies

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a pharmacist specialist.

Background to Dr John Davies

Dr John Davies, otherwise known as Kingswell Surgery, is situated within a purpose built practice in the village of Penistone approximately nine miles from Barnsley. This is a dispensing practice which means that prescriptions are dispensed at the practice for patients who do not live near a pharmacy.

The building has a small car park and disabled access.

The practice provides care for 3579 patients in the NHS Barnsley Clinical Commissioning Group (CCG) area.

The practice catchment area has been identified as one of the ninth least deprived areas nationally.

There are four GPs, three male and one female (whole time equivalent 2.09).

Supported by one female practice nurse, two healthcare assistants, a practice manager and a team of administration, dispensing and reception staff.

The practice opening hours are;

Monday 7.45am to 1.00pm and 2.00pm to 7.00pm.

Tuesday 7.45am to 1.00pm and 2.00pm to 7.30pm.

Wednesday 7.45am to 12 noon and is closed in the afternoon.

Thursday 7.45am to 1.00pm and 2.00pm to 8.00pm.

Friday 7.45am to 12 noon and 1.00pm to 4.00pm.

GP appointments are available;

Monday 8.00am to 1.00pm and 2.00pm to 7.00pm.

Tuesday 8.00am to 1.00pm and 2.00pm to 7.00pm.

Wednesday 8.30am to 11.30am and closed in the afternoon.

Thursday 8.00am to 1.00pm and 2.00pm to 8.00pm.

Friday 8.00am to 11.00am and 1.00pm to 3.00pm.

The practice provides extended hours from 8.00am to 8.30am every morning except Wednesday and 6.30pm to 7.00pm Monday and Tuesday evenings and 6.30pm to 8.00pm on Thursday evenings.

Longer appointments are available for those who need them and home visits and telephone consultations are available as required.

When the practice is closed, services are accessed by calling the practice telephone number or NHS 111.

The practice is registered to provide services from Kingswell Surgery, 40 Shrewsbury Rd, Penistone, Sheffield S36 6DY. We visited this address as part of this inspection.

Why we carried out this inspection

We inspected this service as part of our 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 registered provider is

Detailed findings

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, we reviewed a range of information we hold about the practice and asked other organisations, such as Healthwatch, to share what they knew. We carried out an announced visit

on 18 April 2016. During our visit we:

- Spoke with a range of staff including a GP, the practice manager, practice nurse, senior receptionist and dispensing staff. We also spoke with patients who used the service.
- Observed interactions between patients and staff and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff did not always understand and fulfil their responsibilities to raise concerns, and to report incidents and near misses. The practice did not keep a near miss record of dispensing errors that had been identified before medicines have left the dispensary. We were shown a significant event record by the practice manager which was a dispensing error. This had been dealt with appropriately, but staff could not tell us how dispensing errors were recorded or reported.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again; however these were not always followed up. For example, one significant event from April 2105 discussed emergency equipment and possible purchasing of an AED. However, on the day of the inspection there was no AED or emergency oxygen on site or a risk assessment to account for their absence. Following the inspection we were provided with evidence that an AED, oxygen and benzyl penicillin (for use in cases of suspected bacterial meningitis) had been ordered.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, although we found some areas for improvement:

- Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for

safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Although the GPs were trained in safeguarding children to level three, one member of the clinical team had no evidence of training since 2012. Following the inspection we were given evidence that this training had since taken place.

- There was no notice in the waiting room which advised patients that chaperones were available if required. On the day of the inspection a poster was put on display.
- All staff who acted as chaperones had received a Disclosure and Barring Service check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Although staff who acted as chaperones had not received formal training, they demonstrated a good understanding of the role. Following the inspection we were provided with evidence to show that training had been organised.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Prescriptions were dispensed at the practice for patients who did not live near a pharmacy. We found that repeat prescriptions were dispensed and the medicines given out to patients before being signed by a GP.
- All staff involved in the dispensing process had received the appropriate training to perform their role; however there was no formal ongoing assessment of their competency. Dispensary staff responded appropriately to national patient safety alerts and medicines recalls, and we saw records of the action taken in response to these. A barcode scanning system was in use providing additional dispensing accuracy assurances.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they

Are services safe?

were managed. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. However, staff told us they did not routinely perform balance checks to ensure records had been made accurately.

- Expired and unwanted medicines were disposed of according to waste regulations.
- There was no procedure in place to check dispensary stock was within expiry date, which was contrary to the standard operating procedure we were shown.
- Recognised guidance from Public Health England March 2014 had not been followed to ensure safe storage of medicines requiring refrigeration. Fridge temperatures had not always been recorded correctly and action taken when fridge temperatures were outside of the recommended ranges was not recorded. Following the inspection we were provided with evidence that the practice had decided to purchase data loggers and had organised training in checking the temperatures of the refrigerators for all staff that check them.
- Staff told us how they managed medication review dates and prescriptions that had not been collected. There was a system in place for the management of high risk medicines and we saw examples of how this worked to keep patients safe.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription pads were securely stored and there were systems in place to monitor the use of hand written prescriptions. There was no system in place to monitor blank prescriptions. On the day of the inspection all prescriptions were logged and a system put in place to monitor their use within the practice.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three recruitment files and found all appropriate recruitment checks had not always been undertaken prior to employment. For example there was no interview summary and only one reference on record for the latest recruit.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing most risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments but had never carried out a fire drill. Following the inspection we were provided with evidence that this had been carried out and a policy was in place to continue them.
- We saw that blinds in the practice did not meet Department of Health guidance, February 2015, relating to blinds and blind cords in that some of the blinds had looped cords which could create a risk of serious injury due to entanglement. The practice manager was informed of this risk on the day of the inspection and following the inspection we were supplied with evidence that safety devices were being fitted to the cords.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had did not have adequate arrangements in place to respond to emergencies .

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice was not able to demonstrate they were equipped for dealing with emergencies. We found the practice held some stocks of emergency medicines, however there was no oxygen and no defibrillator on the premises. A risk assessment had not been carried out to

Are services safe?

inform the choice of emergency medicines, or provision of equipment. Following the inspection we were provided with evidence that an AED, oxygen and benzyl penicillin (for use in cases of suspected bacterial meningitis) had been ordered.

- A first aid kit and accident book were available.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 98% of the total number of points available, with 6% 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 was lower than the CCG average of 8.5%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators at 88% was higher than the CCG average of 84% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests at 88% was higher than the CCG average of 81% and national average of 84%.
- Performance for mental health related indicators at 83% was lower than the CCG average of 83% and comparable to the national average of 93%.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Clinical audits demonstrated quality improvement

- There had been six clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. One audit looked at the accuracy of recording patient understanding when changes were made to long term medication.
- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. For example, recent action taken as a result included closer monitoring of prescribing for neuropathic (nerve) pain.

Effective staffing

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

- The practice could demonstrate how they ensured role specific training and updating for relevant staff for example, for those reviewing patients with long term conditions.
- Staff taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were not always identified through a system of appraisals, meetings and reviews of practice development needs. Not all staff had received an appraisal in the last 12 months and there was no evidence of clinical appraisal or supervision for one member of the clinical team.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work; however this was not always monitored to ensure staff remained up to date. One member of staff who administered vaccinations had not received a training update since 2014. Following the inspection we were given evidence that a place had been booked on the next available course.
- Staff received training that included: fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Care plans were routinely reviewed and updated.

Whilst formal multidisciplinary meetings had not been held since January 2015. The practice worked with other members of the multidisciplinary team in an informal way. Following the inspection a policy was produced to formalise these interactions and document outcomes.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% (national average of 97% to 98%) and five year olds from 98% to 100% (national average of 95% to 100%).

Flu vaccination rates were higher than national average. Over 65s were 77% (national average 73%) and at risk groups were 81% (national average 52%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Both of the two CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with eight patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 92% said the GP was good at listening to them (CCG average 88%, national average 89%).
- 90% said the GP gave them enough time (CCG average 87%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 98% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 90% said the last GP they saw was good at explaining tests and treatments (CCG average 86%, national average 86%).
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had experienced bereavement, they would offer support to friends and family if they attended the surgery and would give them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpreting services available.
- On line access for patients enabled appointments to be made and cancelled, repeat prescriptions ordered and allowed access to care records.

Access to the service

The practice was open;

Monday 7.45am to 1.00pm and 2.00pm to 7.00pm.

Tuesday 7.45am to 1.00pm and 2.00pm to 7.30pm.

Wednesday 7.45am to 12 noon and closed in the afternoon.

Thursday 7.45am to 1.00pm and 2.00pm to 8.00pm.

Friday 7.45am to 12 noon and 1.00pm to 4.00pm.

GP appointments were available;

Monday 8.00am to 1.00pm and 2.00pm to 7.00pm.

Tuesday 8.00am to 1.00pm and 2.00pm to 7.00pm.

Wednesday 8.30am to 11.30am closed in the afternoon.

Thursday 8.00am to 1.00pm and 2.00pm to 8.00pm.

Friday 8.00am to 11.00am and 1.00pm to 3.00pm

In addition to prebookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 85% of patients were satisfied with the practice's opening hours (CCG average 76%, national average 75%).
- 99% patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%).
- 82% of patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 59%).

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

Listening and learning from concerns and complaints

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

- The 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.
- Verbal complaints were not recorded. Following the inspection we were told by the practice manager that a log book for verbal complaints had been made available for all staff.
- We saw that a leaflet was available on request to help patients understand the complaints system but no poster was displayed. On the day of the inspection a poster was put on display.

We looked at two complaints received in the last 12 months and found these were dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the length of appointment times was reviewed for multiple problems.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which most staff knew about and understood the values. Staff told us that the practice was committed to offering the best care possible for their patients. This was evident in the way that we observed staff interacting with patients and in the feedback we received from patients and staff.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had some overarching governance arrangements in place to support the delivery of care, however, these required development. For example,

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, there was no system in place to monitor training needs of staff.
- There were arrangements in place for identifying, recording and managing risks, however the mitigating actions discussed were not always followed up.
- Practice specific policies were not always implemented although they were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Prescriptions were dispensed at the practice for patients who did not live near a pharmacy. We found the arrangements for managing medicines did not always keep patients safe. For example, the practice had standard operating procedures in place which covered most aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However, they did not include version control or date of review, and some had not been signed by the relevant staff.

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.

Leadership and culture

The practice manager was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The registered 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 appropriate support, truthful information and a verbal and written apology.

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

- Staff told us the practice had not held team meetings since January 2015. But they felt they discussed issues when they arose instead of waiting for a meeting. There was no record of these interactions.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the practice manager.

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

The practice encouraged and valued feedback from patients, the public and staff. They sought patients' feedback by conducting their own patient survey. The practice was in the process of setting up a patient participation group (PPG).

- The practice had gathered feedback from staff through general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Are services well-led?

Requires improvement 

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

Continuous learning and improvement was encouraged at all levels within the practice however, there were no systems in place to monitor training to ensure staff remained up to date.

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	<p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services</p> <p>The registered person did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>This was because:</p> <p>The registered person did not always maintain accurate and contemporaneous records, blank prescriptions were securely stored at all times but not tracked.</p> <p>This was in breach of Regulation 17 (1)(2)(b)(d) of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person did not ensure that all staff received regular appraisal of their performance in their role from an appropriately skilled and experienced person.</p> <p>The registered person did not ensure that all staff had completed statutory training.</p> <p>This was in breach of Regulation 18 (1)(2)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p>

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.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</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.</p> <p>This was because:</p> <p>The registered person did not ensure that arrangements were in place for the safe management of medicines.</p> <p>The registered person had not carried out a risk assessment and review of the provision of equipment and medicines for use in an emergency.</p> <p>This was in breach of Regulation 12 (1)(2)(a)(b)(g) of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p>