

Burnt Ash 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 Burnt Ash Surgery on 10 February 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Not all risks to patients were assessed and well managed. The practice had not carried out all of the required recruitment checks, and not all staff had completed all of the mandatory training.
- There was not a set of emergency medicines for doctors to take when visiting patients at home. No risk assessment had been done to make this decision.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients we spoke to said they were treated with compassion, dignity and respect and they were

involved in their care and decisions about their treatment. The practice was rated lower than other practices for satisfaction with GP consultations, but higher than other practices for nursing care.

- Information about services and how to complain was available and easy to understand.
- The practice had recently changed their appointment system. Patients we spoke to said they found it relatively easy to make an appointment and that urgent appointments were generally available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Ensure that all staff receive training in safeguarding and that this is renewed in line with national guidance.

Summary of findings

In addition the provider should:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that all staff receive a complete induction and an annual appraisal.
- Advertise the availability of online services (such as online appointment booking and repeat prescription service) on the practice website and more widely within the practice.

- Provide information for patients on translation services in the reception and/or waiting areas.
- Continue to consider ways to improve patient satisfaction.
- Ensure all staff undertaking chaperoning understand what is required while performing the role, and that the service is advertised to patients in the waiting area.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were always kept safe.
- Full recruitment checks had not been completed for new staff.
- Not all staff had completed training in mandatory areas, such as child safeguarding and infection control.
- There were no separate emergency medicines for GPs to take when visiting patients at home. No risk assessment had been carried out alongside this decision.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals, though not all staff had had one in the previous 12 months, and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for nursing care. For example,

Summary of findings

95% said that the last nurse they saw or spoke to was good at treating them with care and concern (local average 87%, national average:91%). Patients at the practice rated the GPs lower than patients at other practices. For example, 69% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- Patients we spoke to said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group.
- Patients said they generally found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Online services were available, but were not advertised on the practice website or widely within the practice.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice acted on feedback from staff and patients. The patient participation group was active.
- There was continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- 93% of the practice's patients diagnosed with dementia had received a face to face review of their care in the last year, compared with a national average of 84%. The Older Person Liaison Officer provided a personalised responsive service for older people. This included: home visits, support and transport to attend appointments at the surgery and at hospital, liaison with other local services, and prescription collection.
- The practice participation group (PPG) ran a 'time for tea' project once a month where older people were invited to drop in to the PPG chair's house after their appointment, for conversation and refreshments.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management, and patients at risk of hospital admission were identified as a priority.
- Performance indicators for the care of diabetic patients was broadly in line with national averages. For example, 88% of patients recorded by the practice as diabetic had been reviewed in last year. (The national average is 88%).
- The senior nurse practitioner at the practice was trained to start treatment with insulin for patients with diabetes, meaning that patients did not have to travel to hospital if they needed insulin to manage their diabetes.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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.
- 69% of patients with asthma had a formal review of their asthma (compared to the CCG average of 73% and the national average of 70%.)
- 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.
- 76% of women aged 25 – 64 received a cervical screening test. This was lower than the national average of 82%. The practice was taking active steps to improve their uptake of cervical screening, and expected this to be reflected in the next performance figures.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice offered two well-baby clinics a week, one run by a Health Visitor and one run by a Health Visitor and a GP.

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 offered a full range of health promotion and screening that reflects the needs for this age group.
- Online services (such as online appointment booking) were available, but were not advertised on the practice website or widely within the practice.

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.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed 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 generally 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).

- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months. (The national average was 89%).
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. 283 survey forms were distributed and 108 were returned. This represented 2% of the practice's patient list.

The practice performed below local and national averages for satisfaction:

- 43% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 75%.
- 61% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%). 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).

- 71% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Four patients made some negative comments: two criticised the appointment system, one said that correspondence had been lost, and one criticised nurse availability and the helpfulness of receptionists.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were approachable, committed and caring. The nursing staff (the senior nurse practitioner in particular) were praised as supportive and caring.

Burnt Ash Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Burnt Ash Surgery

Burnt Ash Surgery are based in a large health centre in Lewisham, a suburban area in south London.

The practice is registered with the CQC for the treatment of disease, disorder or injury, family planning, maternity and midwifery services and for diagnostic and screening procedures.

The practice has a contract with the NHS to provide Personal Medical Services (PMS). It has also signed up to provide enhanced services (extra services that aren't required by the standard GP contract). The practice's enhanced services are: childhood vaccination and immunisation scheme, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, remote care monitoring, rotavirus and shingles immunisation.

The practice has two GP partners (one male and one female) and a (female) salaried GP. There is a practice nurse and a specialist nurse practitioner (both female). The practice also has a liaison officer for the elderly, who provides special support for older patients.

The building is owned by the NHS and is shared by two GP practices, and other health services, including health visitors, counselling and blood testing. It is fully accessible,

with car parking spaces, a step-free entrance and an automatic entry door. Burnt Ash Surgery shares a reception area with the other GP practice, but has its own desk and reception staff. The practice has its own waiting area, four consulting rooms, two treatment rooms, four administration rooms, and patient toilets. Staff toilets and a staff area are shared with the other health centre services.

The practice is open until 6.30pm every weekday. Monday to Wednesday reception opens at 7am, on Thursday it opens at 8am and on Friday it opens at 7.30am. Reception is closed for lunch every day between 12.30pm and 1pm.

Appointments are available from 7am to 11.30am and 2pm to 5.40pm Monday to Wednesday, 8am to 11.30am and 2.30pm to 5pm on Thursday, and 7.30am to 11.30am and 2pm to 5.40pm on Friday. Outside of surgery hours, patients are advised to phone SELDOC, which provides the practice's out of hours service.

At the time of the visit, 5991 patients were registered with the practice. Life expectancy of the area is in line with the average for England. The practice population is on the fifth most deprived decile.

Compared to the average practice in England, the practice has fewer patients aged 10 – 34, and more patients aged 35 – 55.

Burnt Ash Surgery was inspected on 21 January 2014. This was a routine inspection. It identified issues with the availability of appointments and monitoring of infection control measures (such as checks of cleaning). A follow-up inspection on 22 April 2014 found that the issues had been resolved. Two new GPs were recruited to increase the number of appointments.

The practice registration with the CQC was inaccurate at the time of inspection, as it listed a partner GP who had retired. The practice has submitted an application for their registration to be corrected.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 February 2016.

During our visit we:

- Spoke with GPs, nurses, reception and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Six incidents occurred and were investigated in the last 12 months. Lessons were discussed in staff meetings, and action taken to improve safety in the practice. For example, after documents were scanned in error to the file of a patient with a similar name and date of birth, alerts were added to the computer system for patients with similar details to warn staff.

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

The practice used the Clinical Commissioning Group (CCG) to report issues linked to other providers, for example discharge letters from a hospital sent five months after patients were treated.

Overview of safety systems and processes

The practice systems and processes to keep patients safe and safeguarded from abuse were generally well developed:

- Practice policies and procedures were in place that reflected relevant legislation and local requirements and were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the lead member of staff for safeguarding, for both adults and children. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.

- Staff demonstrated they understood their responsibilities.
- The practice took active measures to follow up children at risk. Any attendances at A&E were checked against the child's overall medical record and discussed with the safeguarding leads if regarded as concerning. The practice called the parents of any children who did not attend for immunisations.
- Chaperones were available if required, and posters in clinical rooms made patients aware of this. However, there were no posters about the availability of chaperones in the waiting room or reception area. All staff who acted as chaperones had received a Disclosure and Barring Service 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). Staff had received internal training. We spoke to members of staff who acted as chaperones. Not all of them appeared to properly understand the function of the chaperone and so might not have been able to fully perform the role.

Although staff demonstrated an understanding of safeguarding, there were some gaps in training:

- Staff in non-clinical roles had all received training in safeguarding children at level 1 (as is required). Those we spoke to could explain what they had learnt and what they would do to safeguard children.
- We found that one nurse had not completed up to date training in safeguarding children (having last received level 2 training in 2010). According to practice records, one GP had also not had recent safeguarding of children training (to the required level 3). However, all staff we spoke to were able to explain safeguarding issues to the required extent.
- Reception and administrative staff had completed some training in safeguarding adults. None of the GPs or nurses had completed any training in safeguarding of adults.

We observed the premises to be clean and tidy.

- The senior nurse practitioner 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.

Are services safe?

- The last annual infection control audit was undertaken on 1 December 2015. This identified actions to be taken. One of the actions was to ensure all staff had received infection control training. This action was still outstanding as not all staff had completed training. The practice sent us evidence that they completed this training within a few days of the inspection.
- Cleaning was carried out by an external contractor, organised by the building's landlord. A checklist was present in each area, on which the cleaners ticked off tasks to record their work.
- The building landlord arranged for the premises to be cleaned, and soap and other consumables to be refilled. There was no system of checks of cleanliness or supplies. Shortly after the inspection, the practice sent us details of a set of checks of clinical rooms and toilets that they had arranged for their staff to perform.
- Immunisations and other medicines were stored safely in the practice.
- We reviewed four personnel files and found appropriate recruitment checks had not been undertaken prior to employment. For example, one doctor had not had a DBS check, and references had not been taken up for a member of reception staff. The practice had not checked the professional registration of a recently employed doctor. The practice had no signed contract for one nurse. The practice completed DBS checks for several staff, including the doctor, within a few days of the inspection.
- The practice had a robust system to ensure that appropriate checks had been made on any locum doctors (brought in to cover temporarily when GPs were away) including induction and detailed prescribing guidance.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The arrangements for managing medicines in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role.
- The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice had a robust prescribing protocol. This provided safeguards for medicines such as hypnotics (such as sleeping tablets) and opioids (strong painkillers) by requiring patients see a doctor every time, rather than issuing these higher risk medicines on repeat prescription.
- Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- The practice had completed an overall premises health and safety assessment, which assessed most of the risks. However, there were loops on blind cord in the waiting room, which presented a strangulation hazard to patients, and which had not been risk assessed.
- The practice rented space in a building used by other healthcare services. The landlord was responsible for arranging checks (of, for example, fire equipment and wiring) to make sure that the building was safe. The practice communicated with the landlord and followed up where necessary.
- The emergency lighting system was tested monthly by the practice, and received an annual check from an external contractor organised by the landlord. The practice reported defective equipment but there were some delays in the landlord making repairs.
- Electrical equipment was last tested in January 2014. There was no policy of checks to ensure electrical

Are services safe?

equipment was maintained in order to prevent danger. Clinical equipment was checked to ensure it was working properly (by an external contactor organised by the practice) in November 2015.

Arrangements to deal with emergencies and major incidents

The practice had made arrangements for emergencies and major incidents, but these were not comprehensive:

- 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.
- The practice had oxygen adult and children's masks. There was no defibrillator, but one had been ordered and was due to arrive by the end of February 2016.
- 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 business continuity plan in place for major incidents such as power failure or building damage.
- There was no separate set of emergency medicines for doctors to take when visiting patients at home. Doctors told us that they would take (from the practice supply) any medicines that they thought they might need on a particular home visit. No risk assessment had been done to make this decision. The practice changed their emergency medicines policy within a few days of the inspection, and ordered a supply of emergency medicines for doctors to take on home visits.

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. Patient records showed that care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through audits.

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 96% of the total number of points available, with 6.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). These performance figures are in line with those of other practices.

This practice was generally in line with other practices for QOF performance.

- Performance for diabetes related indicators was similar to the CCG and national average. For example, 78% of patients with a diagnosis of diabetes had their cholesterol level well controlled (compared to the national average of 81%). Overall for diabetes indicators the practice scored 88%, 6.3 percentage points above CCG average, and 1.5 percentage points below the England average.
- 80% of patients with hypertension had a well-controlled blood pressure, similar to the CCG (80%) and the national average (84%).
- Performance for mental health related indicators was similar to the CCG average (90%). The practice scored 87%. The national average was 93%.

Clinical audits were used to improve quality.

- There were five clinical audits completed in the last two years, two of these were completed audits where the improvements identified were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of the records of patients with diabetes led to training for practice staff to encourage patients to attend for reviews of their condition.
- The practice participated in local audits and benchmarking.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We checked three staff files and found that one employee had not received a comprehensive induction.
- We spoke with both nurses and they told us that they received the role-specific training they required, for example to administer vaccinations and taking samples for the cervical screening programme.
- Staff received training that included: fire procedures, basic life support and information governance awareness. Not all staff had completed safeguarding training. Staff had access to and made use of e-learning training modules and in-house training.
- The individual learning needs of staff were identified through a system of appraisals. These were carried out by the practice manager. Of the four files we checked, only two members of staff had had an appraisal within the last 12 months. We were told that the outstanding appraisals were expected to take place in the next few weeks.

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.

Are services effective?

(for example, treatment is effective)

- 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 patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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 we spoke to were able to explain the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. GPs and the nurse practitioner gave us clear examples of making 'best interest' decisions.

Supporting patients to live healthier lives

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.
- Advice from a dietician and smoking cessation advice were available locally.
- The practice's uptake for the cervical screening programme was 75%, which was below the national average of 82%. The practice was aware that their performance was below average and were taking active steps to improve their uptake of cervical screening, for example by making telephone calls to encourage patients to attend. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice were aware that their prescribing of hypnotic medicines (such as sleeping tablets) was higher than expected (0.28 average daily quantity prescribed, twice the national average of 0.14). The practice felt this was a reflection of an elderly population and previous prescribing practice, but were confident that their prescribing protocol would reduce the amount of these medicines prescribed, over time.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 16% to 100% and five year olds from 74% to 97% (local averages ranged from 10% to 92% and 71% to 94%). The practice had tightened its recall process to improve these figures.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We saw reception staff helping patients with additional needs; for example helping a confused elderly patient find the right doctor's room and telling a patient in person that the doctor was ready for them (as they would have had difficulty reading the display screen).

Seventeen of the 21 Care Quality Commission patient 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. Patients were particularly positive about the care received from the nursing team and the older person's liaison officer.

Four comment cards were not totally positive: two contained criticisms of the appointment system, and one had criticisms of nurse availability and the handling of correspondence.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were approachable, committed and caring. The nursing staff (the senior nurse practitioner in particular) were praised as supportive and caring.

We spoke with one member 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 did not always feel treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 73% said the GP gave them enough time (CCG average 83%, national average 87%).
- 89% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 69% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

Satisfaction with nurses was above average. For example:

- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 91%).
- 71% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients largely 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 nurses and below average for GPs. For example:

- 71% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 68% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%)

Are services caring?

- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%).

Staff told us that translation services (in person and by telephone) were available for patients who did not have English as a first language. This service was not advertised to patients in the waiting room.

Patient and carer support to cope emotionally with care and treatment

Leaflets 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 2% of the practice list as carers. Leaflets in the waiting room told carers about a local support organisation.

Staff told us that if families had suffered bereavement, they would be contacted by their usual GP.

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. There was active engagement with the Clinical Commissioning Group (CCG), and the senior nurse practitioner was the CCG practice nurse lead.

- The practice offered early morning appointments Monday to Wednesday for working patients and school-aged children who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with other additional needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was making little use of online services to make it easier for patients and to use staff time effectively. The option to book appointments and request repeat prescriptions was available, but was not advertised on the practice website, and was not clearly promoted within the practice.

Access to the service

The practice was open until 6.30pm every weekday. Monday to Wednesday reception opened at 7am, on Thursday it opened at 8am and on Friday it opened at 7.30am. Reception was closed for lunch every day between 12.30pm and 1pm.

Appointments were available from 7am to 11.30am and 2pm to 5.40pm Monday to Wednesday, 8am to 11.30am and 2.30pm to 5pm on Thursday, and 7.30am to 11.30am and 2pm to 5.40pm on Friday. Outside of surgery hours, patients were advised to phone SELDOC, which provided the practice's out of hours service.

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

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 43% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 46% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).

In response to feedback from staff and patients, the practice had recently changed its appointment system, so that on a Monday all appointments were 'book on the day' as this was the day when demand was highest for urgent appointments. Pre-bookable appointments could be booked up to six weeks in advance.

The practice had also changed the phone system to allow an additional member of staff to help patients during the morning peak demand. The practice had not carried any survey work on patient satisfaction, but said that they had observed that reception staff were less stressed following the change.

Two patients (out of 21) who completed comment cards said that it was difficult to get an appointment. We spoke to nine patients on the day of the inspection. People told us on the day of the inspection that they were generally able to get appointments when they needed them, and get through on the telephone without real difficulty. When we checked during the inspection (at 11am) there were no more appointments available that day. There was one appointment available the following week (on 17 February, seven days later), and numerous appointments two weeks after the inspection (from 24 February).

We heard from staff and patients that there was particular pressure on appointments with some GPs and with the senior nurse practitioner.

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.

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

- There was a poster in reception inviting patients to make suggestions or complaints.

We looked at seven complaints received in the last 12 months and found that they were handled with openness and transparency and that action was taken to as a result to improve the quality of care. For example, after a patient

complained that their prescription had not been prepared within a period of 48 hours and that they were given an inadequate explanation, the repeat prescription process was modified to standardise the times that prescriptions were signed by doctors and to make it clearer to patients when their prescription would be available.

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

- Staff we spoke to were able to explain the practice's values for patient care.

Governance arrangements

Functional governance arrangements were in place to support the delivery of the strategy and good quality care.

- There was a clear staffing structure.
- Practice specific policies were implemented and were available to all staff on the practice intranet.

The practice had robust arrangements for assessing and managing most risks and issues, and implementing mitigating actions. However,

- The recruitment policy did not specify the recruitment checks required by regulations, and the recruitment of some new staff did not meet these standards.
- We found that risk assessments had not been documented for deviations from published guidance.

The practice had a good understanding of their performance, from patient feedback and audit, which was used to monitor quality and to make improvements.

Leadership and culture

The partners in the practice had 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 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

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 written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in 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. We heard that Away Days were held annually.

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

The practice provided opportunities for patients to give feedback.

- The practice used the Friends and Families test, had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly. The practice manager attended PPG meetings, but there was not regular attendance from the GP partners, which the PPG representative felt sometimes made the discussions less effective and improvements slower.
- The PPG representative felt that the increased staff dealing with patient queries in peak time was an example of responding to feedback. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Continuous learning and improvement was evident within the practice, particularly with regards to medicines optimisation and the management of patients with diabetes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>Regulation 18: Staffing</p> <p>The provider had failed to ensure that all staff had completed the training required for their role. Not all staff had completed up to date training in infection control, and child and adult safeguarding.</p> <p>This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Treatment of disease, disorder or injury	