

Priory Avenue Surgery

Quality Report

2 Priory Avenue
Caversham
Reading
Berkshire
RG4 7SF

Tel: 0118 947 2431

Website: www.prioryavesurgery.co.uk

Date of inspection visit: 8 December 2015

Date of publication: 11/02/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Priory Avenue Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Priory Avenue Surgery on 8 December 2015. We carried out a previous announced inspection in July 2015 and found the provider was not meeting the regulations for recruitment checks, complaints system, continuous clinical audit programme, staffing levels and assessing risks. As a result, the practice was rated as requires improvement. At the inspection in December 2015 we followed up on all these concerns and found improvements had been made and the practice is rated as good overall.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However,

- Information about services was available but not everybody would be able to understand or access it.

Summary of findings

For example, there were no information leaflets available in different languages despite there being patients on the practice list for whom English was not their first language.

The areas where the provider should make improvements are:

Provide practice information in a range of languages and formats.

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 good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- Data showed patient outcomes were mixed when compared to the averages for the locality. However, the data precedes the current provider and is not reflective of the current trend in improvements.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible, although all the information was in English. The practice had a number of patients whose first language was not English.

Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data showed that patients rated the practice similar or lower than others for several aspects of care. However, there was evidence that positive patient feedback was improving under the current management.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It 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 that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. Management encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

There was a strong focus on continuous learning and improvement at all levels.	
--	--

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 82% of people aged over 65 had received their annual flu immunisation compared to a national average of 73%.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There was a dedicated diabetes nurse specialist who was driving improvements in diabetes care. Data shows the practice had achieved 100% of the available quality outcomes framework points for this patient group.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were similar or slightly higher for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- 89% of women aged between 25-64 had cervical screening in the last five years which was above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- 94% of people diagnosed with long term mental health conditions had their care plan reviewed in the last 12 months.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 and relates to data gathered from September 2014 to March 2015. 342 survey forms were distributed and 135 were returned. The results showed the practice was performing at or below local and national averages.

- 89% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 87% and a national average of 85%.
- 92% said the last appointment they got was convenient compared to a CCG average of 91% and a national average 92%.
- 67% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 80% found the receptionists at this surgery helpful compared to a CCG average of 86% and a national average of 87%.
- 63% described their experience of making an appointment as good compared to a CCG average of 73% and a national average of 73%.

- 68% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 75% and a national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards of which 15 which were positive about the standard of care received. Comments included how the doctors were caring and helpful, how appointments were easily made when required and how clean and tidy the premises were. One card recorded how the doctors intervened personally to assist a family to ensure they could go on holiday. Three comment cards had mixed reviews, suggesting a caring, friendly team and a clean environment, but offering poorer experiences of referral waiting times, changes in medication due to costings and the practice being short staffed.

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

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Provide practice information in a range of languages and formats.

Priory Avenue 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 specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Priory Avenue Surgery

Priory Avenue Surgery provides primary medical services to the Caversham area of Reading from a two-storey converted dwelling, which has undergone several extensions over the last 10 years. The practice serves a population of over 7,500 patients in an area of low deprivation. The practice has a larger proportion of patients of working age compared with both local and national averages. There are no onsite parking facilities and the local roads have available parking for restricted times. There is one parking space adjacent to the practice for patients with limited mobility.

The consultation and treatment rooms are on both the ground and first floors with three waiting areas. The first floor can only be reached by a staircase, with no lift facility currently in place.

The practice has a large number of staff including two salaried GPs (one male, one female), three regular locum GPs (all male), two practice nurses (both female), a health care assistant (female), a specialist nurse (female), a practice manager and deputy practice manager, ten reception/administration staff, two secretaries and a clinical data manager.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12.30pm every morning and 2pm to 5.50pm daily. Extended hours surgeries are offered on Tuesday and Wednesday evenings until 7.30pm and on alternate Saturdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

When the practice is closed, out-of-hours (OOH) GP cover is provided by the Westcall 111 service. Notices on the entrance door, in the patient leaflet and on the practice website clearly inform patients of how to contact the OOH service.

Priory Avenue Surgery has seen a number of management changes between 2012 and 2015. Following a Care Quality Commission (CQC) inspection in November 2014 the practice was placed into special measures with a breach of four regulations of the Health and Social Care Act 2008. Following a further management change, NHS England and the Clinical Commissioning Group successfully secured Berkshire Health Foundation Trust on an interim alternative provider medical services contract for 12 months. They took over on 1 June 2015 and remains as the registered provider.

A CQC inspection in July 2015 found the practice had improved and were able to take the practice out of special measures (report published September 2015), although improvements were still required to be made regarding recruitment checks, staffing levels, the complaints system, patient safety risk assessments and ensuring an ongoing programme of clinical audits. At the time of this inspection the new provider had been working with the practice for six months.

All services are provided from:

2 Priory Avenue

Detailed findings

Caversham

Reading

Berkshire

RG4 7SF

Why we carried out this inspection

We inspected this service as a follow up inspection to make sure further changes and improvements had been made since the inspection in July 2015. This was part of a wider Berkshire Healthcare NHS Foundation Trust inspection.

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as the local Clinical Commissioning Group, to share what they knew. We carried out an announced visit on 8 December 2015. During our visit we:

- Spoke with a range of staff (GPs, nurses, practice manager, reception and administration staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members

- Reviewed 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 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)

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a power failure over a weekend resulted in staff being unable to access online patient records on Monday. The practice learnt that an alternative means of accessing records was available and all staff were trained how to use this. The business continuity plan was updated to include this.

Another incident involving a patient who did not receive test results resulted in the practice changing how these were recorded and identified by GPs for follow up. The GP now sets up an alert and patients are also informed to call the practice one week after their test for results.

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

Overview of safety systems and processes

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

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

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.

- A notice in the waiting room advised patients that nurses or reception staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, fridge temperature logs were not being completed daily. The fridge temperature is now included in the daily checklist.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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 their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- At the inspection in July 2015, we found some staff files did not contain evidence of a health assessment to determine whether staff were physically and mentally fit to carry out their roles and there was no evidence of interview records in the personnel files. At this inspection we reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration

Are services safe?

with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. All other relevant documentation was also recorded appropriately.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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.
- 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. Staffing had improved since the last inspection and the recruitment of a practice manager, salaried GP and additional reception staff were making a positive impact on the practice.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure 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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 13% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better (100%) when compared to the CCG (95%) and national (89%) averages.
- The percentage of patients with hypertension having regular blood pressure tests (100%) was similar to the CCG (99%) and national (98%) averages.
- Performance for mental health related indicators (100%) was better than the CCG (96%) and national (93%) averages.
- The dementia diagnosis rate (59%) was above the CCG average (54%) and comparable to the national average (61%).
- Performance for Osteoporosis (secondary prevention of fragility fractures) indicators was better (100%) than the CCG (97%) and National (81%) averages

At our previous inspection in July 2015, the practice was unable to demonstrate an audit programme that would improve the quality of care and patient outcomes. At this inspection, clinical audits demonstrated quality improvement.

- There had been 17 clinical audits completed in the last two years of which 14 were in the last 12 months. Six of these were completed audits where the outcomes were discussed at clinical meetings, improvements identified, implemented and monitored.
- The practice participated in applicable local audits, national benchmarking and accreditation.

Findings were used by the practice to improve services. For example, recent action taken as a result included a significant increase in the uptake of Pertussis vaccination in pregnant women from 58% (January to December 2014) to 83% (January to September 2015). The practice had set themselves a target of 80% for this particular patient group and as a result of their achievement have decided to increase the target to 90% next year. In addition, uptake of flu vaccination for pregnant women had increased from 62% (2014/15 season) to 71% (2015/16 season) with a target of 80%.

Information about patients' outcomes was used to make improvements such as; an audit of patient choice for end of life care showed the practice was implementing effective care plans and had supported patient choice in achieving their preferred place of death. A review showed a 4.5% increase in the care plans with a CCG target of 10%. However, it was recognised that at the beginning of the audit the practice were already recording the highest amount of care plans out of ten local practices. In addition, the practice had extended the care plans to include non-cancerous disease processes.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff who had been at the practice for more than 12 months had received an appraisal within the last year. New staff have an appraisal date for a year from their employment commencing.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and diabetes management. Patients were then signposted to the relevant service.
- A diabetes specialist nurse was available on the premises and smoking cessation advice was available from a local support group.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 89%, which was above the CCG average of 76% and the national average of 77%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and proactively followed up on any patients who had failed to attend for their screening check. For example, bowel screening targets set by NHS England had fallen below 60% and was lower than other cancer screening checks which were above 70%. The CCG had

Are services effective?

(for example, treatment is effective)

requested a 3% increase across the locality. An increase from 57% to 63% (an increase of 6% in eight months) was implemented through personalised letters and invites from the practice.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 89% (CCG average from 79% to 88%) and five year olds from 92% to 94% (CCG average from 89% to 99%).

Flu vaccination rates for the over 65s were 82%. This was better than the CCG (77%) and comparable to the national average (82%). Flu vaccination rates for at risk groups were 54%. This was lower than the CCG average (59%) and comparable to the national average (56%).

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

15 patient CQC comment cards we received were positive about the service experienced. Four comment card offered mixed opinion and two cards suggested a poor service was experienced. Most patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with doctors and nurses. However, the data precedes the current provider's registration and is not indicative of the current status of the practice. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 82% said the GP gave them enough time (CCG average 85%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).

- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 80% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

However, the most recently published friends and family test (FFT) data for October 2015 shows a dramatic improvement in patient satisfaction. The percentage of people who would recommend the practice rose from 61% (September 2015) to 86% (October 2015). The Patient Participation Group chairperson also provided evidence that the practice continually get a high uptake in the FFT with response rates averaging 60-80 each month.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 negatively to questions about their involvement in planning and making decisions about their care and treatment. However, the results are relating to a survey of patients prior to the current provider taking over the practice. Results were below local and national averages. For example:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%).

Staff told us that translation services were available for patients who did not have English as a first language. The practice website had the facility to change the word format

Are services caring?

to any language. At the self-check in machine a patient could select a language of their choice. However, there were no notices in the reception areas informing patients these services were 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 70 patients (1%) of

the practice list as carers. This was an increase from the previous provider who had only identified 23 (less than 0.5%) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Tuesday and Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. However, there were no information leaflets or posters available in different languages despite there being patients on the surgery list who require translation services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm every morning and 2pm to 5.50pm daily. Extended hours surgeries were offered at the following times on Tuesday and Wednesday evenings until 7.30pm and alternate Saturdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. However, the data preceded the current provider. Many people told us on the day that they were able to get appointments when they needed them. There were reports of some difficulties accessing appointments, but we were told by many patients that there had been marked improvements in the practice since the current provider had commenced the running of the service.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.

- 67% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 63% patients described their experience of making an appointment as good (CCG average 73%, national average 73%).
- 68% patients said they usually waited 15 minutes or less after their appointment time (CCG average 75%, national average 65%).

Listening and learning from concerns and complaints

At our last inspection in July 2015, we identified improvements were required in relation to the way the practice handled complaints. We found the practice had not always record their response to the complaint and they were unable to evidence any action was taken.

At this inspection we found the practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example a complaints form was available by request and information about how to complain was available on the practice website and included in the new patient leaflet. However, there were no posters or notices on display to inform patients of the complaints procedure and most patients we spoke to on the day of the inspection were unaware of how to make a complaint.

We looked at 31 complaints received in the last nine months and found all of them to be handled in an appropriate way. Both verbal and written complaints were acknowledged by the practice and were investigated and discussed with the staff involved. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient informed the practice that their medication and medical aids had not been received. The practice quickly ensured that additional items were ordered and stocked, with an urgent supply provided for the patient. The learning outcome was to ensure that the needs of the patient was being thoroughly investigated and satisfied.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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

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

When there were safety incidents:

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

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

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

The practice needs to consider the sustainability of the current management and leadership arrangement, in particular when the 12 month interim contract comes up for renewal in the Spring of 2016. At the previous inspection in July 2015, there was a concern that further management changes could lead to the destabilisation of the staff team. The practice should monitor this closely.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys, such as the friends and family test, and complaints received.
- There was an active PPG which met on a monthly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been asked to investigate the poor feedback from patients about telephone access.

Are services well-led?

Good 

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

Following a survey and recommendations by the PPG, the practice placed an order with a new telephone service to enable automated answering for times when the lines are busy.

- The PPG was fully engaged with the practice and the chair person had been with the PPG for over four years. The minutes of the PPG meetings were updated monthly and placed in folders in the waiting rooms for anyone to read. The folder also contained details of how to join the PPG and what they do. There were detailed screenshots showing how to access and use the online booking service as well as details of local walking groups.
- The practice had also gathered feedback from staff through appraisals and weekly meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

- Staff told us they felt involved and engaged to improve how the practice was run. Staff told us that they were already benefitting from the new management structure and support from the provider.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were part of local schemes to improve outcomes for patients in the area. The provider met regularly with the CCG and was working closely with them through the remaining six months of their contract. Whilst it remained unclear who would gain the contract in June 2016, the provider was making every possible effort to retain the practice and continue with the improvements already made.