

Dr Larissa Tate

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Larissa Tate (The Haven Practice) on 16 September 2015. Overall the practice is rated as good.

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.
- 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.
- The practice achieved higher than average scores in many areas of the national GP patient survey.
- 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.
- Risks to patients were generally assessed and well managed with the exception of the management of vaccines stored in a fridge that had recorded temperatures outside of the suitable range for storage and a risk assessment that had not been completed for the decision not to have a defibrillator on the premises.

Summary of findings

- The practice was registered with CQC (Care Quality Commission) as an individual provider. However, we found that the service was operating as a partnership and had not amended their registration accordingly.

The areas where the provider must make improvements are:

- Ensure that action is taken to ensure the cold chain is maintained for vaccines stored in the vaccines fridge.
- Ensure that a risk assessment is recorded with mitigating actions for the decision not to have a defibrillator on the premises.

- Ensure that the process for assessing risk within the practice incorporates the assessment of all environmental and situational risks and that actions to reduce risk are clear and recorded.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as 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.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- For example vaccines were stored in a fridge where temperatures had been recorded outside of the acceptable range and the practice had not taken adequate action to ensure the cold chain. In addition the practice had not assessed the risk to patients from a decision not to have a defibrillator on the premises.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were generally above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were undertaken and the practice 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice higher than others for several 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality

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 and the practice had clear priorities they were working towards including exploring options relating to the premises and seeking space and storage solutions.
- 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.

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 knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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 had a low proportion of older patients, less than 7% of the total number of patients registered.
- 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, identified housebound patients and offered home visits and urgent appointments for those with enhanced needs.

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 and recorded on the practice unplanned admissions register.
- The practice had an effective system for recalling patients with long-term conditions for regular reviews and to identify those not attending for review within a certain period of time.
- The practice performed above national and CCG averages for diabetes care (QOF data).
- 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 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 was above national (2.2%) and CCG (6.5%) averages in relation to uptake of cervical screening.
- 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, health visitors and school nurses.

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. For example, they offered a weekly extended hours nursing appointment for patients in this group.
- 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.
- Patients living in vulnerable circumstances had individual care plans developed in line with the practice's unplanned admissions register.
- The practice offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- 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)

Good



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

- 82% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months; this was higher than the CCG (8.2%) and national (4.8%) averages.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented; this was higher than the CCG (23.2%) and national (13.7%) averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 8 January 2015. The results showed the practice was performing in line with local and national averages. 416 survey forms were distributed and 115 were returned, a completion rate of 28%.

- 98% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 90% found the receptionists at this surgery helpful (CCG average 89%, national average 87%).
- 97% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 97% said the last appointment they got was convenient (CCG average 92%, national average 92%).

- 98% described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 83% usually waited 15 minutes or less after their appointment time to be seen (CCG average 66%, national average 65%).

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. Patients commented on the friendly, professional and compassionate service they received. Other comments related to GPs being good at listening, patients feeling that their care was individualised and attentive, genuine staff.

We spoke with four patients during the inspection, including a member of the PPG (patient participation group). All four patients 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 MUST take to improve

- Ensure that action is taken to ensure the cold chain is maintained for vaccines stored in the vaccines fridge.
- Ensure that a risk assessment is recorded with mitigating actions for the decision not to have a defibrillator on the premises.
- Ensure that the process for assessing risk within the practice incorporates the assessment of all environmental and situational risks and that actions to reduce risk are clear and recorded.

Dr Larissa Tate

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 second CQC inspector, and a practice manager specialist advisor.

Background to Dr Larissa Tate

Dr Larissa Tate offers general medical services to people living and working in Brighton and Hove. It is a practice with two GP partners (male and female). There are three practice nurses, a healthcare assistant, practice and business managers and a team of administrative staff. There are approximately 3050 registered patients.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, travel advice and weight management support.

Services are provided from:

The Haven Practice

100 Beaconsfield Villas

Brighton

East Sussex

BN1 6HE

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (111).

The practice population has a higher than average number of patients aged 0 to 4 years and a lower than average number of patients over the age of 65. The practice has a lower deprivation score compared to the national average, with more patients in employment or full-time education and lower levels of unemployment.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS Brighton and Hove Clinical Commissioning Group (CCG). We carried out an announced visit on 16 September 2015. During our visit we spoke with a range of staff, including GPs, a practice nurse, a healthcare assistant and administration staff. In total we spoke with nine members of staff.

We observed staff and patients interaction and talked with four patients, including one member of the practice PPG.

Detailed findings

We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed 12 comment cards completed by patients, who shared their views and experiences of the service, in the two weeks prior to our visit.

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 living in vulnerable circumstances

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 (QOF) 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, the practice regularly discussed significant events at practice meetings and action taken reflected these discussions. A specific example included a review of a patient's treatment and care following an unexpected death to identify learning for the practice.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice 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 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. However, the practice manager told us that as all the practice nurses were part time it was sometimes difficult to get continuity in terms of one person taking responsibility for infection control. Because of this other staff had undertaken roles relating to infection control, for example the practice manager had carried out the most recent infection control audit. 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.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice did not consistently keep patients safe in relation to the storage of medicines. While all medicines were in date and emergency medicines available and stored correctly we noted that the fridge where vaccines were stored had temperature recordings that were outside of the required range and action had not been taken to address this. 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines.
- We reviewed personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Are services safe?

Risks to patients were not always 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. However, the practice had not considered all environmental or circumstantial risks. For example there was no documented environmental risk assessment of the premises, no risk assessment associated with the decision not to have a defibrillator on site and no risk assessment for extended hours nursing appointments when a GP was not on site.
- 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. For example the nursing and administrative rotas were managed to ensure adequately skilled staff were available for extended hours appointments to ensure support for the nurse delivering the service.

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.
- Oxygen with adult and children's masks, emergency medicines, a first aid kit and accident book were available. The practice did not have a defibrillator available on the premises and did not have a documented risk assessment to demonstrate how they were managing the risk associated with this.
- 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

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 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 97% of the total number of points available, with 6.7% 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 in comparison to the CCG and national average at 91.9% compared to 89.5% (CCG) and 89.2% (national).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average at 87.9% compared to 87.7% (CCG) 90.6% (national).
- Performance for mental health related indicators was better in comparison to the CCG and national average at 100% compared to 89.5% (CCG) and 92.8% (national).
- The dementia diagnosis rate was an outlier in comparison to the CCG and national average at 0.36% in comparison to 0.55% (CCG) and 0.74% (national).

Clinical audits demonstrated quality improvement.

- We viewed two clinical audits that had been completed in the last year, these were completed audits where the improvements made were implemented and we saw plans for further monitoring and repeated audits to identify ongoing learning and continued improvements.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an asthma audit led to a reduction in inhaled steroid usage for eight patients and led to a focus on a review of inhaler technique for patients experiencing an asthma flare up.

Information about patients' outcomes was used to make improvements.

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.
- 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 vaccines 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, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

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

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 general health and wellbeing. Patients were then signposted to the relevant service.
- The practice used their quarterly newsletter to raise awareness about health promotion issues to patients. Examples included reminding patients about protecting their skin in the summer months and advice about heatstroke. The practice has also used social media to target patients and families, asking if they were aware of how to access the Out of Hours service in order to reduce unnecessary A&E attendances.

The practice had a failsafe 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 78.9%, which was better than the CCG average of 72.4% and the national average of 76.7%. 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.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged were at 70% and five year olds were at 70%. Flu vaccination rates for the over 65s were 50.37%, and at risk groups 70.69%. These were also comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 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.
- There were slips of paper available in the reception area for patients who wished to discuss confidential matters to write this down so that they did not have to verbalise it in front of other patients.

All of the 12 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke to 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 above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 84%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 90% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

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 positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%)

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

Patient and carer support to cope emotionally with care and treatment

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

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

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call 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 an extended hour's nursing clinic on a Wednesday evening until 8.00pm 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, baby changing and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when people find it hard to use or access services, for example Saturday morning flu clinics.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Between 8 am and 8.30 am an out of hours service was available. Appointments with GPs were available from 8.40am to 11.30am on a Monday, Tuesday, Wednesday and Friday. On a Thursday morning appointments were available between 9.00am and 11.30am. On a Monday and Tuesday afternoon appointments were available between 3.00pm and 6.00pm. On a Wednesday afternoon appointments were available between 2.30pm and 5.30pm. Extended hours nursing appointments were available between 6.30pm and 8.00pm on a Wednesday. 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. The practice uses a roving GP service to support them to provide emergency home visits.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher when compared to local and national averages. People told us on the day that they were were able to get appointments when they needed them.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 98% patients described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 83% patients said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average 65%).

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 saw that information was available to help patients understand the complaints in the form of posters in the reception/waiting area of the practice.

We looked at six complaints received in the last 12 months and found that these were addressed appropriately and that action had been taken to ensure staff participation and learning. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw plans to provide additional training to non-clinical staff on customer 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 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.
- Practice priorities and objectives included the redesign of the waiting and reception area, improving notes storage facilities and ensuring all staff have personal development plans produced as part of the appraisal process.

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
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings and we saw minutes of these.
- 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. We were also told that staff attended planning meetings to discuss areas for improvement within the practice.
- 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice worked with the PPG to successfully bid for funds from the CCG to hold a health awareness day to help develop the PPG and raise awareness around health issues. The practice had also worked to extend the membership of

Are services well-led?

Good 

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

the PPG by developing a virtual membership for those unable to attend face to face meetings, developing a social media page and targeting housebound and elderly patients by post in order to gain their feedback.

- The practice had also gathered feedback from staff through staff training sessions and generally 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 they felt involved and engaged to improve how the practice was run.

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 part of local pilot schemes to improve outcomes for patients in the area. This included working with the CCG and other local practices to identify and develop services that continue to meet the needs of the patient population.

The practice provided educational and practice support to year one and year four medical students in the region.

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 Maternity and midwifery services 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 provider had not assessed the risk to patients of not having a defibrillator on the premises for use in emergencies. The provider had failed to comply with the proper and safe management of medicines. Action had not been taken to ensure that medicines had been stored at the correct temperature.</p> <p>This was a breach of regulation 12 (1) (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not established and effectively operated systems and processes relating to assessing, monitoring and mitigating risks relating to health, safety and welfare.</p> <p>This was a breach of regulation 17 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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