Manor Road Surgery

Quality Report

14 Manor Road
Beckenham
Kent BR3 5LE
Tel: 020 8650 0957
Website: www.14manor-road.co.uk

Date of inspection visit: 27 April 2016
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Manor Road Surgery on 27 April 2016. Overall the practice is rated as good.

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

- Staff appeared to understand their responsibilities to raise concerns and to report incidents and near misses. However, we were unable to review the practice's approach to the reporting and investigation of incidents as no serious event analysis (SEA) reports were available to review and a recent incident within the practice had not been reported and investigated in line with the practice procedure.
- Risks to patients were generally assessed and well managed. However, some staff were not adhering to the requirements of the practice Chaperone Policy and had been undertaking chaperone duties despite not having undergone a DBS check or receiving training.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Complaints were reviewed and appropriate action taken.
- 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.

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. However there was no active patient participation group (PPG).

There are areas where the provider must make improvements:

- The provider must ensure that all staff are aware of and adhere to the requirements of the practice Chaperone Policy.
- The provider must ensure that all staff are aware of and adhere to the practice procedure for incident reporting and that learning from incidents is shared with all relevant staff.
- The provider must ensure that the Infection Control lead for the practice undertakes appropriate infection control training and carries out an annual infection control audit.

There are areas where the provider should make improvements:

- The provider should ensure that all staff are aware of the identity and responsibilities of the infection control lead within the practice.
- The provider should record batch numbers of blank electronic prescriptions placed in individual printers.
- The provider should consider carrying out regular fire evacuation drills.
- The provider should consider proactive strategies to encourage patients to join the patient participation group (PPG).
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- The provider should consider undertaking an annual appraisal with the Practice Nurse to ensure they are operating in line with practice objectives.

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?

Requires improvement

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

- No incidents had been reported in the past 12 months. We were therefore unable to obtain evidence to confirm that risks to patients were assessed and well managed or that lessons were learnt and shared to ensure action was taken to improve safety in the practice.
- The practice was in the process of replacing their policies and procedures as these had all been saved on a personal hard drive of one computer which had a systems failure resulting in the loss of all data. Policies were now saved on a shared drive to ensure access for all staff at all times. This incident had not been recorded or investigated in line with the practice incident reporting policy.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However some staff were unclear of the requirements of the practice Chaperone Policy and had been undertaking chaperone duties despite not having undergone a DBS check or receiving training. This was contrary to the practice Chaperone Policy.
- An Infection Control Policy was in place and an infection control lead identified. However, not all staff were aware of the identity of the Infection Control Lead. Appropriate infection control training had not been undertaken by the lead and an infection control audit had not been carried out in the previous 12 months.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and systems were in place to ensure that clinicians were up to date with National Institute for Health and Care Excellence (NICE) guidelines. We saw evidence from clinical audits to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all directly employed staff. However, the Practice Nurse did not receive an annual appraisal.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Multidisciplinary working was taking place but was generally informal and minutes of meetings were limited or absent.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable to others for most aspects of care.
- Feedback from patients about their care and treatment was positive. 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 observed that staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, one of the partners was the lead for the current procurement of a new electronic cardiology diagnostic package for Bromley CCG.
- 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.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, an electronic booking-in system was now in place in the reception area following feedback from patients.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Summary of findings

Are services well-led?

Good

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 it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures in place to govern activity but staff were not always clear about their own responsibilities in relation to some of the policies.
- 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 partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. However, there was no active patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were mixed.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice has provided GP services to two local care homes for more than 30 years. The GP visited the home weekly. A three-way email communication process had been implemented by the practice, which included the practice, the care home and the local pharmacist. This ensured all parties were kept informed of changes to patient treatment. Three monthly medication reviews were carried out for this group of patients.
- All patients aged over 75 years had been allocated a named GP and were invited to attend an annual health check.

People with long term conditions

Good

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

- The practice nurse worked in collaboration with the GPs in the management of long term conditions.
- Nationally reported data showed that outcomes for patients with diabetes were comparable with the CCG and national average.
- Longer appointments and home visits were available when needed.
- Patients were offered a structured annual review to check that 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.
- Patients at risk of frequent hospital admission were identified and followed up as a priority. Monthly meetings were held to review unplanned admissions. These meetings were minuted and information shared as appropriate.

Summary of findings

Families, children and young people

Good

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

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to the CCG average for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25 - 64 years who had a cervical screening test performed in the preceding five years was 79% which was comparable with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

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. The practice has offered email consultations and advice and emailed test results to patients for several years.
- Early morning telephone consultations could also be booked with the GP if requested.

People whose circumstances may make them vulnerable

Good

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

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

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their safeguarding responsibilities regarding information sharing, documentation of concerns and how to contact relevant agencies.
- The practice had carried out annual health checks for people with a learning disability.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above local and national averages for patient satisfaction rates. 278 survey forms were distributed and 125 were returned. The response rate was 45% (This represented 2.3% of the practice population.)

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our visit. We received 13 comment cards which were all positive about the standard of care received. The service was described as excellent and staff were described as welcoming and efficient. Patients told us that the practice responded quickly and efficiently to their needs and that GPs took time to listen.

We spoke with ten patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients told us they would recommend the practice to someone new to the area.

The practice had reviewed responses to the Friends and Family Test (FFT) in which patients were asked 'How likely are you to recommend our service to friends and family'. The majority of patients responded that they were likely or very likely to recommend the practice. Patients stated that the service was prompt and efficient, GPs listened carefully and were very supportive, and appointments were available within the week. Negative comments referred to appointment times running late.

Areas for improvement

Action the service MUST take to improve

- The provider must ensure that all staff are aware of and adhere to the requirements of the practice Chaperone Policy.
- The provider must ensure that all staff are aware of and adhere to the practice procedure for incident reporting and that learning from incidents is shared with all relevant staff.
- The provider must ensure that the Infection Control lead for the practice undertakes appropriate infection control training and carries out an annual infection control audit.

Action the service SHOULD take to improve

- The provider should ensure that all staff are aware of the identity and responsibilities of the infection control lead within the practice.
- The provider should record batch numbers of blank electronic prescriptions placed in individual printers.
- The provider should consider carrying out regular fire evacuation drills.
- The provider should consider proactive strategies to encourage patients to join the patient participation group (PPG).
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

Summary of findings

- The provider should consider undertaking an annual appraisal with the Practice Nurse to ensure they are operating in line with practice objectives.

Manor Road 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 second CQC Inspector.

Background to Manor Road Surgery

Manor Road Surgery is located in a large semi-detached house converted for the sole use as a surgery. The property is located in a mainly residential area of Beckenham, in the London Borough of Bromley. Services are provided from one location at 14 Manor Road, Beckenham, BR3 5LE. Bromley Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

The practice has 5423 registered patients. The practice age distribution is similar to the national average with a slightly lower than average number of patients 5 to 24 years and slightly higher than average number of patients 30 to 65 years. The surgery is based in an area with a deprivation score of 9 out of 10 (10 being the least deprived).

The practice is registered with the CQC as a partnership. Services are delivered under a General Medical Services (GMS) contract. The practice is registered with the CQC to provide the regulated activities of family planning; surgical procedures; maternity and midwifery services; treatment of disease, disorder and injury and diagnostic and screening procedures.

The provider's contractual arrangements include the provision of the following Directed Enhanced Services (DES): Childhood Vaccination and Immunisation Scheme; Facilitating Timely Diagnosis and support for people with Dementia; Improving patient on-line access; Minor Surgery; Rotavirus and Shingles immunisation and Unplanned admissions. (A DES requires an enhanced level of service provision above what is required under the core GMS contract).

Manor Road Surgery is a training practice offering placements to Foundation Year 2 (FY2) doctors (FY2 is a grade of medical practitioner undertaking the Foundation Programme which is a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist general practice training).

Clinical services are provided by two full time GP partners (one female and one male) and a part-time salaried GP (female) (0.6 wte). The practice also employs a practice nurse on a sessional basis for two full days per week (08.00 to 18.00 hours) and there is a part-time (0.5 wte) Health Care Assistant (HCA).

Administrative services are provided by a Practice Manager (0.7 wte) and administrative and reception staff (4.2 wte).

The surgery is open between 08.00 and 18.30 hours Monday to Friday. Pre-booked and urgent appointments are available Monday to Friday from 08.00 to 18.30 hours.

Extended hours are provided by the local GP Alliance Hub service. Appointments are available until 20.00 hours Monday to Friday and from 09.00 to 13.00 hours Saturday and Sunday. Appointments must be booked through the surgery. The service is staffed by GPs from the practices who are members of the alliance and full access to GP electronic records is available for all consultations.

When the surgery is closed the out of hours GP services are available via NHS 111.

Detailed findings

A practice leaflet was available and the practice website www.14manor-road.co.uk included details of services provided by the surgery and within the local area.

The practice was previously inspected on 12 August 2013 when the practice was not meeting the required standards regarding staff recruitment. A follow-up responsive inspection was carried out on 22 January 2014 which found improvements had been made to staff recruitment processes and that all standards were therefore being met.

Why we carried out this inspection

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

How we carried out this inspection

We carried out an announced comprehensive inspection on 27 April 2016. Before carrying out the inspection we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the Practice Manager and administrative staff.
- Spoke to 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 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was an electronic recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We were unable to confirm that when things went wrong with care and treatment the appropriate procedure was followed in accordance with the Incident Reporting Policy as the practice were unable to provide evidence of incidents within the practice where the procedure had been followed. We were informed that no incidents had occurred in the previous 12 months which impacted on patient care. However a recent incident involving the failure of a computer hard drive resulted in the loss of all the practice policies and procedures. This incident was not managed in line with the incident reporting policy. The provider agreed that in future all incidents, including those that may not have a direct impact on patient care, would be managed in line with the practice incident reporting procedure.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice nurse and GPs were trained to child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. A chaperone policy was in place which stated that all staff who acted as chaperones must be trained for the role and have received a Disclosure and Barring Service (DBS) check. However, some non-clinical staff were unclear about these requirements and had been undertaking chaperone duties despite not having undergone a DBS check or receiving training. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP Partners was the infection control lead for the practice, supported by the practice manager. There was an infection control protocol in place but lead staff had not received up to date training and an annual infection control audit had not been undertaken in the previous 12 months. Staff were not aware of the identity of the infection control lead within the practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription pads were securely stored; however, no systems were in place to monitor their use or to record batch numbers of blank prescriptions placed in individual printers.
- 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).
- The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (PSDs are written instructions from a qualified and registered

prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber had assessed the patient on an individual basis).
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for clinical staff and chaperones.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified health and safety representatives.
- The practice had up to date fire risk assessments and carried out a weekly fire alarm check. However, no fire evacuation drills had been carried out in the previous 12 months.
- 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 for control of substances hazardous to health and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all staffing groups to ensure sufficient staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was also a panic alarm button in all consultation rooms.
- 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 was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and emergency relocation arrangements with a local surgery.

Good

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 regular 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 (2014/15) showed that the practice achieved 88.5% of the total number of points available compared to a CCG average of 93.8% and national average of 94.7%.

The practice exception reporting rate was 9.4% which was comparable to the CCG average of 8.0% and national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 84%, which was similar to the CCG average of 87% and national average of 89%.
- Performance for mental health related indicators was 86%, which was similar to the CCG average of 91% and national average of 93%.

There was evidence of quality improvement including clinical audit.

Seven clinical audits had been completed in the last two years, one of these was a two cycle completed audit to ascertain if the practice was adhering to current guidance in the management of patients with rheumatoid arthritis. Improvements were implemented and monitored. An improvement in measures of between 40% and 50% were achieved.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, following a recent audit to monitor that anti-platelet treatment for patients suffering from transient ischaemic attack was in line with NICE guidelines, several improvements were implemented to increase awareness of the guidelines and improve prescribing within the practice. The changes implemented will be re-audited in July 2016.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for staff relevant to their role. For example, the Health Care Assistant had undertaken phlebotomy training to provide the phlebotomy service introduced by the practice.
- 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 by access to on-line resources and discussion colleagues.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All employed staff had received an appraisal within the last 12 months.
- The practice nurse was not a salaried member of staff but employed on a regular locum basis. She was

Good

Are services effective?

(for example, treatment is effective)

responsible for ensuring that her training needs were kept up to date. The practice held evidence of all relevant training certificates.She did not receive an annual appraisal.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Consent to treatment was recorded in patient records where appropriate.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or Practice Nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant advice and support services.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. 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 practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood vaccination rates were comparable to CCG and national averages. For example, childhood vaccination rates for under two year olds ranged from 81% to 98% and for five year olds from 89% to 98%.

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

Good

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 reported that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The practice did not have a patient participation group (PPG) but were in the process of introducing one. A poster was on display in the waiting area inviting patients to join.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice encouraged patients to become involved in decisions about their care:

- Staff told us that interpreting services were available for patients who did not have English as a first language. However there were no signs in the waiting area to inform patients that this service was available.
- A variety of information leaflets were available in the waiting area.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available.

The practice computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients as carers (0.7% of the practice list). Carers were identified from the new patient registration and from consultations with the practice nurse or GP. Written information was available to direct carers to the various avenues of support available to them. The practice had held a carers support meeting at the surgery recently with the assistance of the local carers support agency.

Staff told us that if families had suffered a bereavement all staff members would be informed immediately. The patient's usual GP would contact them and offer a home visit or an appointment at the end of surgery to allow more time. Advice would be offered on available support services.

Good

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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require a same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those available privately.
- There were disabled facilities and interpreting services available.

Access to the service

The practice reception and telephone lines were open between 08.00 and 18.30 hours Monday to Friday.

Appointments were available with the GP from 8.00 to 11.00, 13.30 to 14.30 and 17.00 to 18.30 hours on Monday and Tuesday; 08.00 to 11.30 and 17.00 to 18.30 hours on Wednesday; 08.00 to 11.30 and 13.30 to 15.30 hours on Thursday and 08.00 to 11.00 and 17.00 to 18.30 hours on Friday.

Appointments were available with the practice nurse between 08.00 and 18.30 hours two days a week.

Extended hours were provided by the local GP Alliance Hub service. Appointments were available until 20.00 hours Monday to Friday and from 09.00 am to 13.00 hours Saturday and Sunday. Appointments were booked through the surgery. The service was staffed by GPs from the practices who are members of the alliance and full access to GP electronic records was available for all consultations.

In addition to pre-bookable appointments, that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them and early morning telephone consultations could be booked with the GP if requested.

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

- 76% of patients were satisfied with the practice opening hours compared to the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

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

- The practice 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.

We looked at the one complaint received in the last 12 months and found this was satisfactorily handled in a timely way with openness and transparency. The practice identified that no changes were required to current procedures following their investigation into the complaint.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a clear strategy which reflected its vision and values and was regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Structures and procedures were in place which ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However, staff were unclear about the identity of the infection lead within the practice.
- Practice specific policies were implemented and were available to all staff. However, some staff were not adhering to the requirements of the practice chaperone policy.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However we were unable to obtain evidence to confirm that the practice adhered to them.

Leadership and culture

On the day of the inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to adhere to the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support for all staff on communicating with patients about notifiable safety incidents and encouraging a culture of openness and honesty.

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

- Staff told us the practice held quarterly team meetings but minutes were not taken.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners and practice manager.
- Staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the friends and family test and via the comments box in the waiting area.
- The practice did not have a patient participation group (PPG) but were in the process of introducing one. A poster was on display in the waiting area inviting patients to join.
- The practice encouraged feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 to improve outcomes for patients in the area. For example, the practice had recently introduced home blood pressure (BP) monitoring to facilitate the diagnosis of hypertension.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** 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. • The provider did not ensure that all staff are aware of and adhered to the requirements of the practice Chaperone Policy. • The provider did not ensure that all staff were aware of and adhered to the practice procedure for incident reporting and ensure learning from incidents was shared with all relevant staff. • The provider did not ensure that the Infection Control lead for the practice had undertaken appropriate infection control training or had carried out an annual infection control audit.