

The Practice Asquith

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?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
What people who use the service say	6
Areas for improvement	6

Detailed findings from this inspection

Our inspection team	7
Background to The Practice Asquith	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9
Action we have told the provider to take	20

Overall summary

Letter from the Chief Inspector of General Practice

The Practice Asquith offers a range of primary medical services from a single surgery at 693 Welford Road, Leicester.

We carried out an announced, comprehensive inspection on 12 November 2014.

Prior to our inspection we consulted with the local clinical commissioning group (CCG) and the NHS local area team about the practice. A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. Neither of these organisations had any significant concerns.

We spoke with patients and staff including the management team. The inspection focussed on whether the care and treatment of patients was safe, effective, caring, responsive and well led. During the inspection we spoke with patients and carers that used the practice and met with members of the patient reference group (PRG). A PRG is a group of patients who have volunteered to

represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

We also reviewed comments cards that had been provided by CQC on which patients could record their views.

We looked at patient care across the following population groups: Older people; those with long term medical conditions; mothers, babies, children and young people; working age people and those recently retired; people in vulnerable circumstances who may have poor access to primary care; and people experiencing poor mental health.

Our key findings were as follows:

Patients were treated with compassion, dignity and respect.

Staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies

Summary of findings

Staff understood their responsibilities to raise concerns, and report incidents and near misses.

Patients reported good access to the practice and a named GP and continuity of care, with urgent appointments available the same day.

No action had been taken to respond to issues identified in infection prevention and control audits or as a result of a fire risk assessment.

No clinical audit had been undertaken at the practice.

The overall rating for The Practice Asquith is 'Requires improvement'

Importantly, the provider must:

- Ensure that issues identified as a result of infection prevention and control audits are actioned to help reduce the risk from healthcare associated infections.

- Ensure that issues identified in the fire risk assessment are addressed to mitigate the risk to patients, staff and others from unsafe or unsuitable premises.
- Undertake clinical audit to ensure a quality improvement process that seeks to improve patient care and outcomes through systematic review of care and the implementation of change.

In addition the provider should:

- Ensure paper rolls used to cover examination couches are stored correctly.
- Have in place a process to record verbal complaints in order that any themes and learning can be derived from them.
- Ensure that their complaints information is updated.

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 as there are areas where it should make improvements. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example we saw that infection prevention and control audits had been carried out but that no action had been taken to deal with the deficiencies highlighted. Likewise we saw that a fire risk assessment had been carried out but that no action had been taken to address the concerns raised within it.

Requires improvement



Are services effective?

The practice is rated as 'requires improvement' for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from NICE and used it routinely. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs have been identified and planned. The practice could identify all appraisals and the personal development plans for all staff. Staff worked with multidisciplinary teams. However the practice had not conducted any clinical audits to ensure a quality improvement process that sought to improve patient care and outcomes through systematic review of care and the implementation of change.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a GP with urgent appointments available the same day.

Good



Summary of findings

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. However we found that the practice did not record or analyse verbal complaints.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings.

Good



Summary of findings

What people who use the service say

During the inspection we talked with nine patients. They told us that the care and treatment they received was good and that they felt fully informed as to their treatment options

Both the patients we talked with, and the patients who had completed 17 CQC comments cards, said that they were treated with dignity and respect and that they felt fully involved in decisions about their healthcare.

They stated that reception staff were friendly and helpful. Two had commented that they did not like changes to the doctors and that permanent GPs would be better in providing continuity of care.

Patients told us that getting an appointment to see a GP was straightforward and commented upon how convenient Saturday morning consultations were proving.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that issues identified as a result of infection prevention and control audits are actioned to help reduce the risk from healthcare associated infections.
- Ensure that issues identified in the Fire Risk Assessment are addressed.
- Undertake clinical audit to ensure a quality improvement process that seeks to improve patient care and outcomes through systematic review of care and the implementation of change.

Action the service **SHOULD** take to improve

- Ensure paper rolls used to cover examination couches are stored correctly.
- The practice should have in place a process to record verbal complaints in order that any themes and learning can be derived from them.
- The practice should ensure that their complaints information is updated.

The Practice Asquith

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP and the team included an additional CQC inspector. We were accompanied by a member of staff from the NHS England Area Team who acted as an observer

Background to The Practice Asquith

The practice is located in a large converted house in a residential area of south Leicester. On the day of our inspection the patient list was 3,837.

The practice is within the area covered by Leicester City Clinical Commissioning Group. The practice has opted out of the requirement to provide GP services outside of normal hours. The out-of-hours service is provided by The Leicester, Leicestershire and Rutland Out of Hours Service.

The patient population falls within the third least deprived decile according to information supplied by Public Health England. A high percentage of patients were aged over 75 as compared with the national average.

The practice employs two whole time equivalent salaried GPs providing 17 sessions per week. Two practice nurses and one healthcare assistant / phlebotomist are employed, together with receptionists and administration staff.

The Practice Asquith is a service operated by The Practice Surgeries Limited under an Alternative Provider Medical Services Contract (APMS).

The practice is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning; maternity and midwifery services and surgical procedures.

The surgery was open from 8.00 am until 6.30 pm daily, with extended opening hours on two mornings from 7.30 am. The surgery was open from 8.00 am to 11.00 am Saturdays.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

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.

How we carried out this inspection

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

- Is it safe?

Detailed findings

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. These 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)

Before visiting, we reviewed a range of information that we hold about the practice.

We carried out an announced visit on 12 November 2014. During our visit we spoke with a range of staff including GPs, a nurse, healthcare assistant, reception and administration staff. We spoke with patients who used the service. We observed the interactions between patients and staff, and talked with carers and family members. We met with a representative of the patient participation group (PPG). The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

We reviewed 17 CQC comment cards where patients had shared their views and experiences of the service.

In advance of our inspection we talked to the local clinical commissioning group (CCG) and the NHS England local area team about the practice. We also reviewed information we had received from Healthwatch, NHS Choices and other publically accessible information.

Are services safe?

Our findings

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke to were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of clinical meetings where these were discussed. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred and we were able to review these. We saw that significant events were entered into a detailed electronic template. Such incidents were monitored and reviewed centrally by the healthcare provider. We saw records were completed in a comprehensive and timely manner. Significant events was a standing item on the practice meeting agenda. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

National patient safety alerts were disseminated to practice staff. They also told us alerts were discussed at practice meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. Staff knew how to recognise signs of abuse in vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation

of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible and displayed in all treatment rooms.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who the lead was and who to speak to in the practice if they had a safeguarding concern.

There was a chaperone policy, which was visible in the waiting room and in consulting rooms. All nursing staff, including health care assistants, had been trained to be a chaperone. If nursing staff were not available to act as a chaperone, receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

We saw records of the monthly clinical meetings that noted the actions taken in response to a review of prescribing data. We saw evidence that there had been no prescribing of drugs known as red and black drugs. Black listed drugs are not usually prescribed in either primary or secondary care, and red listed drugs should only normally be prescribed by specialist clinicians in secondary care.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance.

All prescriptions were reviewed and signed by a GP before they were given to the patient.

Are services safe?

Cleanliness and infection control

We observed the premises to be clean and tidy. However in the two treatment rooms we saw damp areas on the ceilings and areas on the walls where plaster was missing or crumbling. One member of staff we spoke with told us it had been like that for all the time they had worked at the practice, which was in excess of three months. We saw there were cleaning schedules in place and cleaning records were kept. There were no records of regular audits of the standard of cleaning by the practice available. Patients who completed comment cards said they found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control. We spoke with the lead who told us they had recently been made aware that this was their role and had not had the opportunity to undertake further training to enable them to provide advice on the practice infection control policy or carry out staff training. All staff received induction training about infection control. We saw evidence that infection control audits had been carried out for each of the last two years. Some improvements identified for action from the previous year had not been actioned. The same improvements were again identified as being required in the current audit and there was no evidence that actions had been taken. For example in the 2013 audit it was identified that taps in clinical rooms were not elbow or wrist operable in line with national infection control guidance. This had not been addressed and was highlighted again in the 2014 audit but no actions identified.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. A health care assistant we spoke with was able to describe the process they followed to clean down between patients which was in line with the practice's policy. There was also a policy for needle stick injury and staff we spoke with were aware of the procedures to be followed if such an occurrence arose.

In two consulting rooms and one treatment room the disposable paper towel which was used to cover the

examination couch was stored in a wall mounted dispenser. However in one of the treatment rooms there was no dispenser and the paper towel was stored on the floor. This posed a risk of cross contamination.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had not carried out a risk assessment for the management, testing and investigation of legionella (a water borne bacteria). There were no records that the practice were carrying out regular checks in relation to legionella to reduce the risk of infection to staff and patients.

Following our inspection we were sent confirmation that a water management company had been appointed to carry out a legionella assessment at the practice the following week.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales and the fridge thermometer.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We saw that appropriate checks were carried out before employing the services of locum GP's.

Are services safe?

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and staff knew of their location. These included those for the treatment of epileptic fits, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, loss of IT services, unplanned sickness and pandemic flu. The document also contained relevant contact details for staff to refer to. In the event that the practice was unable to operate, a nearby practice would be used to provide care and treatment to patients.

The practice had carried out a fire risk assessment in May 2014 that included actions required to maintain fire safety. However the practice manager told us they had not seen the risk assessment as they had been away from work and were not aware of the actions required. The identified actions had not been implemented. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence and from local commissioners. We saw minutes of clinical meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support. For example, GPs told us this supported all staff to continually review and discuss new best practice guidelines for the management of a range of long term conditions. Our review of the clinical meeting minutes confirmed that this happened.

The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes.

National data showed that the practice was in line with referral rates to secondary and other community care services. We saw minutes from meetings where regular reviews of elective and urgent referrals were made, and that improvements to practice were shared with all clinical staff.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

We saw that the practice had achieved high points in the national performance measuring tool known as the quality and outcomes framework (QOF). The practice had exceeded the CCG average by 2.6% and was 4.3% above the national average.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For example, the practice met all the minimum standards for QOF in diabetes/ asthma/ chronic obstructive pulmonary disease (lung disease) This practice was not an outlier for any QOF (or other national) clinical targets.

Clinical audits are a quality improvement process that seeks to improve patient care and outcomes through systematic review of care and the implementation of change. The practice showed us one clinical audit that had been undertaken in the last year that concerned consultations and their clinical effectiveness; however this had been completed by a GP before he came to work at this practice. No clinical audits were available that related to this practice. For the avoidance of any doubt we made a further enquiry with the registered manager to establish if any clinical audits had been carried out. She confirmed that non had been done, but provided us with some evidence that the practice was to commence audits in January 2015.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Are services effective?

(for example, treatment is effective)

The practice had signed up to the admission avoidance enhanced service, which dictates that the top 2% of patients at risk of unplanned hospital admission have a care plan in place with the intention of reducing the incidence.

For those patients who fell into the 3% to 10% category similar plans were being formulated, with the aim that the majority of the practices elderly patients would have a personalised care plan by the end of March 2015. The practice used a risk stratification tool to identify patients who fell into these two groups.

In line with the aim of avoiding unplanned admissions the practice had a dedicated telephone line to enable ambulance crews and hospital accident and emergency staff to quickly contact the surgery for information.

The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. As a consequence of staff training and better understanding of the needs of patients, the practice now had 13 patients on the register.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area, for example in the costs of prescribing and had been successful in achieving the highest underspend in prescribing.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. Both GPs were up to date with their yearly continuing professional development requirements and had either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list.

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines, cervical cytology and ear syringing. Those with extended roles such as seeing patients with long-term conditions such as asthma, COPD, diabetes and coronary heart disease were also able to demonstrate that they had appropriate training to fulfil these roles.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. All such results and contacts were created as 'tasks' in the IT system. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no recorded instances within the last year of any results or discharge summaries that were not followed up appropriately.

The practice held multidisciplinary team meetings every six weeks to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making

Are services effective?

(for example, treatment is effective)

referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record, SystmOne to coordinate, document and manage patients' care. All staff were trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005. The Act is designed to protect the rights of people who may not have the capacity to make decisions about their own welfare. Staff understood their responsibilities and their duties in fulfilling it.

All clinical staff demonstrated a clear understanding of Gillick competencies. Gillick competencies are guidelines to help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment.

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure.

Health promotion and prevention

The practice offered NHS Health Checks to all its patients aged 40-74. New patients falling within this age group were offered a health check at the point of registration. All patients were asked to complete an alcohol screening form as part of the registration process.

Smoking cessation advice and cervical screening were promoted and the practice had found it effective to invite patients, especially younger ones, by mobile telephone text messaging. A clinic was held one afternoon a month, after 4 pm to enable school age teenagers to receive immunisations without the need to be absent from school.

The practice offered 24 hour baby checks for all new-born babies as well as six week checks for mother and baby. A midwife led clinic was hosted by the practice one morning weekly.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability who were offered an annual physical health check.

The practice offered a full range of immunisations for children and data showed that percentage of children receiving these vaccinations were above the CCG average in every category. Travel vaccines and flu vaccinations were offered in line with current national guidance.

Indicators used to show the effectiveness of a practice in providing care and treatment in a wide range of conditions demonstrated no suggest of risk. These indicators covered such areas as cervical smears, dementia diagnosis, emergency cancer admissions, diabetes management and care and support for patients with physical and mental health conditions.

Chlamydia screening kits were freely available.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey, a survey of patients undertaken by the practice's patient reference group (PRG) and 389 completed patient satisfaction questionnaires. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 17 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. One person had commented that they would like more consistency and would like to see the same GP more often but the rest of the comments were positive. We also spoke with four patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice telephone was located away from the reception desk which helped keep patient information private. The waiting area was separated from the reception area which prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language to be involved and understand the treatment and care options available to them. We saw notices in the reception areas informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

Patients had commented favourably on the care and compassion extended to them at difficult times such as serious illness or in bereavement.

Notices in the patient waiting room, on the TV screen and patient website also told people how to access a number of support groups and organisations. We saw written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. And a GP we spoke with confirmed this to be the case. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service, for example to an organisation called LOROS, an independent charity that provided free, high-quality, compassionate care and support to terminally ill adult patients, their family and carers.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

The practice had access to online and telephone translation services and a support system for deaf patients. Patients whom the practice were aware needed this service were identified on the computer system.

The practice provided equality and diversity training. Records we saw and staff we spoke with confirmed this to be the case.

The premises and services had been adapted to meet the needs of people with disabilities. Treatment rooms were situated on the ground and first floors of the building with services available on both floors.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

Appointments were available from 8.30 am to 6 pm on weekdays. In addition the surgery opened at 7.40am on two mornings and from 8 am to 11am on Saturdays to help meet the needs of working patients.

Appointments could be booked in person, by telephone or on-line. There were no 'sit and wait' consultations.

We saw that GP undertook telephone consultations and also kept two appointment slots in each session free to cater for children presenting as unwell and other patients in need of a clinical consultation. Home visits were available for patients too frail or ill to attend the surgery.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for people who needed them and those with long-term conditions. For example patients with mental health issues were allocated 20 minute instead of the usual ten minute consultation.

Patients were generally satisfied with the appointments system. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. We were told that the practice had historically a high incidence of failed appointments; known as did not attends (DNA). However the practice had introduced a revised appointments system in January 2014 and this had proved effective and we saw that the DNA's for September were low, at 3% of the appointment total.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. On the day of our inspection we found their complaints policy and complaints procedure leaflet was inaccurate and outdated in some areas. For example the leaflet referred to the PCT, (Primary Care Trust) that was superseded by the CCG in April 2014 and also the Independent Complaint and Advocacy Service which no longer provided advocacy support in this area. There was a designated person responsible who handled all complaints in the practice.

Information was provided to help patients understand the complaints system. There was a complaints procedure leaflet available to patients in the practice and limited information via the website. The leaflet gave guidelines to patients as to how to raise a complaint and what they

Are services responsive to people's needs? (for example, to feedback?)

could expect from the practice in response to a complaint. There were details of advocacy support available for help with raising a complaint and details for NHS England and the Health Service Ombudsman for patients to contact if they were not satisfied with the outcome of their complaint to the practice.

There had been eight written complaints received by the practice in the last 12 months. We looked at three of these and saw they had been dealt with appropriately and were

responded to in a timely manner. The complaints had been reviewed and details of any lessons to be learnt and how changes would be implemented were recorded. We also saw minutes of practice meetings where the learning points from complaints had been discussed with staff. We discussed a verbal complaint with one of the GP's and how it had been dealt with. We asked the practice manager how they recorded verbal complaints and they told us there was no process for recording them.

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 Surgeries PLC, the health care company that runs The Practice Asquith had a clear vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and practice values were part of the practice's strategy and were clearly displayed on the practice website.

Staff we spoke with all knew and understood the vision and values and knew what their responsibilities were in relation to these.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and a GP was the lead for safeguarding. We spoke with members of staff who were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed us the risk log, which addressed a wide range of potential issues, such as patient access, medicines, communications, referrals and records management. We saw that the risk log was regularly discussed and updated in a timely way. Risk assessments had been carried out where risks were identified and action plans had been produced. There was evidence that the action plans had been implemented improvements made.

The practice held monthly practice meetings. We looked at minutes from the meetings and found that performance, quality and risks had been discussed.

Leadership, openness and transparency

We saw from minutes that team meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

Human resource policies and procedures were dealt with by a central team at the company's headquarters but day to day issues were the responsibility of the practice manager. Policies and procedures used to govern business activity were in place to support staff. We were shown that policies were available to all staff on the practice IT system. Staff we spoke with knew where to find these policies if required.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through patient surveys and complaints received. We looked at the results of the annual patient survey and saw that the practice scored well above the national average in the percentage of patients who would, for example, recommend the practice, were satisfied with the access and overall satisfaction.

The practice had an active patient reference group (PRG) We met with the chair of the group who told that the PRG included representatives from various population groups; including white British, British Asian and West Indian and met every two months. We were told that the PRG had been instrumental in getting antiseptic hand gel dispensers placed in the public areas. We viewed the analysis of the last patient survey, which was considered in conjunction with the PRG. The results and actions agreed from these surveys are available on the practice website.

We saw evidence and staff we spoke with confirmed that they received an annual appraisal which enabled them to identify any training and development needs but also afforded the opportunity to feed back to management on any issues affecting the running of the practice. Staff also told us that the management were very open and approachable and encouraged constructive feedback and suggestions.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice. Staff we spoke with were aware of how to report concerns.

Are services well-led?

Good 

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

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training

and mentoring. We looked at five staff files and saw that regular appraisals took place which identified professional development and training needs. Staff told us that the practice was very supportive of training.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>The registered person must protect service users and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users and others who might be at risk from the carrying on of the regulated activity by;</p> <ol style="list-style-type: none">1. Undertaking clinical audit.2. Taking action to meet the deficiencies identified in the infection prevention and control audit.3. Taking action to meet the deficiencies identified in the fire risk assessment.