

Dr Moore and Partners

Quality Report

4 Stoke Road
Bishops Cleeve
Cheltenham
GL52 8RP
Tel: 01242 672007
Website: www.stokeroadsurgery.co.uk

Date of inspection visit: 7th July 2016
Date of publication: 06/09/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr Moore and Partners	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Moore and Partners on 7th July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.
- As a result of patient feedback the practice provided appointments during extended hours, introduced the triaging of phone calls by a GP, adjusted clinic times and changed staff rotas to have more receptionists on the phone at busy times. The practice also set up routine sit and wait services at the practice to provide flexibility with GP appointments.
- Clinical staff were also trained about dermatology problems which led to several cases where a health care assistant had noticed a skin lesion which then was reviewed by a GP and in many cases was found to be a skin cancer which the patient had not noticed.

Summary of findings

The area where the provider have shown outstanding practice is:

- The practice's prevalence of atrial fibrillation (AF) was above the England average and had a higher than average proportion of patients with AF on anticoagulation medicines. The practice's screening process was presented at regional and national meetings as an example of excellent practice.

The areas where the provider must make improvement are:

- The practice must have a system in place to identify and control the risks from exposure to Legionella in man-made water systems. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice must have all information available in relation to each such person employed, including staff's proof of identity including a recent photograph.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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.
- The practice had a variety of risk assessments in place to monitor safety of the premises; however, we found there was no system in place to identify and control the risks from exposure to Legionella in man-made water systems since 1 April 2012. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Appropriate recruitment checks had been undertaken prior to employment. Photographic identification had been checked and recorded but not photocopied.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or 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.
- 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.

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 responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. As a result of patient feedback the practice provided appointments during extended hours, introduced the triaging of phone calls by a GP, adjusted clinic times and changed staff rotas to have more receptionists on the phone at busy times. The practice also set up routine sit and wait services at the practice to provide flexibility with GP appointments.
- Patients said they found it easy to make an appointment with a GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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.

Summary of findings

- 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.
- There was a 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 provided two GP visits per week to local nursing homes plus extra visits as requested. Organised dossette/medicines trays for elderly patients with local pharmacies, who delivered to housebound patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Monthly multi-disciplinary meetings with health and social care professionals were attended by staff to discuss patients at risk of admission to hospital.
- The practice held a register of patients who were carers, had links with local support groups and the lead receptionist had been trained in offering support for carers.
- The practice was able to offer Aortic Aneurysm screening (Aortic Aneurysm is a swelling of the aorta which is the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body) on-site through a private provider.
- The practice's 'quick look' skin clinic was used by older patients, who were a key demographic for skin cancers.

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. Patients had care plans to help avoid unplanned admissions.
- Longer appointments and home visits were available when needed.
- All patients with long-term conditions 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. Patients with more than one long-term condition could have all their annual reviews done in one visit, rather than having to come separately to various appointments.

Summary of findings

- The practice worked together and with other health care professionals to review and support patients, for example, a chronic obstructive pulmonary disease (COPD) specialist nurse and heart failure nurses.

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.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the clinical commissioning group (CCG) average of 84% and exceeded the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Young people could be seen the same day and offered a walk in service on demand, particularly aimed at making sure they could access emergency contraception easily.
- The practice provided a health education day at the local school in partnership with their patient participation group (PPG).

Good



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 reflected the needs for this age group. On-line appointment booking and on-line requesting of prescription of medicines was available.
- Extended hours appointments were offered with GPs and nurses as well as telephone consultations and some limited email communications.
- Patients were able to sign up for text messaging reminders for appointments.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- 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 held a register of vulnerable patients. Patients' records included notes on screen to warn clinicians and receptionists that a patient has special needs including communication needs.
- The practice offered longer appointments for patients in need for example to people with a learning disability.
- The practice regularly worked with other health care professionals such as district nurses and health visitors in the case management of vulnerable patients. Staff attended multi-disciplinary meetings and met with midwives and health visitors to discuss concerns. Staff also attended case conferences where possible.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Patients in need had unplanned hospital admissions care plans.
- The practice had a social prescriber available to meet patients and assess their wellbeing needs.

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).

Good



- The practice maintained a register of patients with diagnosed severe mental health problems and provided annual screening. The practice had a GP with interest in mental health problems and a nurse with special interest in mental health issues who organised their annual health screening. A mental health triage nurse also held clinics once a week at the practice.
- 98% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record in the preceding 12 months which was similar to the national average of 88%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice had close links to local services, including the community learning disability team, local psychiatrists and community psychiatric nurses, in order to support these patients. Staff attended care plan meetings where possible with the local mental health team.
- The practice carried out advance care planning for patients with dementia.
- The practice provided information for patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 237 survey forms were distributed and 118 were returned. This represented about 1.2% of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 82% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which was positive about the standard of care received. The person who completed the comment card was also a carer for a number of family members and stated they found the surgery very helpful.

We spoke with nine patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They all said the practice was good and that they never had cause to complain about the service they received.

Dr Moore and 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 CQC inspector and a GP specialist adviser.

Background to Dr Moore and Partners

Dr Moore and Partners provides GP services at the Stoke Road Surgery which was established in 1948. The practice serves a semi-rural population of nearly 10,000 patients, most of whom live in Bishop's Cleeve and the surrounding villages. The surgery's address is 4 Stoke Road, Bishops Cleeve, Cheltenham. GL52 8RP. There is car parking on site and a pharmacy next door. The surgery has full disabled access. All consulting rooms are located on the ground floor.

The practice has six GP partners (three males and three females), two salaried GPs (two females), a registrar (ST3) and a regular locum GP. The hours the various GPs worked meant the practice had six full-time equivalent (FTE) GPs. This equates to 1,667 patients per FTE substantive GP. Many of the GPs have a special interest offering additional skills in dermatology, cardiology, women's health, diabetes and gastroenterology. The surgery is also a training practice for GPs and nurses.

The practice also has four nurses, three health care assistants, and a team of administrators and receptionists.

The practice is open from 8.30am to 6.30pm, Monday to Friday. Patients who called from 8am to 8.30am may be able to speak to an on call GP if they cannot wait until

8.30am. The practice offers extended morning opening hours on Monday and Tuesday from 7am to 8am), and evening hours on Tuesday from 6.30pm to 7.45pm. During extended hours a small number of routine early morning and evening GP appointments are offered for patients who find it difficult to attend the surgery during normal opening times. These appointments can be booked two weeks in advance via reception.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and an Out Of Hours (OOH) GP service is available. Information about 111 and OOHs is displayed on the practice's website, newsletter and at their main entrance.

The practices registered list size was around 10,000 at the time of our inspection. There was a higher than national average elderly population, with 26% of the patient list over 65 years (2599 patients) compared with the national average of 18%. The local population falls into the least deprived decile, but had the highest percentage of patients with a long term health condition of all the practices in Gloucestershire, which is also significantly above the national average.

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 7th July 2016. During our visit we:

- Spoke with a range of staff (six GPs, three nurses, two health care assistants and the practice manager) and spoke with nine patients who used the service.
- We received written feedback from eight staff on the day of our inspection.
- 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 which 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.

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. We found examples where incidents led to a review of protocols and changes to how the practice worked. For example, a patient presenting with what they believed was a suspicious skin lesion had a delay in seeing the GP with a specialist interest in dermatology. The patient was eventually diagnosed with an aggressive form of skin cancer. The issue was discussed at a staff training meeting and a plan developed to run a “quick look” skin clinic for patients who were worried about a single lesion. The aim of this clinic was that anyone concerned they may have skin cancer does not have to wait more than a week for a medical diagnosis. Another example was the introduction of a new way to avoid confusion with eye drops, following a complaint from a patient who had been issued with the wrong drops due to a mistake over the trade name. Following a meeting, all eye drops were now prescribed generically, with a note advising on the alternative name for the same eye-drops. This helped the patients, receptionists and doctors to correctly identify the eye-drops.

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. A GP partner was the lead member of staff for safeguarding. The GPs attended multi-disciplinary team meetings where safeguarding matters were discussed. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Records showed that staff had safeguarding adults, safeguarding children level one or two training. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol and the practice had an infection control team to ensure relevant policies, protocols and systems were in place. Staff had received up to date training and staff we spoke with were able to describe their knowledge about infection control. Annual infection control audits were undertaken and 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. Blank prescription forms and pads

Are services safe?

were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We found the medicines were kept and stored appropriately but the room's temperature, where medicines were stored, were not monitored to help ensuring that medicines were kept within the recommended limits. Following our inspection the practice completed a risk assessment on the temperatures of medicines to be stored at room temperature, taking into account the existing recommendations and introduced a system of monitoring temperatures in the medicines cupboards.

- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed three 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. Photographic identification had been checked and recorded but not photocopied.

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. The practice had a comprehensive risk assessment and identified ways to manage the risks. There was a health and safety policy available and staff received training as part of their induction. The practice had a fire risk assessment, plans for evacuation and search plan and carried out fire tests and drills regularly. 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 risk

assessments in place to monitor safety of the premises; however, we found there was no system in place to identify and control the risks from exposure to Legionella in man-made water systems since 1 April 2012. (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. Weekly meetings were held between the access lead GP and appointments administrator to review the needs of patients regarding access. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The rotas we saw showed the duties were covered and staff also said they felt there were enough staff to cover the various duties.

Arrangements to deal with emergencies and major incidents

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

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

The practice had a comprehensive business continuity plan in place for major incidents such as loss of computer systems or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through clinical meetings, audits and random sample checks of patient records.
- The practice ran an atrial fibrillation (AF) project and trained a health care assistant to check a patient's pulse when checking their blood pressure. The practice's prevalence of AF was above the England average and had a higher than average proportion of patients with AF on anticoagulation medicines. The practice's screening process was presented at regional and national meetings as an example of excellent practice, and was used as the basis for a pilot which had been adopted nationally by other practices.
- Clinical staff were also trained about dermatology problems which led to several cases where a health care assistant had noticed a skin lesion which then was reviewed by a GP and in many cases was found to be a skin cancer which the patient had not noticed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available.

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

- Performance for diabetes related indicators was better than the national average of 74%
- Performance for mental health related indicators was better than the national average of 88%

- 98% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record in the preceding 12 months which was similar to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been more than 20 clinical audits completed in the last two years, 14 of these were completed audits where the improvements made were implemented and monitored. The practice had agreed on audits based on clinical needs or significant events to make improvements to their practice. This included an audit to ensure all patients prescribed a medicine to treat osteoporosis had had their medicines reviewed after five and 10 years of use. Actions were taken to record the due date for review appropriately to ensure reviews were to be undertaken.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice participated in a malnutrition audit. As a result many of the practice's older patients with chronic obstructive pulmonary disease (COPD) had been reviewed and advised on dietary interventions.
- Findings from the audits were used by the practice to improve services. For example, action taken as a result included feedback to the medicines management team for the local CCG regarding the need for an update of their guidelines.
- The practice also introduced protocols to record relevant review dates promptly, to remind patients of the need for re-tests and the scheduling of tasks within the patient record system to ensure the appropriate follow-ups for patients.
- Information about patients' outcomes was used to make improvements such as reducing antibiotic prescribing in primary care which benefited the individual patients by reducing side effects from medicines. Another audit helped to standardise the care of patients with respiratory disease and to ensure they are receiving the most appropriate treatments.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the lead nurse for diabetes held a diploma, and attended update courses, a masterclass on injectable therapies and a diabetes nurse conference. The other nurse who does diabetic clinics did a diabetes study day and the lead GP for diabetes also attended an update this year. The GPs and nurses who were trained to give cervical screening tests had updates every three years. These were checked to make sure they were up to date at GP appraisals and at nurse appraisals. All health care assistants had updates on hypertension protocols as part of clinical supervision meetings. One of the nurses had also undertaken a study day on hypertension and coronary heart disease.
- Staff administering vaccines had received specific training and attended annual updates.
- 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, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: health and safety, safeguarding, fire awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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.
- The practice liaised with the local hospice and palliative care team regarding end of life care.
- The practice also participated in a Care Management pilot scheme in order to avoid unplanned admissions to hospital.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the clinical commissioning group (CCG) average of 84% and exceeded the national average of 82%. The practice liaised with the screening agency to ensure only suitable patients were

Are services effective?

(for example, treatment is effective)

invited for screening. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also sent a letter to women who had failed to respond to three separate invitations. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme, and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening opportunistically. 76% of female patients aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months compared to the CCG average of 77% and the national average of 72%. 67%

of patients aged between 60 and 69 years of age were screened for bowel cancer in the previous 30 months compared to the CCG average of 63% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97% and five year olds from 94% to 98%, compared to the CCG range from 94% to 96% and 90% to 95% respectively.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

We spoke with six patients who were all positive about the practice staff and the care they received. They also said staff were helpful, caring and treated them with respect. We received one patient Care Quality Commission comment card. The patient was positive about the service received. We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said patients' dignity and privacy was respected.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%
- 89% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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.

Results from the national GP patient survey (January 2016) 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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%
- 82% of patients 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 82%
- 80% of patients 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 a sign language interpreter and translation services were available for patients who did not have English as their first language.
- Appointment time flexibility would also be offered in order to support patients in need.

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 around 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. A receptionist had been trained in offering support for carers. Patients could request a call or GPs offered advice on local support services available to carers.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered their support.

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.

- Routine GP appointments could be booked up to two weeks in advance
- A routine 'Sit and Wait' clinic had been introduced and ran when all routine pre-bookable appointments were already full. These appointments were bookable for the next day and there could be a long wait when the clinic is busy
- Practice nurse appointments could be booked up to four weeks in advance and were used for clinical procedures.
- GP telephone appointments could be booked up to a maximum of two weeks in advance and could be used when appropriate.
- The practice offered extended hours appointments on Monday and Tuesday for working patients who could not attend during normal opening hours.
- Patients were able to book appointments online (not all appointments were available for online booking, following feedback from patients who did not have computers)
- There was a text messaging reminder system, so patients could register to receive reminders
- Patients could request prescriptions online and through electronic prescribing patients could collect straight from the pharmacy if they prefer
- There were longer appointments in chronic disease clinics
- There were special clinics for women's health including, cardiology, diabetes (GP), minor operations, skin clinic and skin lesion clinic, ear syringing, leg ulcer dressings, suture removal, vaccinations, phlebotomy, electrocardiogram (ECG), home blood pressure monitoring, 24 hour ECGs.
- Nurses had allocated appointment slots to assess walk-in patients who may need urgent attention.
- The practice accommodated patients who needed to see more than one person with joint appointments.

Walk-in availability was offered to patients who could not pre-book appointments due to their medical condition (e.g. anxiety) or problems remembering which day to come (for example patients with dementia).

- 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.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The surgery was open from 8.30am to 6.30pm, Monday to Friday. Patients who called from 8am to 8.30am were able to speak to an on call GP if they couldn't wait until 8.30am. The practice offered extended morning opening hours on Monday and Tuesday from 7am to 8am), and evening hours on Tuesday from 6.30pm to 7.45pm. During extended hours a small number of routine early morning and evening doctor appointments were offered for patients who found it difficult to attend the practice during normal opening times. These appointments could be booked in advance via reception.

Results from the latest national GP patient survey (January 2016) showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

As a result of patient feedback the practice provided appointments during extended hours, introduced the triaging of phone calls by a GP, adjusted clinic times and changed staff rotas to have more receptionists on the phone at busy times. The practice also set up routine sit and wait services at the practice to provide flexibility with GP appointments. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

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 on leaflets in the waiting room to help patients understand the complaints system.

We looked at all 15 complaints received in the last 12 months and found these were satisfactorily handled. The practice dealt with the complaints in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis

of trends and action was taken as a result to improve the quality of care. For example, a patient complained that they could not get an appointment for several weeks for a specific procedure, and decided to have a private consultation instead. The practice responded by explaining that nurses had recently been recruited and hoped they would be able to provide a normal service soon. Several nurses left in quick succession and the practice had had to train existing and new staff to be able to provide that specific procedure. The practice had also received a feedback and treated as a complaint concerns from patients regarding difficulties making appointments, some patients felt that patients who booked their appointment on line had better access. An explanation was given and patients were informed that only a limited number of appointments were bookable on-line and that telephone appointment access was another option available to 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 had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 through regular meetings and internal communication.
- 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 people 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 various team meetings that included one or more of the different staff groups. Most of the meetings were held weekly or monthly.
- 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. They also felt included and informed about what is happening at the practice; staff feedback stated all staff were approachable, listened and welcomed any questions or feedback.
- Staff said they felt respected, valued and supported. 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 PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We spoke with three members of the PPG who told us the surgery was fully engaged with them and that they were satisfied with the way they worked together to improve the quality of care. The PPG also organised annual patient meetings and invited guest speakers to inform patients and answer questions about issues regarding their health care in the area.
- As a result of patient feedback the practice provided appointments during extended hours, introduced the

Are services well-led?

Good 

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

triaging of phone calls by a GP, adjusted clinic times and staff rotas were changed to have more receptionists on the phone at busy times. The practice also set up a routine sit and wait surgery and had one doctor doing all the home visits instead of several doctors doing fewer visits in order to improve efficiency.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, when receptionists reported significant problems with appointment availability options had been explored and discussed with GPs and receptionists. We found that various steps have been

taken following staff feedback. For example nurses had allocated appointment slots to assess walk-in patients who may need urgent attention which was introduced as a result of staff feedback.

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. The practice had written several templates for their clinical computer system that were also shared with other local practices. One of the GP partners had written patient information leaflets on topics where there were no acceptable leaflets available on the internet, and shared these with other practices.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Appropriate recruitment checks had been undertaken prior to employment but not all information was kept in relation to each person employed specified by the relevant regulation. Photographic identification had been checked and recorded but not photocopied. This was in breach of regulation 19(3)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The practice had no system in place to identify and control the risks from exposure to Legionella in man-made water systems since 1 April 2012. This was in breach of regulation 12(1)