

Dr Lothe & Partners

Quality Report

Upper Gordon Road Surgery
37 Upper Gordon Road
Camberley
Surrey
GU15 2HJ

Tel: **01276 459040**

Website: www.uppergordonroadsurgery.co.uk

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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	
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Are services safe?	Good	
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Are services effective?	Requires improvement	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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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 Lothe & Partners on 16 June 2016. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.
- The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of a hospital admission.

Summary of findings

- The practice was able to offer in house exercise information and joint injections. GPs referred patients to an in house NHS physiotherapy team and to Surrey Heath Orthopedic Treatment and Therapy Service (SHORTTs).
- The practice was open from 8am to 8pm and provided nurse, GP and phlebotomy services throughout that time.
- Results from the national GP patient survey, published January 2016, showed that patient's were satisfied with how they could access care and treatment.

The area where the provider must make improvement are:

- Ensure that all staff undertake the practices' schedule of mandatory training, including Basic Life Support (BLS), safeguarding children and vulnerable adults, fire safety and information governance.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.
- Risks to patients were assessed and managed. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Good



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, we found some gaps in the practices mandatory training for staff.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

Are services well-led?

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

Good



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

Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice looked after patients at several care and residential homes. Designated GPs conducted weekly and monthly ward rounds.
- Older patients with complex care needs and those at risk of hospital admission all had personalised care plans that were appropriately shared with local organisations to facilitate the continuity of care.
- The practice was working to the Gold Standards Framework for those patients with end of life care needs.
- The practice nurse telephoned patients on discharge from hospital to offer support, and to enquire whether a visit or other assistance was required.
- The practice worked with the integrated care team to improve communication between different services, for patients who were vulnerable or had complex needs.
- Patients on multiple medicines were reviewed by the clinical commissioning group (CCG) pharmacy team to try to prevent poly-pharmacy complications. (Polypharmacy is the use of four or more medications by a patient).

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice offered regular blood testing clinics for patients on the medicine warfarin, due to some risks associated with this medicine.
- Performance for diabetes related indicators was higher than the clinical commissioning group (CCG) and national average. For example, 90% of patients on the diabetes register, had a record of a foot examination taking place within the last 12 months. This was comparable with the national average of 88%.
- 90% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness, which was the same as the national average 90%
- Two practice nurses and a GP had a special interest in diabetes and had attended an extensive six day course. For patients with more complex diabetic needs the practice could refer to the local community diabetes nurse specialist.
- The practice was able to offer in house exercise information and joint injections. GPs referred patients to an in house NHS physiotherapy team and to Surrey Heath Orthopedic Treatment and Therapy Service (SHORTTs)
- GP were able to offer exercise referrals to the local leisure centre.

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.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The number of women aged between 25 and 64 who attended cervical screening in 2014/2015 was 76% compared to the clinical commissioning group (CCG) and national average of 82%

Good



Summary of findings

- The practice had a variety of self help leaflets and information. This included information targeted to parents of young children and a young person's guide – a leaflet providing information about how to access services at the practice and the local area.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was open from 8am to 8pm and provided nurse, GP and phlebotomy services throughout that time.
- The practice offered advice by telephone each day for those patients who had difficulty in attending the practice and there were daily evening emergency appointments available.
- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice offered NHS health-checks and advice for diet and weight reduction.
- A healthcare assistant was trained to offer smoking cessation advice.

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.
- The practice engaged with homeless people who were based locally. These patients could register at the practice or at the 'All Night Café'. The practice signposted these patients to the relevant services available. The All Night café is a safe place for the homeless and people in need. The café opens at 10pm until 8am and serves free home cooked meals as well as complimentary drinks and refreshments throughout the night.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice organised separate flu clinics for patients with learning disabilities in order to provide longer appointments and a calmer environment for those that may prefer this.
- Translation services were available for patients who did not use English as a first language. Staff also told us they used a sign language service for those patients who had a hearing impairment.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Carers, and those patients who had carers, were flagged on the practice computer system and were signposted to the local services and the local carers support team.

People experiencing poor mental health (including people with dementia)

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

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%
- 99% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the last 12 months, which was higher than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

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

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%
- 99% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the last 12 months, which was higher than the national average of 88%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Areas for improvement

Action the service **MUST** take to improve

Ensure that all staff undertake the practices' schedule of mandatory training, including Basic Life Support (BLS), safeguarding children and vulnerable adults, fire safety and information governance

Dr Lothe & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Lothe & Partners

Dr Lothe & Partners offers personal medical services to the population of Camberley, Surrey and the surrounding area. There are approximately 12,100 registered patients.

Dr Lothe & Partners is run by three partner GPs (one male and two female). The practice is also supported by six salaried GPs, an advance nurse practitioner, four practice nurses and three healthcare assistants and a phlebotomist. The practice also has a team of receptionists and administrative staff and a practice manager.

Dr Lothe & Partners is a training practice for GP trainees and FY2 doctors. (FY2 Doctors are newly qualified doctors who are placed with a practice for four months and will have their own surgery where they see patients).

The practice runs a number of services for its patients including asthma reviews, child immunisation, diabetes reviews, new patient checks and holiday vaccines and advice.

Services are provided from:-

Upper Gordon Road Surgery, 37 Upper Gordon Road,
Camberley, Surrey, GU15 2HJ

Opening Hours are:-

Monday to Friday 8am to 8pm

Saturday 9am to 11am

During the times when the practice is closed, the practice has arrangements for patients to access care from an Out of Hours provider, this can be accessed for patients via the 111 service.

The practice population has a higher number of patients aged between birth to 9, 40 to 59 and 85+ years of age than the national and local clinical commissioning group (CCG) average. When compared to the national and local clinical commissioning group (CCG) averages, the practice population shows a slightly lower number of patients aged from birth to 4 years of age and 15 to 24, and 60 to 65 years of age. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England. Less than 10% of patients do not have English as their first language.

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 16 June 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, healthcare assistants, administration staff and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- The practice had daily and monthly referral meetings which all of the GPs attended to improve referral quality and share knowledge.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we noted that a significant event had been raised due to a specific vaccine being given incorrectly to a patient. This had been investigated by the practice. A new protocol had been put in place to make sure that adhoc requests for this vaccine outside of specific clinics would be not be authorised so as to ensure the event could not be repeated.

Overview of safety systems and processes

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

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

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities however not all non-clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.

- A notice in the waiting room and in all of the treatment rooms 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. The practice nurse was the infection control clinical lead who kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patients on multiple medicines could be reviewed by the clinical commissioning group (CCG) pharmacy team to try to prevent polypharmacy complications (Polypharmacy is the use of four or more medications by a patient).
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent

Are services safe?

Prescriber and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the medical staff for this extended role.

- 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 against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found 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 for certain staff members.

Monitoring risks to patients

Risks to patients were assessed and well managed.

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available with a poster in the reception office and in the staff kitchen which identified local health and safety representatives.
- 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 had a variety of other risk assessments in place to monitor safety of the premises such as control

of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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 clinical staff had received Basic Life Support (BLS) training. However, five out of 13 reception staff had not received recent training. There were emergency medicines available in a central location.
- 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 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had an arrangement with a neighbouring practice to assist with business continuity in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The local commissioning group sent the practice updated nice guidance which was then discussed at weekly meetings with the clinical staff.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 97.2% of the total number of points available. The practice had an 8.3% exception rate. This was around average when compared with the national average and local clinical commissioning group average of 9% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators were higher than the national average. For example, 85% of the patients with diabetes had a normal blood test when measured for cholesterol (in the preceding 12 months), which was higher than the national average of 80% and the clinical commissioning group (CCG) average of 81%.
- 90% of patients on the diabetes register, had a record of a foot examination in the last 12 months which was higher than the national average of 88% and the CCG average of 84%.

- 80% of patients with hypertension had regular blood pressure tests performed, which was the same as the CCG average and slightly lower than the national average of 83%.
- Performance for mental health related indicators were higher than the national average. For example, 99% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan documented in the record, compared to the national average of 88% and CCG average of 90%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We reviewed clinical audits that had been carried out within the last 18 months. The audits indicated where improvements had been made and monitored for their effectiveness. We noted that the practice also completed audits for medicine management and infection control.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice completed regular audits for medicines prescribed. The audits were completed to ensure that prescribing was in line with National Institute for Health and Care Excellence (NICE) guidelines. When necessary patients had a medicine review to ensure they were on the optimal medicine for their needs.
- Information about patients' outcomes was used to make improvements. For example, the practice had completed an audit of deceased patients and their preferred place of care. Results showed that 59% of patients had died in their chosen place while 31% had been unexpected deaths. Actions resulting from this audit included the improvement of information recorded in care plans and the coding of special patient notes. A repeat audit was planned for 2017. The practice had also completed an audit for new cancer diagnosis and how these had been diagnosed in order to ensure that the practice was working to NICE guidance. It had highlighted that from 33 patients diagnosed with cancer, eight (24%) of these patients had been diagnosed through appropriate screening, 13 (39%) through referral within the two week referral rule. Five (15%) of

Are services effective?

(for example, treatment is effective)

these patients had diagnosed through an emergency admission and had not had a previous consultation at the practice. Six (18%) had been through other diagnosis, for example, routine chronic disease reviews or through a private referral.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, some non-clinical staff had not completed recent mandatory training set by the practice. This included safeguarding vulnerable adults and children and for Basic Life Support for non clinical staff. We also found that not all staff had completed training for fire safety or information governance.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had either received an appraisal or had dates planned for June and July.
- The practice supported clinical staff to extend their skills and knowledge in order to improve outcomes for patients. The GPs had lead roles for specialisms, for example orthopaedic rehabilitation, dementia, and end of life care. Two of the practice nurses and a lead GP had specialist training in diabetes care and had attended a six day intensive diabetes care course.

We reviewed the practice 'Mandatory / Recommended Training Summary' and training spreadsheet and found there were some gaps in staff training. We found:-

Five out of 13 reception staff had not received recent training for Basic Life Support (BLS). 15 out of 44 staff members had not received information governance training. 16 staff members had not received recent training for fire safety although we saw evidence that the practice had carried out regular fire drills.

The practice required clinical staff to have Mental Capacity Act 2005 training annually. However, from 15 clinical staff members only eight had completed this training. We also found that not all non-clinical staff had completed training for safeguarding vulnerable adults and children. For example, from 26 non-clinical staff members, 12 had not completed safeguarding vulnerable adults and 13 had not completed safeguarding children training. Staff we spoke with were aware of safeguarding procedures and told us they had access to safeguarding policies and would speak with the lead for safeguarding if they had any concerns.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- A nurse practitioner reviewed all patients on the hospital admission avoidance register following an admission to hospital and if required carried out a home visit or invited them for an appointment.

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

Are services effective?

(for example, treatment is effective)

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.
- Signed consent forms were used for minor surgery and scanned into the electronic patient record.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Health information was made available during consultation and GPs used materials available from online services to support the advice they gave patients. There was a variety of information available for health promotion and prevention in the waiting area and on the practice website
- Smoking cessation advice was available from a healthcare assistant.

- A counsellor and midwives were available at the practice.
- The practice offered family planning and routine contraception services including implant/coil insertion.
- The practice's uptake for the cervical screening programme was 76%, which was lower than the local clinical commissioning group (CCG) and national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by sending out appointment reminders to patients and ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age were at 61% which was comparable with the CCG average of 62% and a national average of 58%.
- Most childhood immunisation rates for vaccines given were either higher than or the same as the CCG average. For example, 90% of children under 24 months had received the MMR (measles, mumps and rubella) vaccine which was above the CCG average of 89%. A system was in place for the practice nurse to contact the parent or carer of those patients who did not attend for their immunisations.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- There were number key-coded locks on the door for the GP and nurses rooms. This prevented unauthorised access to treatment areas.
- Patients were called for their appointment via a tannoy system or through the GP or nurse collecting them from the waiting area and escorting them to the relevant room.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The reception desk and waiting area were separate which helped with patient confidentiality and the practice had installed an electronic booking in system.

All of the 25 patient Care Quality Commission 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 spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.

- 89% of patients who responded said the GP gave them enough time compared to the CCG average of 90% and the national average of 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw which was the same as the CCG and national average of 95%.
- 90% 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 89% and the national average of 85%.
- 94% 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 95% and the national average of 91%.
- 89% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 88% 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.

The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans and regular communication with the community matron and district nursing team. Unplanned admissions were also discussed at monthly meetings to identify any improvements necessary. As a result of these meetings referrals had been made to the old age psychiatry and local integrated care teams which had resulted in assessments from these organisations.

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:

Are services caring?

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 81%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Staff told us that there were aware of a number of patients who needed the aid of a sign language interpreter and were able to book this service for patients when needed
- Information leaflets were available in easy read format.

- The practice website also had the functionality to translate the practice information into approximately 90 different languages.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 232 patients as carers (2% of the practice list) and an additional four young carers (under the age of 18 years old). Written information was available to direct carers to the various avenues of support available to them. The practice also had information for carers on their website and provided information for different aspects including finance and law and a link to carers direct website.

Staff told us that if families had suffered bereavement, their usual GP contacted them and could offer a patient consultation or give advice on how to find support services.

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 had reviewed patient access and was able to offer evening appointments every weekday until 8pm and Saturday appointments from 9am to 11am.
- As a result from patient feedback the practice had changed the appointment system to ensure that there were more pre-bookable appointments available and had reduced the number of on the day appointments. This change had been made two weeks prior to our inspection and the practice had yet to review if the new system was working for the benefit of patients.
- Patients were able to use the pharmacy that was available on site. This opened Monday to Saturday at 8am to 11pm and Sunday 8am to 6pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately, including yellow fever.
- The practice engaged with homeless people who were based locally. These patients could register at the practice or at the 'All Night Café'. The practice signposted these patients to the relevant services available. The All Night cafe' is a safe place for the homeless and people in need. The cafe' opens at 10pm until 8am and serves free home cooked meals as well as complimentary drinks and refreshments throughout the night.
- There were translation services available and the practice used sign language services to help those with a hearing impairment and were British Sign Language users.
- The practice had installed a lift to improve access for those patients with limited mobility.

- Electronic Prescribing was available which enabled patients to order their medicines on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice used text messaging to remind patients of appointments.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- There were toilet facilities available for all patients, including an adapted aided toilet and a baby nappy changing facility.
- The practice remained open throughout the day so patients could still ring for appointments or drop off prescriptions or samples during the lunchtime period.
- The practice nurse telephoned patients on discharge from hospital to offer support, and enquire whether a visit or other assistance was required.
- The practice offered advice by telephone each day for those patients who had difficulty in attending the practice and there were daily evening emergency appointments available.
- The practice offered NHS health-checks and advice for diet and weight reduction.

Access to the service

The practice was open between 8am and 8pm Monday to Friday. Saturday morning pre-bookable appointments were available from 9am to 11am. The practice had reviewed how patients wished to book their appointments and had increased the number of pre-bookable appointments with a smaller number of on the day appointments. Urgent appointments were also available for patients that needed them.

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

- 90% of patients who responded were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 82% and the national average of 78%.
- 82% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 83% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 88% of patients who responded said the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 84% and the national average of 76%.

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 in place to assess:

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

Reception staff recorded information centrally for the GPs on the appointment system. GP telephoned the patient or carer to gather further information. This ensured home visits were prioritised according to clinical need. 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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were posters on display in the waiting area, a complaints leaflet and information was on the practice website.
- A Friends and Family Test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided.
- None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

The practice had a mission statement. This was 'to provide excellent services responsive to the healthcare needs of the practice population'. This was on displayed for patients and staff to read. Staff knew and understood the values.

The practice had aims and objectives for the future to further improve services to their patients. This included:-

- To provide quality care and treatment to our patients taking into account their needs and experiences
- To improve disease prevention aware through patient education
- To continue to involve patients in the planning and provision of 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 in place and ensured that:

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

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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 in place 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 in place and staff felt supported by management.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The patient participation group (PPG) communicated regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had been involved in discussions regarding the extension built to include a pharmacy. They had also been involved in talks in relation to problems with parking and opening times.
- A Friends and Family Test suggestion box was available within the reception area. Data showed that 343

Are services well-led?

Good 

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

patients had responded between 22 February 2016 and 16 June 2016, with 305 (89%) of patients recommending the practice, six (2%) had no opinion and 18 (9%) patients would not recommend the practice.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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.
- The practice manager sent reflection forms to all staff every two months. This allowed staff to reflect on what had gone well and what could be improved. This helped to highlight any action needed. For example, requests for training or changes in processes. This feedback helped with discussions with staff during appraisals.

Continuous improvement

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

- The practice hoped to develop formal patient education evenings around health promotion and managing long-term conditions.
- Where possible education events were opened to other practices within the area to also attend.
- The practice took part in pilots including National Cancer Diagnosis Audit pilot.
- The practice had instigated daily referral review meetings in March 2016 to improve referral quality across the practice.
- The practice was investigating installing a 'health pod'. This would allow patients to record height, weight, blood pressure which could be recorded directly on to patient's electronic records outside of appointments.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	Regulation 18 (2)
Maternity and midwifery services	The provider had failed to ensure that staff employed by the service provider had received training as necessary. This includes but is not limited to training for: Basic Life Support (BLS), safeguarding children and vulnerable adults, fire safety awareness and information governance.
Surgical procedures	
Treatment of disease, disorder or injury	