

# Albion Street Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Albion Street Surgery on 17 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of those relating to fire safety.
- 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.
- Data showed patient outcomes were mixed for the locality, however we saw that the practice had taken action to improve areas where performance fell below average.
- Although audits had been carried out and we saw some evidence that audits were driving improvement in performance to improve patient outcomes these were not always full cycle.
- Data showed that not all patients with a learning disability had received a care plan review.
- All patients on the unplanned admissions register had an up to date care plan in place.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice scored higher than average in most areas of the national GP patient survey.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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.

# Summary of findings

- 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.

The areas where the provider must make improvements are:

- Ensure that all GPs are trained to level 3 children's safeguarding.

- Ensure that a fire risk assessment, regular drills and fire training for staff are all carried out.

In addition the provider should:

- Ensure that action continues to be taken to improve uptake of new patient and NHS health checks.
- Ensure that action continues to be taken to improve patient recall and reviews for patients with a learning disability, and those living with long term conditions.
- Ensure all audits are full cycle audits.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where improvements should be made.

- 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 there are 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. However, not all GPs had attended level 3 children's safeguarding training.
- Although some risks to patients who used services were assessed the practice had not undertaken a fire risk assessment. The practice had also not undertaken fire drills and staff had not attended fire safety training.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were mixed for the locality. For example diabetes performance was significantly lower than national and CCG (Clinical Commissioning Group) averages, whereas asthma performance was slightly higher than the national and CCG averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was some evidence that audit was driving improvement in performance to improve patient outcomes, however not all audits were full cycle.
- 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 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.

**Good**



# Summary of findings

- 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.

## 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 actively participating in a proactive care project with the CCG and other practices in the locality.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



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

# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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 reviewed unplanned hospital admissions on a weekly basis as part of the regular practice meeting attended by GPs and nursing staff.

Good



### People with long term conditions

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

- Performance for asthma related indicators was better than the CCG and national averages at 100%, compared to 97% (CCG) and 97.4% (national). Performance for diabetes related indicators was worse than CCG and national averages at 50%, compared to 89.5% (CCG) and 89.2% (national).
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There was an advanced nurse practitioner session to undertake regular diabetic reviews for patients. The practice had not been successful in recruiting a permanent practice nurse and this had impacted on some patient reviews being delayed.
- 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.

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 83.5% which was comparable to the CCG average of 80.8% and the national average of 81.8%.
- 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 homeless people, travellers and 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.
- The practice worked as part of a cluster of local practices on a 'proactive care' initiative to identify and offer additional support to people who were vulnerable.

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).

- 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months
- Performance for mental health related indicators was 57.7% which was worse than the CCG (89.5%) and national (92.8%) averages. However, we saw evidence of some improvement in this area at the time of our inspection, with 77% of patients having received an annual review and comprehensive care plan.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and the practice hosted a local Wellbeing Service who ran clinics from the practice.
- 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 people with mental health needs and dementia.
- One of the GP partners had undertaken a dementia care fellowship programme.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 363 survey forms were distributed and 111 were returned which represented 1.8% of the patient population.

- 97% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 87% found the receptionists at this surgery helpful (CCG average 88%, national average 87%).
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 100% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 90% described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 69% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, 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 39 comment cards of which 35 were all positive about the standard of care received. Generally patients stated that staff were friendly, approachable and professional and that appointments were easy to get and convenient. Other comments included that the service received was of a good standard and that patients were treated with dignity and respect. Four comment cards included comments relating to issues patients had at the practice, two of which included patients feeling they waited a long time to be seen. However, patients on the day told us that they didn't mind waiting because the practice had managed to fit them in and results from the GP national patient survey were in line with CCG and national averages in this area.

We spoke with seven patients during the inspection including two members of the patient participation group (PPG). All seven patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that all GPs are trained to level 3 children's safeguarding.
- Ensure that a fire risk assessment, regular drills and fire training for staff are all carried out.

### Action the service **SHOULD** take to improve

- Ensure that action continues to be taken to improve uptake of new patient and NHS health checks.
- Ensure that action continues to be taken to improve patient recall and reviews for patients with a learning disability, and those living with long term conditions.
- Ensure all audits are full cycle audits.

# Albion Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Albion Street Surgery

Albion Street Surgery offers general medical services to people living and working in Brighton and Hove.

Albion Street Surgery has two partner GPs (male) and one salaried GP (female). There was a locum practice nurse working two days a week, an advanced nurse practitioner working one morning a week and a healthcare assistant working three days a week. At the time of our inspection the practice were working towards recruiting a permanent practice nurse. There are approximately 6300 registered patients.

The practice was open between 8.30am and 6.00pm Monday to Friday. Between 8.00am and 8.30am and 6.00pm and 6.30pm calls were diverted to an out of hour's service. Appointments were from 8.50am to 12.00am every morning and 3.30pm to 5.30pm daily. Extended hours surgeries had been offered on a Monday but had been temporarily discontinued while the practice works to recruit a permanent practice nurse. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

Services are provided from:

9 Albion Street

Brighton

East Sussex

BN2 9PS

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider via NHS 111.

The practice population has a lower number of patients under the age of 18 and a lower percentage of patients over the age of 65 compared with the England average. The practice population has higher than average levels of unemployment and patients who are disability allowance claimants.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 November 2015. During our visit we:

- Spoke with a range of staff including GPs, nurses and administrative staff, and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and these were discussed at weekly meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that an incident relating to the storage of specimens was identified and this led to a review of blood tests and changes to the way specimens were stored within the practice.

When there are 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.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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. The lead GP for safeguarding was trained to Safeguarding level 3, however not all GPs were trained to this level but were trained to level 2.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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.
- 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 CCG 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three 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 not always assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. However, the practice did not have an up to date fire risk assessments, had not carried out regular fire drills and staff had not received fire training. All electrical

## Are services safe?

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 carried out infection control and legionella risk assessments.

- 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. For example, while the practice was trying to recruit a permanent practice nurse, they were using a rota system where a locum practice nurse, advanced nurse practitioner and health care assistant were working collaboratively to meet the needs of patients. This meant that reception staff would book patients into specific appointments on certain days depending on which member of the nursing team was in on a specific day.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also 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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed 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 were 82.8% of the total number of points available, with 8.9% exception reporting. Data from 2014/15 showed mixed results;

- Performance for diabetes related indicators was worse than CCG and national averages at 50%, compared to 89.5% (CCG) and 89.2% (national).
- The percentage of patients with hypertension having regular blood pressure tests was 92.1% which was better than the CCG (87.7%) and national (90.6%) averages.
- Performance for mental health related indicators was 57.7% which was worse than the CCG (89.5%) and national (92.8%) averages.
- Performance for asthma related indicators was better than the CCG and national averages at 100%, compared to 97% (CCG) and 97.4% (national).
- The dementia diagnosis rate was 0.25% which was below the CCG (0.56%) and national (0.74%) averages.
- Performance for dementia related indicators was better than CCG and national averages at 100%, compared to 92% (CCG) and 92.3% (national).

The practice was aware of the areas in which performance was below average. They had appointed a member of the administrative team to take a lead on patient recalls with the aim of improving the uptake of regular reviews. In addition, the practice had brought in a nurse practitioner to undertake diabetic reviews as this was an area that had been affected by issues recruiting a permanent practice nurse.

Clinical audits demonstrated quality improvement.

- We viewed seven clinical audits that had been carried out in the last two years and saw that action was taken to improve patient outcomes; however these were not all full cycle audits where the improvements made were monitored through repeat audits.
- We saw evidence of action being taken to improve patient outcomes in relation to a reduction in prescribing in areas of risk, for example in relation to the use of inhaled corticosteroids and the use of benzodiazepines.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research and we saw that clinical staff had time allocated to undertake audits and quality improvement work.
- Findings were used by the practice to improve services. For example, prescribing audits were used to identify patients who may benefit from a change in treatment in line with prescribing guidance.

Information about patients' outcomes was used to make improvements. For example we saw that an audit of high risk medicines in older people had led to a review of patients and a discontinuation of the medicines in one out of three patients. We also saw that the results of the audit were discussed at practice clinical meetings to raise awareness of prescribing high risk medicines for frail elderly people. .

### 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, infection prevention and control, fire safety, health and safety and confidentiality.



# Are services effective?

## (for example, treatment is effective)

- 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.
- 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.
- Staff received training that included: safeguarding, basic life support and information governance awareness. However, staff had not received training in fire safety and not all GPs had been trained to level three safeguarding. 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 and when communicating with out of hours 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 six weekly 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.
- Informed consent was recorded in the electronic patient record system.

### 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 and those with a long term condition such as diabetes. Patients were then signposted to the relevant service.
- Smoking cessation advice and nutritional support was available from the practice and from local support groups.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83.5% which was comparable to the CCG average of 80.8% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 57% to 87% and five year olds from 40% to 67%. Flu vaccination rates for the over 65s were 65.7%, and at risk groups 57.2%. These were also comparable to CCG and national averages.



## Are services effective?

(for example, treatment is effective)

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. Uptake of NHS health checks were low, however the practice had identified this and it was an area they were planning on working more proactively once they had recruited a permanent practice nurse.

# 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.

Most of the 39 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 two 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:

- 94% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 84%, national average 87 %).
- 97% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 87% said they found the receptionists at the practice helpful (CCG average 88%, 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 generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%)

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. Written information was available to direct carers to the various avenues of support available to them.

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 and location 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 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 actively participating in a proactive care project with the CCG and other practices in the locality.
- The practice had offered an extended access clinic but they had temporarily stopped this due to difficulty recruiting a practice nurse.
- There were longer appointments available for people who needed them such as those with a learning disability and those with mental ill health.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Translation services were available and patients with a disability or those unable to manage the stairs to the first floor had an alert on their records so that staff would book them into an appointment on the ground floor.

### Access to the service

The practice was open between 08.30am and 6.00pm Monday to Friday. An out of hour's service was available outside of these times. Appointments were from 08.50am to 12.00pm every morning and 2.00pm to 5.30pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 97% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 90% patients described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 69% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of an information leaflet in the reception area.

We looked at 12 complaints received in the last 12 months and found that these were dealt with in a timely way and reviewed by the practice. We did not identify particular themes and saw that lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

# 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 was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The partners had regular meetings to discuss the strategy and monitor progress.

### 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
- A programme of continuous clinical and internal 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.
- However, the practice had not adequately assessed fire safety.

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take 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

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and the managers within the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. 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 worked with the practice to develop an action plan as a result of the patient survey. Specific actions for 2015 included promoting the use of online access for appointments and repeat prescriptions.

# Are services well-led?

Good 

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

- The practice had also gathered feedback from staff generally 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.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, in working with the CCG and other practices to improve outcomes of patients who were living in vulnerable circumstances to access additional support and proactive care services.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered provider had not assessed, monitored and mitigated the fire safety risks relating to the health safety and welfare of service users and others who may be at risk, which arise from the carrying on of the regulated activity.</p> <p>This was a breach of regulation 17 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>We found that the registered provider had not ensured systems and processes were established and operated effectively to prevent abuse of service users as not all staff had received training at the suitable level for their role.</p> <p>This was in breach of regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>