

King George Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at King George Surgery on 1 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice appeared clean and infection control processes were adhered to.
- 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.
- Not all governance structures, systems and processes were effective and enabled the provider to identify assess and mitigate risks to patients, staff and others. For example they had not assessed potentially identifiable risks.

The areas where the provider must make improvements are:

- Strengthen governance structures to ensure these are effective and enable the provider to identify, assess and mitigate risks for example in relation to whether the practice manager should have a Disclosure and Barring check and by completing a risk assessment in respect of having a defibrillator on the premises.

Summary of findings

In addition the provider should:

- Ensure that all staff employed are supported by receiving appropriate supervision and appraisal and complete the training essential to their roles.
- Keep a copy of the practice disaster recovery plan off the premises.

- Establish a system for completing regular fire drills.
- Review patient confidentiality at the reception desk and implement actions to reduce the risk of private conversations being overheard.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. Arrangements were in place for the practice to respond to emergencies. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Information about safety was recorded, monitored, appropriately reviewed and addressed. There was an effective system in place for prescribing, recording and dispensing medicine. Risks to patients were assessed and managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement, however the number of audits that were repeated to check the improvements made for patient outcomes were limited. The practice was working on developing this further. Staff had the skills, knowledge and experience to deliver effective care and treatment. Records of training were not available for all staff, however staff demonstrated the appropriate competence and there was provision for protected learning time for all staff. There was evidence of appraisals and personal development plans, however not all clinical and administrative staff had received an appraisal. The practice took a collaborative approach to working with other health providers and there was good evidence of multi-disciplinary working.

Good



Are services caring?

The practice is rated as good for providing caring services. The national GP patient survey results ranked the practice below average compared to local and national averages. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and patients were kept informed during busy periods.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to improve outcomes for patients. For example, the practice

Good



Summary of findings

conducted weekly visits to a local Special Education Needs school to monitor and improve health outcomes. Appointments, including those required in an emergency were available, although there could be a considerable wait for pre-bookable appointments. The results of patient feedback showed this was of concern to them. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for being well-led. It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. 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. The practice had an overarching governance framework which aimed to support the delivery of the strategy and good quality care. However not all governance structures, systems and processes were effective and enabled the provider to identify assess and mitigate risks to patients, staff and others. For example the practice had not undertaken a risk assessment to determine whether the practice manager should have a DBS check; they had not ensured that fire drills were carried out at the required intervals; they had not ensured that a copy of staff emergency contact details were kept off site in case their premises were inaccessible in an emergency and they had not assessed the risk of not having a defibrillator on the premises. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a strong focus on continuous learning and improvement at all levels, and the practice took a lead role in working closely with providers within the locality.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. Weekly visits to two large residential homes were carried out, with the same GPs participating in these visits for continuity of care. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Flu vaccination rates for the over 65s were comparable to other services within the locality. The practice had carried out 847 over 75 health checks, which was over 80% for this population group.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Performance for diabetes related indicators was comparable with the local Clinical Commissioning Group (CCG) and national averages. The practice met annually with their local specialist in diabetes to review the practice caseload. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk. The practice provided six week post-natal checks for mothers and their children. Immunisation rates were comparable to CCG averages for all standard childhood immunisations. The practice's uptake for the cervical screening programme was 85%, which was above the national average of 82%. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

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

Good



Summary of findings

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. Appointment times were extended to accommodate people who work. The practice was proactive in offering online services such as appointment booking and repeat prescriptions services, as well as a full range of health promotion and screening that reflects the needs for this age group. The practice carried out NHS health checks for patients aged 40-74 years.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. It worked closely with the local homeless centre (Stevenage Haven) and provided temporary patient registration in order to provide medical services to people experiencing homelessness. It offered longer appointments for people with a learning disability and greater flexibility with appointments. It had advised vulnerable patients about how to access various support groups and voluntary organisations. It offered annual health checks for people with learning disabilities. Health checks were completed for 37 patients out of 78 patients on the learning disability register from April 2015. All these patients had a named GP and the practice had a nominated carer's champion. The practice held a register of carers and took steps to provide carers with advice and information about local support groups and services. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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). 91.7% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. Performance for mental health related indicators was better than the local and national average. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia and reviews would include an assessment of functional status, memory function and identification of carer status. The practice had told patients experiencing poor mental health about how to access various support groups and

Good



Summary of findings

voluntary organisations. It was proactive in offering over 75 health checks, during which the practice would screen for dementia and social isolation. Staff had a good understanding of how to support people with mental health needs and dementia. The practice referred patients for counselling through the community mental health services, and these services were delivered at the practice.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages in most areas but were below average in some. There were 313 survey forms distributed and 122 were returned. This was a response rate of 39%.

- 31% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%. The practice had taken steps to improve access and changed their computer system in August 2014. This system provided improved online services and the practice updated their telephone system in February 2015.
- 82% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 90% said the last appointment they got was convenient (CCG average 90%, national average 92%).

- 52% described their experience of making an appointment as good (CCG average 65%, national average 73%).
- 72% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. Medical staff were described as caring and providing good treatment, one comment card did include a negative comment about the attitude of reception staff. There were also some comments about the difficulties patients had in getting through to the surgery on the telephone and the wait for a routine appointment.

We spoke with three patients during the inspection. All three patients said that they were happy with the care they received and patients described the practice as clean with helpful staff, however issues with booking appointments at a convenient time were raised.

Areas for improvement

Action the service **MUST** take to improve

Strengthen governance structures to ensure these are effective and enable the provider to identify, assess and mitigate risks for example in relation to whether the practice manager should have a Disclosure and Barring check and by completing a risk assessment in respect of having a defibrillator on the premises.

Action the service **SHOULD** take to improve

Ensure that all staff employed are supported by receiving appropriate supervision and appraisal and complete the training essential to their roles.

Keep a copy of the practice disaster recovery plan off the premises.

Establish a system for completing regular fire drills.

Review patient confidentiality at the reception desk and implement actions to reduce the risk of private conversations being overheard.

King George Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and a practice manager specialist advisor.

Background to King George Surgery

King George Surgery provides a range of primary medical services from premises at 135 High Street, Stevenage, SG1 3HT. The practice has approximately 15,707 patients and provides services under a general medical services contract. King George Surgery is an approved training practice for medical students and General Practice Specialist Trainees (GPST) doctors and Foundation Year 2 (FY2) doctors who complete a four month placement under supervision of a GP Trainer. The practice is a dispensing practice and has a small branch surgery to accommodate patients in a rural area (Walkern).

The practice serves a above average population of those aged from 0 to 9 years and 25 to 44 years. There is a lower than average population of those aged between 10 to 24 years. The population is just over 87% White British (2011 Census data). The area served is less deprived compared to England as a whole and ranked at eight out of 10, with 10 being the least deprived.

The clinical staff team consists of 10 GPs, nine GPs are partners and one is a salaried GP. Four GPs are female and six GPs are male. There is one nurse practitioner, four practice nurses and one healthcare assistant.

The practice is open to patients between 8.30am and 6pm Monday to Friday. Extended hours are offered from 6.30pm to 7pm between Monday to Wednesday. Emergency appointments are available daily and the out of hours service is provided by Hertfordshire Urgent Care via the NHS 111 service.

Why we carried out this inspection

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

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

How we carried out this inspection

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 1 December 2015. During our inspection we:

- Spoke with two undergraduate medical students, three GPs, two nurses, one healthcare assistant, three members of staff working in the dispensary, the practice manager and six members of the administration team.

Detailed findings

- Spoke with three patients, the chair of the patient participation group (a group of volunteer patients who work with practice staff on how improvements can be made for the benefit of patients and the practice) and observed how staff interacted with patients.
- Reviewed the practice's own patient survey results.
- Reviewed 11 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People 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 also a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events. Senior staff understood their roles in discussing, analysing and learning from incidents and events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw the reporting and learning from an incident which resulted in a patient receiving the incorrect pneumococcal vaccine. Action was taken to ensure practice nurses received a copy of future patient letters if the request was from a hospital.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Safety alerts were received by the practice and distributed to all appropriate staff.

We saw that when there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had a named GP in place as the safeguarding lead who also had a

safeguarding role within the locality. Staff demonstrated that they understood their responsibilities, however training records were not up to date and it was unclear if all staff had completed safeguarding adults training.

- We saw evidence that staff recently completed safeguarding children training on female genital mutilation and domestic violence awareness.
- There was a coding and alert system used on patients' notes to inform staff of vulnerable adults and children.
- A notice in the waiting room advised patients that staff were available to act as chaperones, if required. All staff who acted as chaperones were trained and a risk assessment was in place for circumstances in which staff acted as a chaperone without having a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Specific equipment was cleaned daily and daily logs were completed. There was an infection control protocol in place and staff were able to demonstrate an understanding of infection control relevant to their role, for example hand washing techniques and the use of personal protective equipment such as gloves and aprons.
- All single use items were stored appropriately and were within their expiry date. Spillage kits were available to deal with the spillage of body fluids such as urine, vomit and blood. Clinical waste was stored appropriately and securely and was collected from the practice by an external contractor.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, dispensing, recording, handling, storing and security). The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. One of the GPs was the prescribing lead for the practice and had a prescribing role for the local Clinical Commissioning Group (CCG). They cascaded information from these meetings to the other GPs and staff in the practice. Prescription 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.

- The practice dispensed medicine to approximately 2000 patients and a named GP was responsible for providing effective leadership for the dispensary. Standard Operating Procedures were in place for dispensary staff to follow, and the practice had a clear system of monitoring its compliance.
- The practice complete a dispensary audit annually as part of the Dispensing Service Quality Scheme and were able to describe changes to practice as a result of these audits to improve the accuracy of the dispensing process.
- There were suitable arrangements in place for the storage, recording and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). For example controlled drugs were stored in a suitable controlled drugs cupboard, access to them was restricted and keys held securely. The correct legal records were made when stock was received or dispensed to patients and stock levels of all controlled drugs were checked and countersigned at each occasion of dispensing, expiry dates were also recorded.
- We saw evidence to confirm professional indemnity insurance was in place for all relevant staff
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- We saw evidence that the necessary checks had been completed for a locum GP who was used at the practice on two occasions during this year.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy which included an up to date risk assessment. The practice had up to date fire risk

assessments. An annual check of fire equipment from an external contractor was completed in November 2015. Fire alarms were tested weekly and all electrical equipment was checked in June 2015 to ensure the equipment was safe to use and clinical equipment was checked in March 2015 to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, human resources management and infection control.

- We saw evidence of a Legionella (a term for particular bacteria which can contaminate water systems in buildings) risk assessment and certificate valid from March 2014 to March 2017. The assessment had identified actions and we saw evidence that steps had been taken to manage the risks identified. For example, a one way valve had been fitted to an appliance in the staff kitchen.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was a system in place to manage staff holidays and the GPs had adopted a buddy system. A duty doctor rota was also in place and the practice used a locum GP on two occasions in 2015.

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. There was a first aid kit and accident book 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 fit for use. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had oxygen available but did not have a defibrillator on the premises.

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 peoples' needs.
- Staff demonstrated how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with type two diabetes were having regular reviews and an annual review between GPs and the local specialist in diabetes would take place, and a management plan would be agreed for patients identified as having poor diabetes control.
- GPs and nurses were involved in the care of patients with COPD (chronic obstructive pulmonary disease) which enabled regular reviews of these patients. Nurses were trained on the use of spirometry (a simple test used to help diagnose and monitor certain lung conditions), making it convenient for patients and reduced the need for hospital referrals.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.6% of the total number of points available, with 7.5% exception reporting (exception reporting is to ensure that practices are not penalised where, for example, patients do not attend a review, or where a medication cannot be prescribed due to a contraindication or side-effect). 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 CCG and national average. The practice had achieved 94.2% of the total number of points available, compared to 88.6% locally and 89.2% nationally.
- Performance for hypertension related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 98.2% locally and 97.8% nationally.
- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 95.5% locally and 92.8% nationally.
- Performance for dementia related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 94.9% locally and 94.5% nationally.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and people's outcomes.

- There had been nine clinical audits completed in the last two years, we saw evidence that two of these were completed audits where the improvements made were implemented and monitored.
- Clinical audits demonstrated quality improvement, however the number of audits that were repeated to check the improvements made for patient outcomes were limited. The practice was working on developing this further.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, one of these audits looked at the prescribing of certain antibiotics to ensure there was consistency with local prescribing guidelines. This audit was repeated after 12 months and the results demonstrated an increase in the number of prescriptions issued which were in accordance with the local prescribing guidelines. The results from these audits also identified clear learning and action to improve patient outcomes.

Are services effective?

(for example, treatment is effective)

- We also received information in relation to an audit of cervical screening tests. All inadequate samples (25 in total) were analysed and refresher sessions were provided to staff where appropriate. The practice had a programme in place to repeat this audit in order to monitor patient outcomes.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff which covered topics such as fire safety, computer training and health and safety. We did not see any evidence that this induction programme included topics such as safeguarding, equality and diversity or confidentiality, however the relevant policies were in place and staff demonstrated knowledge and awareness in these areas. Safeguarding training was delivered to staff in June 2012.
- We saw evidence that staff training sessions were taking place, for example staff attended in-house training on domestic violence in February 2014, female genital mutilation awareness training in February 2015 and all clinical staff attended basic life support (BLS) and anaphylaxis training in January 2015.
- We spoke with two undergraduate medical students who told us that they felt well supported clinically by the lead GP. The students described how they would attend regular teaching sessions and sit in with attached staff, for example the visiting midwife. Both students said that they felt they had been placed in a good and supporting environment.
- We spoke with three members of the dispensary team who told us that they felt well supported with clear leadership and management structures in place. Members of the nursing team told us that they had regular contact with nurses at other practices and regularly attend training events within the locality. Nurses said they felt confident that they were supported by the practice manager and GPs. Nurses told us that they attended training courses that were locally available rather than for planned development.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However no members of the nursing team had received an appraisal within the last 12 months.
- Each GP had an allocated appraiser in place, none of the GP partners were appraisers for each other and GPs told us that they shared information with others as appropriate.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- It held meetings with the local liaison specialist for care of the elderly on a regular basis for the purpose of coordinating healthcare in the community for elderly people.
- It regularly shared information with community Macmillian nurses, health visitors and district nurses.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis, and care plans were routinely reviewed and updated. The practice had a gold standards framework meeting for palliative care and a comprehensive system in place to respond to unplanned admissions to hospital.

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.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. An example was given of how consent was gained from a patient with a learning disability who needed ear irrigation. Consent was gained after the nurse had shown the patient the machine and demonstrated how it worked.
- The process for seeking consent was monitored through records to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those with severe mental health issues, people with a learning disability and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme in place. The practice's uptake for the cervical screening

programme was 85%, which was better than the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.7% to 99.1% and five year olds from 93.3% to 97.1%. Flu vaccination rates for the over 65s were 74.2%, and at risk groups 53.5%. These were slightly above national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. There were also health checks available for new patients and those over the age of 75. The practice had completed 847 over 75 health checks so far, which was just over 80% for this population group. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a quiet area at the side of reception to discuss their needs. Signage was in place to inform patients of this.
- The practice had moved the telephones to an administrative room on the first floor of the building, the practice manager informed us that this had improved issues around patient confidentiality in the patient waiting area. However we noted that conversations could be overheard at the reception desk. There was no system in place to allow only one patient at a time to approach the reception desk. The practice had two electronic check-in kiosks positioned at the entrance, which patients could use in a number of different languages.

All of the 11 patient CQC comment cards we received were positive about the service received from clinical staff. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with the chair of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

However, results from the national GP patient survey showed a higher than average number of patients felt that

they were not treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 78% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 73% said the GP gave them enough time (CCG average 85%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 74% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 82% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

However, results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 68% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).

Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted staff if a patient was also a carer. The practice manager was identified as a carers champion for the practice and there was written information available for carers to ensure they understood

the various avenues of support available to them. Carers were offered health checks, flu vaccinations and signposted to local support services and social services for a carers assessment, if required.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. 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. The practice held palliative care meetings and worked closely with the Macmillan service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Monday, Tuesday and Wednesday between 6.30pm and 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were access enabled toilets, baby changing facilities and translation services available.
- It had good wheelchair access and disabled parking spaces situated close to the double automatic door entrance.
- The practice offered homeless people from a nearby homeless centre with temporary registration.
- It had signed up to an enhanced service and provided weekly visits to people at two local residential care homes.
- There was an arrangement in place with the local CCG for GPs to carry out weekly visits to a local Special Educational Needs school to improve health outcomes.
- Staff worked closely with midwifery services and health visitors to help identify patients with mental health problems relating to pregnancy or the postnatal period.
- If required, GPs carried out home visits in order to complete health checks for people with a learning disability.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 2pm to 6.30pm daily. Extended hours surgeries were offered between 6.30pm to 7pm Monday, Tuesday and Wednesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. For example:

- 57% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 31% patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 52% patients described their experience of making an appointment as good (CCG average 65%, national average 73%).
- 72% patients said they usually waited 15 minutes or less after their appointment time (CCG average 64%, national average 65%).

The practice told us that they were aware of the problems patients faced when telephoning the practice. The practice had taken steps to improve access and changed their computer system in August 2014. This system provided improved online services and the practice updated their telephone system in February 2015. The practice had split the location of the reception team so that all telephone calls would be answered upstairs by a dedicated team of staff. The practice was continuing to work with their patient participation group to monitor patient feedback and satisfaction levels.

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. The practice manager handled all complaints in the practice. Monthly complaint reports were produced and discussed at meetings and distributed widely. Steps were taken to identify trends and action taken when required. We saw that information was available to help patients understand the complaints system. Information was clearly displayed in the patient waiting area, on the practice website and the practice had created a 'comments leaflet' which provided detailed information for patients on how to complain, this leaflet included space for a complaint to be recorded which could then be submitted to the practice.

We looked at a sample of complaints from a total of 76 complaints received in the last 12 months and found all

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

complaints had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency with dealing with complaints. Apologies were offered to patients when required. Lessons were learnt from concerns and complaints and action was taken to as a result to improve

the quality of care. For example, a complaint was received about the length of time it took for a patient to collect a referral letter. As a result, the practice took steps to set a standard timeframe for the period it would take before patients could collect copies of letters, and all staff were made aware of the set timeframe.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality, cost effective primary care in a safe and caring environment. They informed us that they aimed to ensure all patients were treated with dignity and shown respect and courtesy irrespective of race, religion, sexual orientation, disability or the nature of their health problem. The practice had developed core values that included openness, fairness and respect and staff knew and understood these values. We witnessed staff demonstrate the practice values in the way they engaged with patients and carried out their work. The practice had a clear understanding of what they did well and areas in which they needed to do more.

Governance arrangements

The practice had an overarching governance framework which aimed to support the delivery of the strategy and good quality care. There was a clear staffing structure and staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff. The practice had a comprehensive understanding of the performance of the practice and there was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

However not all governance structures, systems and processes were effective and enabled the provider to identify assess and mitigate risks to patients, staff and others. For example the practice had not undertaken a risk assessment to determine whether the practice manager should have a DBS check; they had not ensured that fire drills were carried out at the required intervals; they had not ensured that a copy of staff emergency contact details were kept off site in case their premises were inaccessible in an emergency; they had not ensured that all staff employed were supported by receiving appropriate supervision and appraisal and completed the training essential to their roles and they had not assessed the risk of not having a defibrillator on the premises.

Leadership, openness and transparency

The practice was led by the GP partners with the support of the practice manager. Senior staff had the experience, capacity and capability to run the practice and ensure high

quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The practice played a leading role in creating a limited company in partnership with local practices. This company worked with local commissioners to deliver specialist care services and was looking at ways to improve the systems in place when working with the local hospital. The practice manager was a member of the executive board for this company. The practice manager also coordinated the practice manager meetings within the locality.

The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place and staff felt supported by management. Staff told us that the practice held regular team meetings. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. There was a variety of team meetings held within the practice, including multi-disciplinary meetings, and there was close working with other health providers within the locality.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, which carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG worked with senior staff for the implementation of a

Are services well-led?

Requires improvement 

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

new telephone system, had been active in securing funding to extend the premises and had also arranged for the practice to purchase modesty blankets and disposable couch covers.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff were clear about who they would go to if they had any problems or concerns.

Continuous improvement

The practice continuously monitored patient feedback, Quality Outcomes Framework targets, managed registers

for several vulnerable patient groups and completed several audits throughout the year. Senior staff had leading roles within the locality for safeguarding, prescribing and out of hours services.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. The practice participated in a winter resilience scheme, carried out weekly visits to two care homes, worked closely with the local homeless centre and provided weekly services at a local school for children with Special Educational Needs.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not recorded a risk assessment to determine if a Disclosure and Barring Check (DBS) was required for the practice manager.</p> <p>The provider had not completed a formal risk assessment to determine the need for a defibrillator on the premises.</p> <p>This was in breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>