

The Courtyard Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Courtyard Surgery on 17 January 2017. Overall the practice is rated as requires improvement.

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

- Although risks to patients were assessed, the systems to address these risks were not always implemented well enough to ensure patients were kept safe. For example in relation to MHRA medicines alerts not being identified or actioned in a timely way.
- Safeguarding processes were in place and staff understood their responsibilities in relation to this, however not all clinical staff had attended child safeguarding training at the appropriate level.
- Medicines were well managed and blank prescriptions were stored safely, however monitoring of the distribution of prescriptions was not in place.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near

misses. However, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.

- There was no system for the adoption of national guidelines within the practice or evidence of reference or discussion at relevant meetings.
- Induction and training records were incomplete and some training records appeared to show when policies had been read rather than actual training attendance.
- Appraisals were in place but personal development plans were not developed as a result.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and satisfaction was high with the exception of patient satisfaction with how GPs involved patients in decisions about their care and treatment which was lower than average.
- The practice had only identified 0.8% of the practice population as carers which was below average.

Summary of findings

- There was no practice wide approach to making contact with or providing support to families following a bereavement.
- There was limited evidence that learning from complaints had been shared with staff and records of written responses and investigations were not comprehensive.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Clinical audits demonstrated quality improvement.
- The practice had a number of policies and procedures to govern activity.

The areas where the provider must make improvements are:

- Investigate safety incidents thoroughly and ensure that records reflect learning and that this is shared with staff.
- Ensure complaints are appropriately responded to, that records are maintained of all aspects of complaints management and that these are discussed and addressed in a timely way.

- Ensure that training records are maintained and that staff attend regular updates for training appropriate for their role, including child safeguarding, fire safety and infection control.
- Ensure that all new staff receive a comprehensive induction and that records are maintained.
- Ensure that logs are kept of the distribution of prescriptions within the practice and that these are appropriately monitored.
- Ensure that a system for monitoring and acting on patient safety alerts and NICE guidance is embedded within the practice and that records are kept to demonstrate this.

In addition the provider should:

- Review patient satisfaction with how GPs involved them in decisions about their care and treatment.
- Take action to improve the identification of carers within the patient population group.
- Establish a practice wide approach to making contact with or providing support to families following a bereavement.

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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients were assessed, the systems to address these risks were not always implemented well enough to ensure patients were kept safe. For example in relation to MHRA drug safety update alerts not being identified or actioned in a timely way.
- Safeguarding processes were in place and staff understood their responsibilities in relation to this, however not all clinical staff had attended child safeguarding training at the appropriate level.
- Medicines were well managed and blank prescriptions were kept safely, however monitoring of the distribution of prescriptions was not in place.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- There was no system for the adoption of national guidelines within the practice or evidence of reference or discussion at relevant meetings.
- Induction and training records were incomplete. There was no evidence of annual training updates in areas such as fire safety and infection control. Some training records appeared to show when policies had been read rather than actual training attendance.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals but not personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Requires improvement



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and satisfaction was high in all bar one aspect of how they were involved in their care. However, patient satisfaction with how GPs involved them in decisions about their care and treatment was lower than average.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had only identified 0.8% of the practice population as carers which was below average.
- There was no practice wide approach to making contact with or providing support to families following a bereavement.

Are services responsive to people's needs?

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

Requires improvement



- Patients could get information about how to complain in a format they could understand. However, there was limited evidence that learning from complaints had been shared with staff and records of written responses and investigations were not comprehensive.
- There were some limitations with the building where the practice was located although recent upgrades had included increasing the number of clinical rooms within the practice. In addition there was no hearing loop and patients with mobility issues had to ring a bell for assistance as the door to the practice was not automatic.
- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, in relation to providing health promotion information via social media.
- Patients we spoke with 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.

Are services well-led?

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

Requires improvement



Summary of findings

- 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, some areas of risk had not been properly identified or addressed, for example in relation to how MHRA medicines alerts were addressed.
- The practice had systems for being aware of notifiable safety incidents however, there was no consistent information relating to discussions and sharing the information with staff to identify learning.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. However there were some gaps in staff training and induction records.

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 requires improvement for providing safe, effective, responsive and well-led services, and good for caring. The issues identified affects all patients including this population group. There were, however, examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. GPs also regularly visited care homes and continuity of care was available.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- There was additional support for carers available.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services, and good for caring. The issues identified affects all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable with the local clinical commissioning group (CCG) and national averages. For example, 88% of patients with diabetes, whose last measured total cholesterol, was in a range of a healthy adult (within the last 12 months). Which was higher than the commissioning group (CCG) of 82% and the national average of 80%.

Requires improvement



Summary of findings

- 92% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness, which was higher than the national average of 90% and the clinical commissioning group (CCG) of 91%
- 88% of patients with asthma had an asthma review performed in the previous 12 months. This was comparable with the national average of 76% and the clinical commissioning group (CCG) of 78%
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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. However, while we were told that care plans for this group of patients were discussed with them these were not always recorded clearly or shared with the patients themselves.

Families, children and young people

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services, and good for caring. The issues identified affects all patients including this population group. There were, however, examples of good practice.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice had a social media page which they updated with management advice for contactable diseases such as gastroenteritis. These were triggered by the staff when there was a peak in presentation to minimise and alert patients and the local population.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services, and good for caring. The issues identified affects all patients including this population group. There were, however, examples of good practice.

- The needs of these populations 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, extended opening hours and Saturday appointments.
- 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.
- Health promotion advice was available through the practice social media page and within the practice. Smoking cessation advice was available on site and referrals to weight management services were available.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services, and good for caring. The issues identified affects all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients identified as the most vulnerable within the practice had a care plan in place and risks were identified using recognised risk stratification tools.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services, and good for caring. The issues identified affects all patients including this population group. There were, however, examples of good practice. The practice carried out advance care planning for patients living with dementia.

- 86% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which higher than the national average of 84% and the clinical commissioning group (CCG) of 85%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the last 12 months, with the national average being 89% and the clinical commissioning group (CCG) of 92%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 235 survey forms were distributed and 114 were returned. This represented just over 1% of the practice's patient list.

- 93% of patients who responded described the overall experience of this GP practice as good compared with the CCG average of 88% and the national average of 85%.
- 86% of patients who responded described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 84% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 84% and 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 59 comment cards which were mostly positive about the standard of care received. Patients felt that staff were kind and caring and treated them with dignity and respect. Of the 59 cards we received, ten included some comments where they felt improvements could be made. These included poor disabled access within the practice some experience of difficulties accessing appointments.

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

Areas for improvement

Action the service **MUST** take to improve

- Investigate safety incidents thoroughly and ensure that records reflect learning and that this is shared with staff.
- Ensure complaints are appropriately responded to, that records are maintained of all aspects of complaints management and that these are discussed and addressed in a timely way.
- Ensure that training records are maintained and that staff attend regular updates for training appropriate for their role, including child safeguarding, fire safety and infection control.
- Ensure that all new staff receive a comprehensive induction and that records are maintained.

- Ensure that logs are kept of the distribution of prescriptions within the practice and that these are appropriately monitored.
- Ensure that a system for monitoring and acting on patient safety alerts and NICE guidance is embedded within the practice and that records are kept to demonstrate this.

Action the service **SHOULD** take to improve

- Review patient satisfaction with how GPs involved them in decisions about their care and treatment.
- Take action to improve the identification of carers within the patient population group.
- Establish a practice wide approach to making contact with or providing support to families following a bereavement.

The Courtyard Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to The Courtyard Surgery

The Courtyard Surgery is a GP practice based in Horsham in West Sussex, providing primary medical services to 8900 (18000 in total combined with Riverside Surgery) patients. In October 2016 the practice joined with Riverside Surgery and is managed together as a single, two site practice. However, each practice had retained their own patient lists but services were accessible to patients across both sites. This inspection focused on The Courtyard Surgery as that was the practice registered with the Care Quality Commission. Riverside Surgery had been de-registered when the practices merged.

The practice patient population is made up of a higher than average proportion of patients in work or education and lower levels of unemployment. There was a slightly higher than average proportion of patients with a long standing health condition. The practice had a slightly smaller proportion of elderly patients and fewer children under the age of 18. The deprivation score for the practice area was slightly higher than the CCG average but significantly lower than the national average.

The practice holds a General Medical Service contract and is part of NHS Horsham and Mid Sussex Clinical Commissioning Group. The practice consists of four GP partners (male and female) and two salaried GPs. The GPs

are supported by a practice manager, two practice nurses a healthcare assistant, a practice manager and assistant practice manager, and an administrative team. A wide range of services and clinics are offered by the practice including asthma and diabetes.

The Courtyard Surgery is open between 8.30am to 6pm on Monday to Thursday and between 8.30am and 4pm on a Friday. Telephone lines are open from 8am to 6.30pm Monday to Friday. Extended hours appointments are available until 8pm on a Monday evening and between 8.30am and 1pm on a Saturday. Riverside surgery is open between 8am and 6.30pm Monday to Friday with appointments until 7pm on a Monday. In addition, appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. 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).

Services are provided from:

The Courtyard Surgery, 56 London Road, Horsham, West Sussex, RH12 1AT.

Why we carried out this inspection

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

Detailed findings

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 17 January 2017. During our visit we:

- Spoke with a range of staff (GP partners, salaried GPs, nurses, healthcare assistants, the practice manager, receptionists and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system 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 on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- From the sample of eight documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. We saw that some incidents were discussed in practice meetings with evidence of learning having been identified, however it was not clear that all incidents were discussed. For example, we viewed details of an incident where a patient had exhibited challenging behaviour but there was no evidence of team discussion. Staff also told us of an incident of a patient exhibiting aggressive behaviour but were unable to tell us of the outcome or learning from this and had not been involved in discussions.
- We saw some evidence that lessons were shared and action was taken to improve safety in the practice. For example, an issue had been identified by the practice that child safeguarding information may not have been shared with the practice resulting in codes to flag those at risk not being up to date. As a result the practice worked with external safeguarding teams to improve the way information was shared and they put additional safeguards in place within the practice to monitor patients where there were concerns.

The practice was not able to demonstrate receiving or acting upon the MHRA (Medicines and Healthcare Products Regulatory Agency) medicines safety updates since April

2015. However, the practice took action to address this during and in the days following inspection, identifying patients who may have been receiving medicines subject to safety updates and undertaking appropriate reviews.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. We were told that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults. However, not all GPs had evidence they were trained to child protection or child safeguarding level three and nursing staff were only trained to child safeguarding level one. The practice were subsequently able to evidence that GPs and nursing staff had attained the appropriate level of child safeguarding training through an online resource in the days following the inspection.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best

Are services safe?

practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored, although the system to monitor their use did not include a clear log of prescription numbers and their destination. However, subsequent to the inspection the practice implemented a recording system to monitor this. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire

marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. For example, reception staff told us they would provide cover for each other for holidays. The lead nurse managed the nursing rota to ensure adequate cover.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

It was unclear that clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice did not have systems to keep all clinical staff up to date. Relevant staff had access to guidelines from NICE, however keeping up to date was seen as an individual GP responsibility and there was no formal process in place and not in place as a standing agenda item at meetings.

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 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and national average of 93%.

The practice had an overall exception rate of 7%. This was around average when compared with the national average and local clinical commissioning group average of 10%. (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 2015/2016 showed:

- Performance for diabetes related indicators was comparable with the local clinical commissioning group and national averages. For example, 82% of patients with diabetes, had their last blood pressure reading (measured in the last 12 months) at 140/80 mmHg or less, which was comparable with the national average and the clinical commissioning group (CCG) average of 78%.
- 86% of patients with hypertension had regular blood pressure tests, which was comparable to the CCG average and the national average of 83%.

- Performance for mental health related indicators was higher when compared to the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan, compared to the national average of 89% and the CCG average of 92%.

There was evidence of quality improvement including clinical audit:

- There had been five clinical audits commenced in the last two years, two of these were completed repeat cycle audits where the improvements made were implemented and monitored. The remaining three audits were single cycle where repeat audit cycles were planned.
- Findings were used by the practice to improve services. For example, recent action taken as a result included creating a pop-up on the electronic system for all coded fractures so that fragility fractures could be identified. In addition medication warnings were added and reduction support offered if appropriate.

Information about patients' outcomes was used to make improvements. For example, the practice had introduced a system of personal contact for patients with poor mental health in order to reduce exception reporting and improve engagement.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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. However, induction records held on file were not always complete.
- 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

Are services effective?

(for example, treatment is effective)

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 practice had a system of appraisal in place although this did not always include the identification of learning needs of staff or the development of plans to address this. The practice used an online training system and we were told they had access to other training; however training logs did not consistently reflect this. For example, areas where staff had read policies such as in relation to fire training and infection control had been recorded as training. Annual updates of fire safety and infection control were not apparent. Safeguarding training was not always at a level appropriate to the staff role.
- There was evidence that staff had access to training that included: safeguarding, fire safety awareness, basic life support and information governance. However, the regularity and appropriate level of training was not always clear from records held within the practice.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 patients, 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 and general health and wellbeing.
- Smoking cessation support was available from the nursing team within the practice and referrals for weight management advice were available.
- The practice had their own social media page that was designed to provide support and advice to patients to keep them healthy.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 84% and the national average of 81%. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age, was at 63% which was comparable with the clinical commissioning group (CCG) average of 63% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates

Are services effective?

(for example, treatment is effective)

for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 95% to 72% and five year olds from 93% to 92%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available and providing information in different formats. The practice also encouraged its patients to attend national screening programmes for bowel and

breast cancer. There were failsafe systems 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.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Most of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service met their needs and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 at or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients who responded said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 89% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%

- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 96% of who responded patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 97% of patients who responded said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 92% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 91% 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 had sufficient 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.

Children and young patients were treated in an age-appropriate way and recognised as individuals.

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 generally in line with local and national averages with the exception of patients feeling involved in decisions about their care by the last GP they saw. For example:

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.

Are services caring?

- 76% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%

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

- Staff told us that interpretation 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.
- Information leaflets were available in easy read format.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as carers (0.8% of the practice list). There was a carer's board located in the practice and written information was available to direct carers to the various avenues of support available to them.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that there was no practice wide approach to families who had experienced bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours pre-bookable appointments on a Saturday morning and via Riverside Surgery on a Monday evening until 7pm for working patients who could not attend during normal opening hours.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were some accessible facilities, which included interpretation services available. However the practice had no hearing loop and there was no automatic door into the practice. Patients in a wheelchair or with difficulties opening the door could use a call bell near to the entrance to request assistance.
- The practice had been successful in securing funding to create additional clinical space and had developed an additional three clinical spaces within the surgery.
- The practice had registered refugee families from Syria, offering them longer appointments and support with referral processes to access other services.

Access to the service

The Courtyard Surgery is open between 8.30am to 6pm on Monday to Thursday and between 8.30am and 4pm on a

Friday. Telephone lines are open from 8am to 6.30pm Monday to Friday. Extended hours appointments are available until 8pm on a Monday evening and between 8.30am and 1pm on a Saturday. Riverside surgery is open between 8am and 6.30pm Monday to Friday with appointments until 7pm on a Monday. In addition, appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. 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).

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

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 89% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 77% and the national average of 73%.
- 87% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 76%.
- 93% of patients who responded said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 85% of patients who responded described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 64% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Are services responsive to people's needs?

(for example, to feedback?)

Home visit requests were overseen by GPs as they came in. The receptionists alerted the GP if they suspected any urgency or were unsure. This was in line with NHS England's patient safety alert on prioritising home visits. The visits were shared out at the morning meeting. Home visits were triaged by phone if there was any doubt as to their urgency or appropriateness. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example through a complaints leaflet available via reception.

We looked at 13 complaints received in the last 12 months and the practice maintained a log of the nature of the complaint along with details of any resolution. We saw that complaints were discussed at meetings although this was sometimes two months after the complaint was received. Responses to complaints and other records were not always maintained. For example, we viewed a complaint from a patient who had requested an appointment due to pain and urinary symptoms where an appointment had not been given. This complaint had not been recorded on the complaints log and there was no written response or evidence of investigation or learning in terms of whether or not the patient should have been offered an appointment. However, we saw a summary record of action had been taken to address the medical concerns of the patient.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a 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 shared vision with Riverside Surgery and had joined together in order to provide more services for their patient populations.
- The practice had a clear strategy in relation to their recent merger with Riverside surgery and plans for future premises and services.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, in relation to safeguarding and infection control and the management of long term conditions.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. Policies were in the process of being merged across both The Courtyard and Riverside practices.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions in some areas. For example, in relation to health and safety risk assessments. However, other areas such as addressing action relating to MHRA medicines alerts was not embedded within the practice.

- We saw evidence from minutes of a meetings structure that allowed for the discussion of significant events and complaints, however there was limited evidence of lessons learned being shared with all staff and recording of learning was not comprehensive.

Leadership and culture

Staff told us the partners and manager were approachable and always took the time to listen to all members of staff. The partnership merger between The Courtyard Surgery and Riverside Surgery practices' was in its infancy with staff working to unify practice across both sites. The practice manager from Riverside Surgery had taken a lead across both sites since October 2016 and we were told by staff that this had been a positive transition.

The provider was aware of and had systems 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Minutes were comprehensive and were available for practice staff to view although not all staff were aware of how to access these when we asked.
- Staff said they felt respected, valued and supported, particularly by the partners and manager in the practice.

Are services well-led?

Requires improvement 

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

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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG for The Courtyard Surgery had been a virtual group and since the merger the PPG from Riverside Surgery had been consulted about setting up a PPG across both sites. Interested patients had been identified and there was evidence of interaction and feedback being sought. The practice had a social media page which was used to share information and gather feedback. Patient feedback was largely positive and the practice were aware of external sources of feedback such as the National GP Patient Survey.
- the NHS Friends and Family test, complaints and compliments received

- staff 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 focus on continuous learning and improvement at all levels within the practice although not all staff had received regular training relevant to the requirements of their role. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They worked closely with the CCG and other practices in the area. There was a strong emphasis on improving patient outcomes generally and the practice had consistently good results in terms of outcomes for patients with long term conditions. Clinical audit was used to drive improvements and reviews of repeat audit cycles were carried out and changes made as necessary. The practice used a social media page to target health promotion and provide advice and information designed to keep patients healthy.

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 registered provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• They had failed to adequately monitor the usage of prescription forms within the practice. <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure that systems and processes to assess, monitor and mitigate the risks relating to health, safety and welfare.</p> <ul style="list-style-type: none">• Significant event and complaint processes did not include adequate evidence of learning and improvements.• Relevant safety alerts and national guidance was not acted upon and appropriate records were not maintained. <p>This was in breach of regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The registered person did not ensure that staff received such appropriate support, training, professional development, supervision and appraisal.

- Training records showed gaps in training updates including fire safety and infection control.
- While appraisals were conducted not all staff had a personal development plan in place as a result.
- Induction records were incomplete.

This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.