

Lime Tree and Sinnott Healthcare

Quality Report

12 Sinnont Road
E17 5QB
Tel: 020 8709 3140
Website: www.ltshealthcare.gpsurgery.net

Date of inspection visit: 20 October 2015
Date of publication: 07/04/2016


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

Ratings

Overall rating for this service	Good	
---------------------------------	------	---

Are services safe?	Requires improvement	
--------------------	----------------------	---

Are services effective?	Good	
-------------------------	------	---

Are services caring?	Good	
----------------------	------	---

Are services responsive to people's needs?	Good	
--	------	---

Are services well-led?	Good	
------------------------	------	---

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Lime Tree and Sinnott Healthcare	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	21

Overall summary

We carried out an announced comprehensive inspection at Lime Tree and Sinnott Practice on 20 October 2015. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- 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.
- The lead for Infection Prevention and Control did not have sufficient training or a thorough understanding of the role.
- 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.
- Patients said they were able to get an appointment when they needed one and urgent appointments available the same day, but found it difficult getting through to the practice by telephone.
- The practice had good facilities and was 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.
- 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 doctors and nurses

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure that Patient Group Directives are signed by the GP as well as the practice nurse.
- Ensure that the Infection Control lead carries out infection control training to enable them to carry out their infection prevention and control lead role.

In addition, the provider should:

Summary of findings

- Review its significant events reporting and recording systems to ensure they are being systematically identified and shared with relevant staff; and used to identify risks and continuously improve patient safety.
- Ensure a system is put in place for acting on national patient safety alerts.
- Provide chaperone training for the practice's only male member of staff so that male patients have the choice of using a male chaperone.
- Display posters advising patients' that chaperones were available.
- Ensure all practice policies and protocols are in date and version controlled.
- Make it apparent to patients about how to access a male GP.

Letter from the Chief Inspector of General Practice

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.

- Staff understood their responsibilities to raise concerns/ significant events, and to report incidents. However, there was no evidence of significant events being systematically discussed in practice meetings with all relevant staff enabling learning to be shared amongst all relevant staff to prevent events from occurring again and to support improvement.
- There was no robust system or process for acting on national patient safety alerts.
- Patient Group Directives (PGD's) were used by the Practice Nurse but these were not countersigned by the GP.
- The Practice Nurse was the infection and prevention control lead but had not received training for the role.

Requires improvement



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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they were able to get an appointment with a GP when they needed one, but found it difficult to get through to the practice by telephone. The practice addressed the issues by installing an extra incoming phone line.
- The practice was equipped to treat patients, but due to issues with space in the practice, patients in wheelchairs were automatically offered a home visit as it could be difficult to navigate a wheelchair around the practice.
- 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.

Good



Are services well-led?

The practice is rated as good 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 although not all of these were in date.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in a range of enhanced services, for example admissions avoidance, dementia and end of life care, which was responsive to the needs of older people.

Good



People with long term conditions

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

- Nursing staff worked alongside the GPs in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check 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 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.
- Cervical Cytology rates were in line with national averages with the practice achieving 79% compared to the national average of 81%.

Good



Summary of findings

- 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 working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses have had a comprehensive agreed care plan in the last 12 months.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages for the majority of areas measured. Three hundred and eighty two survey forms were distributed and 101 were returned.

- 61% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 98% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 88% said the last appointment they got was convenient (CCG average 87%, national average 92%).
- 71% described their experience of making an appointment as good (CCG average 65%, national average 73%).

- 32% usually waited 15 minutes or less after their appointment time to be seen (CCG average 49%, 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 17 comment cards which were all positive about the standard of care received. There was a recurring theme of friendly professional staff, however patients did comment at the difficulty in getting through to the practice by telephone. The practice had recently installed a new telephone system to try to ease the congestion of calls.

We spoke with four patients from the patient participation group (PPG) during the inspection. All four patients told us they were happy with the care they received and staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that Patient Group Directives are signed by the GP as well as the practice nurse.
- Ensure that the Infection Control lead carries out infection control training to enable them to carry out their infection prevention and control lead role.

Action the service **SHOULD** take to improve

- Review its significant events reporting and recording systems to ensure they are being systematically identified and shared with relevant staff; and used to identify risks and continuously improve patient safety.

- Ensure a system is put in place for acting on national patient safety alerts.
- Provide chaperone training for the practice's only male member of staff so that male patients have the choice of using a male chaperone.
- Display posters advising patients' that chaperones were available.
- Ensure all practice policies and protocols are in date and version controlled.
- Make it apparent to patients about how to access a male GP.

Lime Tree and Sinnott Healthcare

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a second CQC inspector, a GP specialist advisor and a practice manager. The specialist advisors were granted the same authority to enter registered person's premises as the CQC inspectors.

Background to Lime Tree and Sinnott Healthcare

Lime Tree and Sinnott Healthcare is located in a residential area in east London based in a converted house. There were 4830 patients registered with the practice. The practice's registered population was higher than the national average for patients aged 14 years and younger in Waltham Forest.

The practice has one female GP partner (10 sessions per week), three female salaried GP's (18 sessions per week), one female Nurse, one Practice Manager and seven reception/administration staff members. The practice operated under a Primary Medical Services Contract.

The practice is open between 08:00am and 6:30pm Monday to Friday. Appointment times were as follows:

- Monday 8:30am to 12:15pm and 4:00pm to 6:30pm then 6:30pm to 8:pm
- Tuesday 8:00am to 12:15pm and 2:00pm to 6:30pm then 6:30pm to 7:00pm

- Wednesday 8:00am to 12:15pm and 3:30pm to 6:30pm then 6:30pm to 7:00pm
- Thursday 9:00am to 12:00pm closed in the afternoon
- Friday 8:30am to 12:00pm and 2:30pm to 6:30pm

Outside of these times, cover is provided by an out of hours provider.

Lime Tree and Sinnott Practice operates regulated activities from one location and is registered with the Care Quality Commission to provide diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder and injury.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This location had not been previously inspected.

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 that we hold about the practice. We carried out an announced visit on 20 October 2015. During our visit we:

- Spoke with a range of staff including GP's, nurses, practice manager and administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

We also looked at how well services 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 a system in place for reporting and recording significant events and incidents and we reviewed completed electronic significant event and incident forms. There were two significant events recorded in the past 12 months, both of which related to a delay in diagnosing cancer. We did not see minutes of meetings where these events were discussed in order to share learning and prevent events like this reoccurring, there were however new protocols for the diagnosis of cancer and the follow ups of two week wait referrals. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice computer system.

We reviewed safety records, incident reports, and national patient safety alerts but were unable to see evidence where these were discussed so lessons could be shared and action taken to improve safety in the practice. For example, the practice's national safety alerts folder contained email print outs of the alerts sent from the practice manager to clinical staff, but there was no evidence of these alerts being actioned or discussed at clinical meetings. We were told that these were actioned by a GP.

When there were unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again. For example we saw a complaint about a receptionist giving clinical advice when they were not trained to do so. We saw minutes of a practice meeting where this was discussed as a significant event with the outcome that it was reiterated that administrative staff would not give clinical advice. The patient received an apology.

Overview of safety systems and processes

The practice had 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. 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 relevant to their role. GPs were trained to Safeguarding level three and Practice Nurse level two.

- All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check), (DBS All GP's in the practice were female, there was one male member of staff at the practice who was not trained and therefore did not act as a chaperone for male patients).
- 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 but had not received sufficient or up to date training to fulfil the requirements of the role. There was an infection control protocol in place, but practice staff had not received up to date training, the last being completed in 2012. We saw an infection control audit carried out in October 2014 and there was evidence that action was taken to address improvements identified as a result. For example a legionella risk assessment was carried out and a cleaning schedule was put in place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group Pharmacy Teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. We noted that the practice nurse's Patient Group Directions (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had not been signed by a GP. The practice nurse was therefore not legally able to administer these medicines, the practice said that this was an oversight and the PGD's would be signed by the GP.

Are services safe?

- We reviewed all 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out quarterly 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- 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 and annual leave where possible was booked four weeks in advance to allow forward planning.

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 the practice, and panic buttons were available in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had oxygen available on the premises with adult and children's masks. There was no defibrillator on the premises but we were provided with evidence of purchase two days after the inspection. 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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.

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 93% of the total number of points available, with 8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Latest available QOF data showed:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with a foot examination and risk classification within the preceding 12 months was 84% compared with the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average, the practice scored 82% compared with a national average of 83%.
- Performance for mental health related indicators was better than the CCG and national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 100% compared with a national average of 84%

Clinical audits demonstrated quality improvement.

- There had been three clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, we saw an audit which looked at the appropriate prescribing of steroids for patients

with psoriasis (a skin condition). At the re-audit it was found that 100% of patients being prescribed a very potent topical corticosteroid were not using these for more than 4 weeks without a break as advised, compared with 80% at the initial audit. Also the reaudit showed 100% of patients with psoriasis had an annual review compared with 80% at the initial audit and all patients were given advice leaflets and clear instructions in the use of their medicines. It was also reported that there was improvement in patient's conditions as a result.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. For example, the practice worked alongside the Local Prescribing Team to ensure that their antibiotic prescribing was in line with local prescribing trends.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme, however we found the Nurse had not received infection control training relevant to being an infection prevention and control lead and PGD's were not co-signed by the GP.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months as well as a training needs assessment.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. 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.

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, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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, where appropriate, recorded the outcome of the assessment.

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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- There was an obesity clinic on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 81%. There was a policy to offer text message reminders for patients who had a cervical screening appointment within two days. The practice reviewed inadequate cytology reports and had an inadequacy rate of 5.7% due to nine inadequate smears taken out of 157.

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 higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 100% and five year olds from 81% to 95%. Flu vaccination rates for the over 65s were 68%, and at risk groups 45%. These were comparable to CCG and 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. 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 very 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 private room to discuss their needs.

All of the 17 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 98% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 80%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).

- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 90 %%).
- 98% said they found the receptionists at the practice helpful (CCG average 84%, 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.

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 above local and national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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 GPs if a patient was also a carer. The practice had identified 0.5% (21) of the practice list as carers. 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 GP contacted them. This call was either followed by a patient consultation at a flexible time to meet the family's needs and/or by giving 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 worked to secure improvements to services where these were identified.

- The practice offered extended hours on a Monday until 8:00pm and Tuesdays and Wednesday evening until 7:00pm for working patients and others who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and routine GP appointments were 15 minutes long.
- Home visits were available for older patients, patients who would benefit from these and all patients who used a wheelchair as it could be difficult navigating around the practice due to the practices size.
- Same day appointments were available for children and those with serious medical conditions.
- The practice was in the process of securing a purpose built new build premises five minutes away from their current location that would provide them with disabled facilities and better disabled access, extra consulting rooms and space.
- An extra incoming phone line was introduced to make it easier to get through to the practice by phone.
- The practice had no plans to appoint a male GP and there was no signposting informing patients of how to access one.

Access to the service

The practice was open between 08:00am and 6:30pm Monday to Friday. Appointment times were as follows:

- Monday 8:30am to 12:15pm and 4:00pm to 6:30pm then 6:30pm to 8:pm
- Tuesday 8:00am to 12:15pm and 2:00pm to 6:30pm then 6:30pm to 7:00pm
- Wednesday 8:00am to 12:15pm and 3:30pm to 6:30pm then 6:30pm to 7:00pm
- Thursday 9:00am to 12:00pm closed in the afternoon
- Friday 8:30am to 12:00pm and 2:30pm to 6:30pm

Outside of these times, the out of hours service took any phone calls, administration work was completed and there

was no access to the practice. In addition to pre-bookable appointments with the GP that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. Patients were able to book appointments online and receive telephone consultations.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 61% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).
- 71% patients described their experience of making an appointment as good (CCG average 65%, national average 73%).
- 32% patients said they usually waited 15 minutes or less after their appointment time (CCG average 49%, national average 65%).

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 was responsible for handling all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, there was information in the practice leaflet and on display in the patient waiting area.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw a complaint from a patient regarding a delay in processing their travel claim document. We noted that the patient received an apology and explanation in a timely manner as

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

well as receiving the report for free as good will gesture.
This complaint was also discussed at a practice meeting
where it was agreed that reports would be date stamped
and given to the GP and completed in the order that they
arrived to prevent the situation occurring again.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which not all staff were aware of, but they knew and understood their values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored, this included a plan to move into a purpose built building.

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 staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff, but not all of these were in date or were version controlled for example the whistle blowing policy.
- A programme of clinical audit which is used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of the administering of medicines by the practice nurse and systems for acting on patient safety alerts.

Leadership, openness and transparency

The partners in the practice 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 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 knowing about notifiable safety incidents but there was no robust process in place for acting on patient safety alerts.

When there were unexpected or unintended safety incidents:

- the practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept records of written correspondence but not verbal interactions.

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

- Records showed that staff 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 confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- 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, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG and the National GP Patient survey suggested that it was difficult to get through to the practice by phone, so an extra incoming telephone line was installed to increase capacity. We also noted that the practice had responded to patient requests for improved appointment access by offering extended hours clinics on Monday evenings.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.

They had failed to identify the risks to patients associated with not having appropriately signed patient group directions on file for the practice nurse.

This was in breach of regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.

They had failed to provide adequate training to the infection control lead to enable them to carry out their role.

This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.