

Branksomewood Health Centre

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 Branksomewood Health Centre on 17 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events, but this did not always ensure patient safety.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- Risks to patients were not consistently assessed and well managed. Patients were at risk of harm because systems and processes were not used effectively to keep them safe. For example appropriate

recruitment checks on staff had not been undertaken prior to their employment and actions identified to address concerns with Legionella practice had not been taken.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments were usually available on the day they were requested.
- 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 practice had proactively sought feedback from patients and had an active patient participation group.
- 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 all recruitment checks are carried out prior to a member of staff commencing employment.
- Ensure training is provided on safeguarding and this training is monitored when implemented and refresher training is given at appropriate intervals to ensure knowledge is current.

Areas where the provide should make improvements are:

- Ensure learning from significant events and complaints is effectively shared with all relevant staff members.
- Ensure remedial actions identified on risk assessments are implemented, in particular those related to the management of legionella.
- Review clinical audits to ensure cycles are completed and outcomes for patients are improved.
- Review arrangements for chaperoning to make sure they are consistent.

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When there were unintended or unexpected safety incidents, reviews and investigations were carried out and lessons learnt were communicated. However, the practice needs to demonstrate fully that learning points have been shared with all salaried doctors.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

For example:

- There was insufficient attention to safeguarding children and vulnerable adults.
- A risk assessment for Legionella had been carried out in August 2015; however recommended actions had not been taken to ensure the safety of patients.
- Fire drills were carried out regularly, but the names of staff who were involved were not recorded.
- There was no evidence of learning or change following a serious complaint concerning a patient wishes not being appropriately recorded.

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 and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

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

Good



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 to secure improvements to services where these were identified. For example, the CCG pharmacist had audited anti-biotic prescribing assessing dose, duration and reason for prescribing. The impact of this on patients and suggested improvements was shared with the practice during the partners meeting.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing the antibiotic guidelines to ensure prescriptions were appropriate.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- 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 a number of policies and procedures to govern activity, but some of these were not shared or followed effectively by staff. A significant incident occurred which related to safeguarding and this was not shared with GP partners or escalated and recorded as a significant event or near miss as detailed in the practice policies.
- The practice proactively sought feedback from patients and had an active patient participation group.
- There was learning and development across the practice but systems had not ensured all staff had training for example adult and child safeguarding.
- Staff did have the opportunity to attend some staff meetings.

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 patients in its population.
- Routine 20 minutes appointments were available for this population group.
- The practice provided care and treatment to local care homes and six local community beds in a local hospital.
- The practice was responsive to the needs of older patients. Longer appointments and home visits were available for older patients when needed, and this was acknowledged positively in feedback from patients.
- The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.

People with long term conditions

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

Good



- Nursing staff were being trained to lead chronic disease management reviews. Patients at risk of hospital admission were identified as a priority. The practice had a nominated GP partner lead for patients with long term conditions.
- For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification was 91% which was comparable with the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma on the practice register who had had a review in the preceding 12 months was 73% which was comparable with the national average of 75%.
- 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 77% which was comparable to the CCG average of 77% and the national average of 74%.
- 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.
- Appointments were released throughout the day with good availability to see unwell children later in the day.

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 patients, travellers and those with a learning disability.
- 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 patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Not all staff knew how to recognise signs of abuse in vulnerable adults and children and training had not been provided to all staff to ensure that patients were safeguarded from harm.
- The practice were aware of patients who were hearing or visually impaired and had made arrangements to ensure they were provided with appropriate information and support.

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).

- A total of 79% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%.
- A total of 90% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan recorded compared with 88% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. 239 survey forms were distributed and 109 were returned. This represented approximately 1% of the practice's patient list.

- 61% found it easy to get through to this practice by phone compared to a CCG average of 74% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 82% described the overall experience of their GP practice as fairly good or very good compared to a CCG average of 88% and a national average of 85%.

- 77% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared to a CCG average of 81% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 87 comment cards which were all positive about the standard of care received.

The majority of comments described reception staff as helpful, but there were some concerns about perceived rudeness of staff and clinics not running to time.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Branksomewood Health Centre

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 adviser, a second CQC inspector, a practice manager specialist adviser and an Expert by Experience.

Background to Branksomewood Health Centre

Branksomewood Health Centre is situated on the edge of a large commuter town. The health centre is purpose built with a large car park and disabled spaces to the front and staff parking to the rear. Access to the practice is through double doors which are not automatic. Wheelchair users can ring a bell and reception staff are available to assist them to enter the building. There is a separate chemist that shares the building and provides an automatic door access during their opening hours. The practice has seven clinical rooms and four treatment rooms all on the ground floor, with wide corridors. The reception has an area for patients to wait behind to support private conversations at the front desk and there is an electronic check-in point available.

There are three GP partners (two male and one female) and six part time salaried doctors, who are all female

(equivalent to six full time doctors). The practice has a practice manager, five practice nurses and two health care assistants. The practice has approximately 12500 patients registered.

The practice is open between 8.00am and 6.30pm Monday to Friday; appointments are available between 8.50am and 5.30pm. Extended surgery hours are offered on Mondays until 8pm and every fourth Saturday there is a bookable clinic from 8.30am until 11.30am. When the practice is closed patients are advised to contact the on call doctors' service via NHS 111.

The practice is situated in one of the most affluent areas of England, with low deprivation rates. It has a higher than average life expectancy for both males and females. It has an above average population of people aged 35-54.

The practice operates from one location which is situated at:

Branksomewood Road

Fleet

Hampshire

GU51 4JX

The CQC team noted that the details on the registration certificate did not reflect the regulated activities provided by the practice. The missing regulated activities were surgical procedures and maternity services. The GP partners were incorrectly recorded, as one partner had retired. This will be followed up with the practice.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our 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 17 February 2016. During our visit we:

- Spoke with a range of staff including medical receptionists, secretaries, health care assistants, nurse, doctors and practice management 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 a system in place for reporting and recording significant events, but this was not consistently effective.

- 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.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Records were not fully completed to show that learning had occurred and actions had been taken to improve safety in the practice. For example, the minutes of the meetings for the salaried GPs did not include learning from significant events or safeguarding adults and children incidents or any near misses.
- The practice carried out an annual analysis of the significant events to identify themes or trends. This showed that there had been no common themes and significant events had been handled appropriately.
- When information had been provided to the practice in the form of a complaint from a patient this had not always been recognised as a significant event. One example was related to the practice not recording a patient's wishes not to resuscitate, which resulted in a patient's wishes not being taken into consideration when they had to access emergency services. The practice told us that they had discussed this incident, but this was not fully recorded in minutes.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.

Overview of safety systems and processes

The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse, but we found evidence these were not effective.

- The practice had policies and procedures in place for safeguarding children and vulnerable adults from abuse. These 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.

However two new staff members, who started work in the last six months, had not received safeguarding awareness training as part of their induction. All GPs had been trained to level 3 for safeguarding children.

- There was a nominated lead member of staff for safeguarding. Staff were unable to demonstrate an awareness of situations where children and adults were at risk of abuse. The safeguarding lead for the practice had not attended any updates for two years and told us that there were no child or adult safeguarding incidents or near misses in the practice. However, one salaried GP told us they raised concerns about a vulnerable person. This was not identified as a safeguarding issue, or discussed at a practice meeting. The concerns were documented in clinical notes but the safeguarding procedures were not followed. This practice does not keep a register of children at risk, but alerts are added to the clinical notes system.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check).
- 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, including hand washing. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result; the action plan was updated when these actions had been completed.
- The arrangements for managing medicines, including emergency medicines and vaccines, 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

Are services safe?

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 six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Staff were not requested to complete a health declaration to demonstrate they were fit to work.
- 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.

Monitoring risks to patients

Risks to patients were not assessed and some were poorly managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments but did not have a record of the staff members who had attended fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control including Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, we found that actions needed as a result of the legionella risk assessment had not been actioned since the assessment was undertaken in August 2015. For example the practice had written an

action plan stating the intention to implement a testing regime of water temperatures but the action plan did not have any detail or expected completion date. There were 26 areas where priority action needed to be taken within three months of the risk assessment being carried out. The practice was unable to demonstrate that action had been taken to mitigate risk.

- 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.
- Patients were allocated to named GPs and the practice used a personal list system to enable continuity of care.
- We found that the practice supported this with a buddy system to support annual leave of staff.

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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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 patients' 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 94% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 showed:

- Performance for diabetes related indicators was 80% which is similar to the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was 73% which was lower than the national average of 84%. The GPs were aware of this anomaly and were working on improving uptake and opportunistically measuring patients' blood pressure during routine appointments for other conditions when relevant.
- Performance for mental health related indicators was similar to national averages. A total of 90% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan recorded compared with 88% nationally.
- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.

- We found that clinical audits were mainly clinical commissioning group (CCG) led and did not include individual practice specific audits.
- For example, the CCG pharmacist had audited anti-biotic prescribing assessing dose, duration and reason for prescribing. The impact of this on patients and suggested improvements was shared with the practice during the partners meeting and change was implemented to ensure prescriptions were appropriate.
- Arrangements were not in place to ensure that re-audits were carried out at the interval specific after the first cycle. For example, the practice assessed their effectiveness when referring patients under the two week rule. (This is an urgent access to hospital care when cancer is suspected). Results of the first cycle of an audit in 2014 showed that 91% of referrals were relevant and necessary. This had not been re-audited since that time to see whether improvements had been made.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff who had completed their induction received ongoing training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring 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 understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

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 and patients were supplied with care-plans to help them avoid hospital admission. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- We found that this practice had lower (11 per 1000 people) than the national average attendances (14 per 1000 people) at accident and emergency suggesting that patients were able to get access to their GP when required.

The practice's uptake for the cervical screening programme was 77% which was comparable to the CCG average of 77% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable to national averages. For example, childhood immunisation rates given to under two year olds ranged from 75% to 97% and five year olds from 93% to 99%. A total of 60% of patients on four or more medicines had a review to ensure their medicines were relevant and necessary.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. However, the open nature of the reception meant that private details about patients were overheard during our inspection.

We received 87 patient Care Quality Commission comment cards in total 63 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. Some comments suggested improvements regarding the reception area, for example to improve the provision of toys for children who are waiting. Thirteen comment cards suggested there could be improvement in the attitude of the reception staff.

We spoke with six patients. 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. The comment cards explained how the patients appreciated the model of the personal GP lists at this practice. Patients told us they felt that the GP knew them and their conditions well.

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

- 83% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 76% said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

These survey results are lower than CCG or national averages, but the inspection team observed consistently caring attitudes by reception and clinical staff on the day of the inspection.

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 positive and aligned with these views.

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

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89 % and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82 %.

Are services caring?

- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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. For example healthy living, mental health groups and access to meals on wheels.

The practice's computer system alerted GPs if a patient was also a carer. The practice has an "identifying carers" policy, but not all GP partner were aware of this.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and 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.

- The practice offered extended hours appointments every fourth Saturday 8.30am to 10.30am aimed at working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice has clinic rooms on the ground floor.
- The practice were aware of patients who were hearing or visually impaired and had made arrangements to ensure they were provided with appropriate information and support. This included a hearing loop and GPs would come to the waiting area to collect patients who were visually impaired.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. GP Appointments were from 8am to 6pm daily. Extended surgery hours were offered at the following times 8.30am until 10.30am every fourth Saturday using a pre-bookable appointment system. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 61% patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.
- 72% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 71% and national average of 59%.
- The practice told us that they have reviewed the access to GPs, by auditing their appointments and creating more availability. They have installed a new phone system to improve access by ensuring calls are answered.
- Patients told us on the day that it was easy to get an appointment when they needed one. They were able to use the online booking system effectively and the CQC team witnessed practice secretarial staff teaching patients how to use the system to increase their confidence. The practice carried out regular audits of appointments to determine which types of appointments patients used and whether all available appointments were being used effectively.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system detailed in the practice leaflet under the title "comments".

We looked at three complaints received in the last 12 months and found that all of them were sympathetically handled, dealt with in a timely way, and there was openness and transparency. When needed an apology was given. Staff told us complaints were discussed and learning was shared. For example, a patient complained about the length of time they had to wait for a travel vaccine appointment. The practice responded by freeing up more nurse appointments to prevent a reoccurrence of this.

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 eight year strategy to deliver high quality care and promote good outcomes for patients. This included plans for demographic changes, such as new housing and staff retirements.

- The practice had a mission statement which was displayed on the website and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice provides staff with a handbook. There are specific meetings for salaried GPs to enable them to understand more about the vision and values of the practice.

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:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There had been many changes to nursing staff and the practice was training new staff to provide patients with a range of long term condition services.
- Practice specific policies were implemented and were available to all staff, however, there were several policies that were not followed or implemented robustly, for example safeguarding and chaperoning.
- A comprehensive understanding of the performance of the practice was maintained by the registered manager. There were arrangements for identifying, recording and managing risks, but these were not consistently put into place.
- There was evidence that this was shared with the other partners but not the salaried GPs. For example, the minutes of the meeting for salaried GPs did not contain information on risk management in the practice and outcomes of all significant events or complaints which were relevant to their role.

- The lead GP demonstrated understanding of learning from other practices via locality and clinical commissioning group meetings. This information was shared at partner meetings.
- A programme of continuous clinical and internal 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. Staff told us they felt the GPs were helpful and friendly colleagues.

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 patients 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. These were arranged into clinical, managerial and administration team meetings. There were no whole practice meetings or away days. 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. The coffee room was used for informal conversations and sharing information amongst the team.
- 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.

Are services well-led?

Good 

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

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 regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, there is now a suggestion box in the reception area. Additionally, the PPG had recommended larger robust chairs for patients who had mobility problems and the practice had acted upon this feedback.
- Two PPG leaders told us that there could be more involvement in the running of the practice but this was limited. The leaders told us they could be more independent from the practice and would like to be used as an effective resource.
- The practice had gathered feedback from staff through meetings, appraisals and informal discussions. The

practice manager aims to improve the management structure by supporting team leaders and developing staff skills to be able to delegate leadership tasks like appraisals. Currently, one person has over 20 direct reports and this had affected their ability to be effective in their role.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, they suggested releasing more appointments prior to the same day appointments to support patient experience. Staff told us they felt involved and engaged to improve how the practice was run. This was evidenced in the minutes of "working group" minutes. However, actions plans for improvement did not have any detailed dates for action or ownership.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes, such as using web based consultations, to improve outcomes for patients in the area.

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
Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• Ensure training is provided on safeguarding and this training is monitored when implemented and refresher training is given at appropriate intervals to ensure knowledge is current.• Ensure all recruitment checks are carried out prior to a member of staff commencing employment. <p>This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>