

Kidgate Surgery

Quality Report

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Date of inspection visit: 7 July 2016
Date of publication: 25/08/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	11
Background to Kidgate Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kidgate Surgery on 7 July 2016. Overall the practice is rated as good. The purpose of this inspection was to ensure that sufficient improvement had been made following the findings at our inspection in October 2014 when we found the practice to be requires improvement in safe.

Following the most recent inspection we found that overall the practice was rated as good however safe still remained requires improvement although significant improvements had been made and the areas identified at the previous inspection had been addressed.

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 been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- Patients were positive about the care and treatment received. The practice was rated higher than national and local averages in almost all the national survey questions.
- The practice facilities were well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had not sought feedback from patients and the patient participation group were not active.
- Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use.
- The side door that staff accessed the reception area and the dispensary was open at times and there was no lock or secure keypad on the door.
- References, qualifications and registration with the appropriate professional body had been completed however the appropriate checks through the Disclosure and Barring Service had only been completed for the GPs. The nursing staff, dispensing staff and staff that chaperone had not had a DBS check completed.
- There was no evidence that a risk assessment had been carried out to ascertain what emergency medicines were and were not suitable for the practice to stock.
- There was no audit completed in relation to minor surgery and no evaluation completed. We spoke to the practice who agreed that evaluation of minor surgery would enable audit to be completed and that written consent would also be audited.

The areas where the provider must make improvements are:

- Ensure that recruitment checks are completed for all clinical staff and those that chaperone. Other staff should have a documented risk assessment in place if they are not part of the DBS process.
- Ensure that emergency medicines include all those recommended for all activities carried out by the practice, specifically atropine for emergency treatment if required, during the fitting of contraceptive coils or minor surgery.

The areas where the provider should make improvements are:

- Ensure that the patient participation is active and feedback from patients is sought
- Improve handling of blank prescription forms to reflect nationally accepted guidance as detailed in NHS Protect Security of prescription forms guidance.
- Have written consent in place for minor surgery where more invasive procedures i.e. excisions occurred.
- Ensure adequate levels of security in relation to access to the dispensary.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- 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.
- The practice had conducted infection control audits and staff had received training in relation to infection control.
- The practice offered family planning services including fitting of long lasting reversible contraceptive coils to women. The practice did not have atropine in the emergency drugs cabinet. This is recommended by the Royal College of Obstetricians and Gynaecologists within the services standards for sexual and reproductive healthcare.
- The GP bag that the GP would take for home visits contained a drug that had expired in February 2016 and a controlled drug. This was placed back into the controlled drug safe in the dispensary.
- Not all the appropriate recruitment checks had been undertaken, for example DBS checks had not taken place for nursing and dispensing staff. Staff that were trained to chaperone had not did not have a DBS check.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or below average in some outcomes compared to the national average in 2014-15.
- Areas had been identified and discussed ways forward with the nursing team for improving areas such as mental health.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

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 in all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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 was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice 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 it.
- 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 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.

Good



Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff, which it acted on. The patient participation group was not active.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice were linked to care homes in the area where they had patients residing at and worked closely with the care home staff to provide reviews and home visits where necessary.

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.
- Performance for diabetes related indicators was 83% which was worse than the CCG average of 89% and the national average of 90%.
- The practice have commenced GP and nursing led clinics for diabetic patients in 2016.
- 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.

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 relatively high for all standard childhood immunisations.

Good



Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 83% and the national average of 82%.
- 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 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.
- The practice had appointments to 8pm on Monday evenings for patients that were unable to attend during the day.

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 those with a learning disability. The practice had identified that this was an area that could be developed and had discussed future plans with the practice nurse to lead on.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- 97% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- 93% of patients with mental or physical health conditions alcohol consumption recorded, compared to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice referred patients to the community mental health team and also referred to local support groups such as Dementia Café drop in centre.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published January 2016. The results showed the practice was performing above local and national averages. 234 survey forms were distributed and 117 were returned. This represented 3% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 97% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Comments said that the practice provided a consistently excellent service and that the staff were caring and helpful.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were helpful, polite and caring. The most recent results of the Friends and Family Test (FFT) from January to June 2016 showed that 100% of patients were extremely likely to recommend the practice to friends and family.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that recruitment checks are completed for all clinical staff and those that chaperone. Other staff should have a documented risk assessment in place if they are not part of the DBS process.
- Ensure that emergency medicines include all those recommended for all activities carried out by the practice, specifically atropine for emergency treatment if required, during the fitting of contraceptive coils or minor surgery.

Action the service **SHOULD** take to improve

- Ensure that the patient participation is active and feedback from patients is sought
- Improve handling of blank prescription forms to reflect nationally accepted guidance as detailed in NHS Protect Security of prescription forms guidance.
- Have written consent in place for minor surgery where more invasive procedures i.e. excisions occurred.
- Ensure adequate levels of security in relation to access to the dispensary.

Kidgate 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 adviser and a second CQC inspector.

Background to Kidgate Surgery

Kidgate Surgery is located in the market town of Louth. The practice is located in a former health centre. Kidgate Surgery is one of the practices within Lincolnshire East Clinical Commissioning Group and provides general medical services to approximately 3900 registered patients.

The practice is equipped for patients that are disabled or have limited mobility and has good public transport links.

- All services are provided from: The Kidgate Surgery, 32 Queen Street, Louth, Lincolnshire, LN11 9AU.
- The practice comprises of two GP Partners (male and female).
- The all female nursing team consists of a full time senior practice nurse, two part time practice nurses and a phlebotomist.
- A practice manager and a team of six reception and administrative staff undertake the day to day management and running of the practice.
- The practice operates a dispensary for the benefit of patients who are eligible by virtue of the distance they lived from the surgery and has four dispensing staff.

- The practice population has a higher proportion of patients aged over 50 compared to the national and CCG average and lower than average proportion of patients below the age of 49.
- The practice has core opening hours between 8.30am and 6.30pm every weekday with extended hours Monday until 8pm.
- There are appointments that can be booked on the day or in advance with GPs or the nurse.
- The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.

In October 2014 we had 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. At that inspection we found the practice good overall but specifically the rating for providing a safe service was requires improvement. We carried out this further comprehensive inspection to ensure that sufficient improvement had been made.

Why we carried out this inspection

In October 2014 we had 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. That inspection was planned to check whether the provider was 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. At

Detailed findings

that inspection we found the practice good overall but specifically the rating for providing a safe service was requires improvement. We carried out this further comprehensive inspection to evaluate whether sufficient improvement had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 July 2016. During our visit we:

- Spoke with a range of staff (management, nursing staff, administration staff, dispensing staff and GPs) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

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 a recording form available.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were reported to the CCG using an electronic reporting system.
- The practice were aware of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice carried out a thorough analysis of the significant events and had a meeting annually to discuss and review these.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, training courses booked for staff and changes to processes.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff had completed on line training for adult safeguarding and child safeguarding level 3. Staff had been booked to attend face to face training in 2016.

- A notice in the waiting room advised patients that chaperones were available if required. However staff who acted as chaperones had not received a Disclosure and Barring Service (DBS) check. (DBS were trained for the role).
- At the previous inspection infection control training had not been completed and audits of the practice had not been completed. We saw at this inspection that the practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw that monthly cleaning audits had been completed and that there was a schedule of cleaning tasks and evidence of completion for daily, weekly and monthly tasks.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However blank prescription forms and pads were securely stored but there were no systems in place to monitor their use. We spoke to the practice and the staff had implemented procedures to track and monitor prescriptions at the end of the inspection. 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. The practice were aware of the higher levels of prescribing of antibiotics that were Cephalosporins or Quinolones and said this was due to their belief that it

Are services safe?

was appropriate. The higher level of hypnotic prescribing was thought to be due to the high numbers of elderly patients that had been on these medications for a number of years.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). The side door that staff accessed the reception area and the dispensary was open at times and there was no lock or secure keypad on the door. There was a risk that medicines could be accessed. We spoke with the GP and the staff about the security of the medicines and the staff and the practice said that they would get a digital keypad lock fitted to the door.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found that appropriate recruitment checks had not been undertaken prior to employment. References, qualifications and registration with the appropriate professional body had been completed however the appropriate checks through the Disclosure and Barring Service had only been completed for the GPs. The nursing staff, dispensing staff and staff that chaperone had not had a DBS check completed.

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 which identified local health and safety representatives. The practice had a fire risk assessment

and staff had completed fire safety training. 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 enough staff were on duty. Long term locums were used to cover annual leave for GPs.

Arrangements to deal with emergencies and major incidents

The practice had 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 on the resuscitation trolley.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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 stored securely. The practice did not have all emergency medication that was suggested and there were no risk assessments in place to show why medication was not kept such as Atropine which is recommended in practices that fit coils or where minor surgery is performed. We spoke with the practice about this and were told that they would reassess the emergency medication and risk assess for any medication that was not available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91% of the total number of points available. Exception reporting for the practice was in line with national and CCG average however there were areas that it was higher, for example mental health. The GP said that this was due to reluctance of these patients to attend the GP for review. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 83% which was worse than the CCG average of 89% and the national average of 90%.

The practice have commenced GP and nursing led clinics for diabetic patients in 2016.

- Performance for mental health related indicators was 74% which was worse than the CCG average of 90% and the national average of 93%.

This was mainly in relation to careplans been completed, the GP we spoke with said that some of these patients were under secondary care.

- Performance for chronic kidney disease indicators was 96% which was similar to the CCG average of 93% and the national average of 95%.
- There was evidence of quality improvement including clinical audit.
- During the inspection we looked at three clinical audits completed in the last two years, two of which were completed audits where the improvements made were implemented and monitored.
 - The practice participated in local audits, national benchmarking, accreditation, peer review and research.
 - There was no audit completed in relation to minor surgery and no evaluation completed. We spoke to the practice who agreed that evaluation of minor surgery would enable audit to be completed and that written consent would also be audited.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, infection control, basic life support and information governance. 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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 professionals 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. Meetings took place with other health care professionals such as health visitors, district nurses and palliative nurses regularly when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- < >taff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent was not gained for minor surgery, the practice was documenting verbal consent.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice nurse was trained to provide smoking cessation to the patients and the practice could also refer to the local cessation service.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 83% and 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 100% and five year olds from 83% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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.
- There were separate waiting areas for the different GPs. Patients then went directly to the rooms without needing to pass back through the main reception.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and the national average of 95%
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 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 were able to ask questions and had time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 above local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 patients as carers (1.26% of the practice list). Carers would be offered flu vaccinations and staff would be aware of the carers

responsibilities when making a suitable appointment for them. The reception staff had a carers pack that contained information to be given if required. Carers were identified from new patient checks and also opportunistically. 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 to offer support or the nursing team would visit if they had been looking after the patient. A sympathy card was sometimes sent.

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 appointments 8.30am to 6.30pm Monday to Friday.
- The practice offered appointments on Monday evening until 8pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for patients with medical problems that require same day consultation.
- The practice offered on-line services for patients which included ordering repeat prescriptions and booking appointments.
- There were disabled facilities, a hearing loop and translation services available.
- There were telephone consultations available for those patients who required them.
- The practice offered smoking cessation.
- The practice held multi-disciplinary meetings to discuss and review the needs of its patients.
- The practice had applied for funding to enable them to move to a new purpose built premises.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 9am every morning and to 6pm Monday to Wednesday with appointments from 9am to 5.30pm Thursday and Friday.

The practice had extended hours on Monday evening were appointments could be booked up to 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. On the day of the inspection there were appointments available with a doctor or a nurse the same day and also the next day.

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

- 97% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

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 looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. We saw evidence that all complaints were investigated and responded to in writing, apologies were given where necessary. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

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 staff knew and understood the values.
- The practice were looking to the future and were in the process of recruiting a new partner and applying for funding to enable them to move to a modern, purpose built surgery, however at the time of the inspection they had not been successful with either.

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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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.

- The practice had gathered feedback from patients through the NHS friends and family test.
- The patient participation group (PPG) was more a virtual group where the practice forwarded information and invites to talks and discussions to the group.
- The PPG did not meet although there were plans to do this in the future.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that the new chairs in the waiting area was following a suggestion by staff and that the rotas and clinics were changed following feedback from the practice team suggestions. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The practice had not documented or assessed their rationale for not ensuring a DBS check was in place for non-clinical members of staff, clinical staff such as nurses and dispensing staff did not have a DBS check.</p> <p>Recommended emergency medicines were not in place and there were no documented risk assessments in place to explain the rationale for not keeping them, such as Atropine.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>