

West Town Surgery

Quality Report

West Town Surgery,
80 High Street,
Barton-upon-Humber,
North Lincolnshire
DN18 5PU

Tel: 01652 660041

Website: www.westtownsurgery.nhs.uk

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

Ratings

Overall rating for this service

Good



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	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to West Town Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	21

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West Town Surgery on 2 June 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.
- 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.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment and medicines were not managed safely.

The areas where the provider must make improvement are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.

Summary of findings

- Embed systems and detailed record keeping arrangements, in particular but not limited to medicines requiring refrigeration, in order to assess, monitor, and improve the safe management of medicines.

The areas where the provider should make improvement are:

- Thoroughly investigate all complaints and significant events to ensure learning opportunities are maximised.
- Record actions following the receipt of national safety alerts.
- Undertake ongoing assessments of the competency of dispensary staff.
- Update the practice website to include information about staff and services.
- Information about how to complain should be available both in the practice and on the website.

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.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the practice did not have a system in place to ensure national medicine safety alerts were effectively managed. Recruitment checks for some staff had not been carried out prior to them commencing employment at the practice.
- The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse.

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 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. For example the practice was seeking funding to improve the reception facilities.
- 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 evidence that learning from complaints had been shared with staff but information about how to complain was not available in the practice or on the website.

Are services well-led?

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

Good



- The practice had a vision to deliver high quality care and promote good outcomes for patients. The practice did not have a written strategy or supporting business plan which outlined how they would deliver their vision.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- 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 had not proactively sought feedback from staff or patients and did not have an active patient participation group.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

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.
- 88% of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months is comparable to the CCG average of 77% and the national average of 78%.
- 87% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less is comparable to the CCG and national averages of 78%.
- 96% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months is comparable to the CCG average of 87% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.

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).

Performance for mental health related indicators was better than the national average, for example;

- 97% of patients with psychoses had a comprehensive, agreed care plan compared to the national average of 88%
- 97% of patients with psychoses have had their alcohol consumption recorded compared to the national average of 90%
- 80% of patients diagnosed with dementia have documented care plans and had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%
- The practice carried out advanced care planning for patients with dementia.
- The practice visited a local psychiatric care unit to undertake annual reviews and had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Of the 239 survey forms distributed, 100 were returned. This represented 3% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone. This is higher than the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried. This is higher than the national average of 76%.
- 96% of patients described the overall experience of this GP practice as good. This is higher than the national average of 85%.

- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area. This is higher than 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 22 comment cards which were all positive about the standard of care received.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. This was mirrored by the most recent three months results of the practice's friends and families test.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Embed systems and detailed record keeping arrangements, in particular but not limited to medicines requiring refrigeration, in order to assess, monitor, and improve the safe management of medicines.

Action the service **SHOULD** take to improve

- Thoroughly investigate all complaints and significant events to ensure learning opportunities are maximised.
- Record actions following the receipt of national safety alerts.
- Undertake ongoing assessments of the competency of dispensary staff.
- Update the practice website to include information about staff and services.
- Information about how to complain should be available both in the practice and on the website.

West Town Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and included a GP specialist adviser, pharmacist specialist adviser and an Expert by Experience.

Background to West Town Surgery

West Town Surgery occupies a Grade 2 listed building in the centre of Barton-upon Humber, North Lincolnshire. They have a Primary Medical Services (PMS) contract and also offer enhanced services, for example, childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for people with dementia, risk profiling and case management and unplanned hospital admissions. They are a dispensing practice so can dispense medications to patients in rural communities who do not have reasonable access to a community pharmacy.

There are 3030 patients on the practice list and the majority of patients are of white British background. The practice population profile is similar to that for England except the 0-44years age group is lower than the England average and the 45-75 years age group is slightly higher than the England average. The practice scored seven on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. The overall practice deprivation score is lower than the England average, the practice is 18.1 and the England average is 21.8. People living in more deprived areas tend to have a greater need for health services.

The practice is a training practice for year two medical students.

The practice has one female and two male GPs; there is a single-handed practitioner and two long-term locum GPs. There is a practice nurse and a health care assistant. There is a practice manager and four administration/ reception staff.

The practice is open Monday to Friday from 8am -6.30pm. It closes from 12.30pm -1.30pm during which only urgent messages may be left.

GP appointments are available:

Monday 9am - 11.30am and 1.30pm - 3.30pm

Tuesday 9am - 11.30am and 2.30pm - 4.30pm

Wednesday 9am - 11.30am

Thursday 9am - 11.30am and 3.30pm - 5.20pm

Friday 9am - 11.30am

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed, patients' calls are transferred to the Out Of Hours provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area.

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 2 June 2016. During our visit we:

- Spoke with a range of staff (GP, practice manager, practice nurse, health care assistant, and dispensing, reception and administration staff) and spoke with patients who used the service.
- Talked with carers and/or family members.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Patients were at potential risk of harm because some systems and processes to keep them safe had weaknesses. For example, the practice had not carried out a thorough analysis of some of the significant events.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw little evidence that lessons were shared and action was taken to improve safety in the practice. For example, we asked to see records relating to a recent safety alert about home visits but there was no evidence that it had been actioned. We asked to see records relating to a recent safety alert about a new drug contraindication but there was no evidence that it had been actioned.

Overview of safety systems and processes

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

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

- safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level 2.
- 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 all except one had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines were checked at the practice. Prescriptions were dispensed for people who did not live near a pharmacy, and this was appropriately managed. Staff showed us standard operating procedures (these are written instructions about how to safely dispense medicines) which had recently been reviewed, however they had not been signed by staff to ensure they had read and understood the content. Dispensing staff were aware prescriptions should be signed before being dispensed and a procedure was in place to ensure this occurred. There was a named GP who provided leadership to the dispensary team. All members of staff involved in the dispensing process had received appropriate training, however ongoing assessments of their competency had not been undertaken.
- Staff did not keep a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary). However we saw dispensing errors were appropriately recorded and discussed at practice meetings, and learning shared to prevent recurrence. Dispensary staff responded appropriately to national

Are services safe?

patient safety alerts although they did not keep records of the action taken in response to these. There was a system in place for the management of repeat prescriptions, including high risk medicines. The practice had recently undertaken a detailed audit on the dispensing process, however they had failed to produce an action plan and identify clear outcomes from the results.

- Expired and unwanted medicines were disposed of according to waste regulations. There was a procedure in place to ensure dispensary stock was within expiry dates, although this did not meet with the recommendations made in national guidance, and staff did not always record when checks were made. Staff told us about procedures for monitoring prescriptions that had not been collected.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Suitable temperature logs were kept, however records for the dispensary medicines refrigerator were not always completed daily. Vaccines were administered by the nurse using directions that had been produced in line with legal requirements and national guidance.
- Blank computer prescription forms were handled in accordance with national guidance and there was a procedure in place to track these through the surgery.
- We reviewed three personnel files and found appropriate recruitment checks had not been undertaken prior to employment. For example, references and the appropriate checks through the Disclosure and Barring Service. One personnel file had no evidence of references taken and two had no DBS check or risk assessment prior to employment.

Monitoring risks to patients

Risks to patients were assessed and managed.

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

health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received 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 power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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 could not show that adherence to these guidelines was monitored through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014/2015 showed the practice achieved 100%. The overall exception reporting rate was 10.5% compared to the CCG average of 8.1% and the national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 100% compared to the national average of 90%.
- Performance for mental health related indicators was 100% compared to the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years. Two of these were two cycle completed audits where the changes could be implemented and improvements to patient outcomes monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

- Findings were used by the practice to improve services. For example, recent action taken as a result of audit included reducing the use of blood-thinning medication as per NICE guidance.

Effective staffing

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, those reviewing patients with long-term conditions had appropriate disease-specific diplomas.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety 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.

Are services effective?

(for example, treatment is effective)

- 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 bi-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.

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.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80% which was comparable to the CCG average of 79% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice followed up women who were referred to hospital as a result of abnormal results.

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 were 97% and for five year olds ranged from 83% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 22 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

- 91% of patients said the GP was good at listening to them compared to the local CCG average of 89% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the local CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 94% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 84% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG and national averages of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the local CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 86% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 84% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw no notices in the reception areas informing patients this service was available.

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. There was no information about support groups available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.9% of the practice list as carers. A carers champion had recently been appointed. No written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual community nurse contacted them and gave them advice on how to find a support 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. For example, the practice was seeking funding to improve the reception area.

- The practice did not advertise extended hours clinics however they would work flexibly to accommodate working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities but there was no emergency call system in a disabled toilet Access to the premises was through two heavy non-assisted doors. There was a bell to ring for assistance. Translation services were available but no hearing loop.
- Podiatry, physiotherapy, dietetics, counselling and chronic pain management clinics were available on site reducing travel for patients. Family planning services including coils and implants were available on site and reduced travel for patients.

Access to the service

The practice was open Monday to Friday 8.30am -12.30pm and 1.30pm- 6.30pm. Appointments were from 9am -11.30am every morning. Afternoon appointments were

Monday 1.30pm- 3.30pm, Tuesday 2.30pm - 4.30pm and Thursday 3pm - 5.20pm. Extended hours appointments were available Monday to Thursday on request but this was not publicised. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The website did not include current appointments times.

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

- 81% of patients were satisfied with the practice's opening hours compared to the local CCG average of 79% and the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone. This is higher than the local CCG average of 70% and the national average of 73%.

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

Listening and learning from concerns and complaints

The practice had a 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.
- Information to help patients understand the complaints system was not available in the practice or on the website.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. For example, informing patients before changing a prescription to a branded medicine.

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 vision to deliver high quality care and promote good outcomes for patients although this was not displayed on the website or in the practice for patients and staff to see. Staff we spoke with knew and understood the vision. The practice did not have a written strategy or supporting business plan which outlined how they would deliver their vision.

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.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GP in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the GPs 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). The GPs 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 records of written correspondence with patients.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice and were encouraged to identify opportunities to improve the service delivered by the practice.

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

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.

The patient participation group (PPG) had not met since March 2015. A meeting had been organised for July 2016 and there was a poster in reception promoting the PPG and the meeting. There was no reference to the PPG on the website and the practice provided no evidence of improvements made as a result of input from the PPG.

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 Maternity and midwifery services 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>In some cases the provider did not follow their own policy or procedure regarding the safe recruitment of staff.</p> <p>Minimum, maximum and actual temperatures of the medicines refrigerator were not recorded daily when the practice was open.</p> <p>The results of the dispensing audit had not been acted upon.</p> <p>Checking of dispensary stock expiry dates did not meet with the recommendations made in national guidance and staff did not always record when checks were made.</p>