

Billingshurst Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Billingshurst Surgery on 25 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 an effective system in place for reporting and recording significant events.
 - Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- 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.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice had proactively sought feedback from patients and but did not have an active patient participation group.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The area where the provider must make improvements is:

- Establish arrangements for the safe management of medicines within the practice.

The areas where the provider should make improvements are:

Summary of findings

- The practice should continue to improve their appointments system and look at ways of improving the emergency appointments system to include seeking advice from outside of the practice.
- Ensure the Registered Manager is correctly registered with CQC.
- Review their policy for recruitment checks and assure this is adhered to.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- 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:

- Staff who were trained as chaperones had a clear understanding of the role. However, posters advertising that patients could request a chaperone were not displayed in all of the consulting rooms and waiting rooms.
- Medicines were stored securely in the dispensaries and treatment rooms. However, a Liquid Nitrogen container was located in a fire escape route to which the public could gain access and this had not been risk assessed.
- The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. However, one cupboard holding CDs was not constructed to the required standards and the keys to this cupboard were not held securely and whilst there were arrangements in place for the destruction of CDs, these were not being followed in a timely manner. Following our inspection the practice informed us that they had installed an additional CD safe and reviewed their policies for the management of CDs.

Blank prescriptions for use in printers were not tracked in accordance with national guidance.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed most of the patient outcomes were in line with 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.

Good



Summary of findings

- 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.

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 all 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.
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Although patients could see a GP on the same day, the appointments frequently ran up to fifty minutes behind time and patients complained that they were not kept informed of the waiting times.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available 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.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice did not have an active patient participation group (PPG).

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice had a dedicated GP for each local care home and sheltered housing with scheduled weekly visits to both.
- Home visits and urgent appointments were available for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were better than or similar to the national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 78% which was the same as the national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 95% which was better than 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.
- Patients diagnosed with diabetes received a tailored care plan and a monthly review with the local Diabetes Nurse Specialist.
- Community pharmacies could collect prescriptions for delivery.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of

Good



Summary of findings

A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 96% to 98% (CCG 93% to 97%) and five year olds from 91% to 97% (CCG 89% to 96%).

- 76% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months, which was in line 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 84%, which was better than the national average of 81%.
- 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 and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan in the preceding 12 months which was better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Counselling support services were available to patients from within the practice.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were collected between January to March 2015 and July and September 2015 and published in January 2016. 236 survey forms were distributed and 131 were returned. This represented 1% of the practice.

- 81% of patients found it easy to get through to this practice by phone which is better than the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried which is similar to the national average of 76%.
- 92% of patients described the overall experience of their GP practice as good which is better than the national average of 85%.
- 91% of patients said they would recommend their GP practice to someone who has just moved to the local area which is better than the national average of 79%.

The results showed the practice was performing better than or in line with national averages. The practice conducted regular patient surveys relating to access to appointments and acted on the responses. For example patients stated that phone lines were blocked each morning by patients requesting emergency appointments and it was difficult to get through. The practice responded by making some emergency appointments available on line, increasing the number of

phone lines and installing a queuing system which notified callers of their place in the queue. The survey also identified a need for improvements to the appointments system and at the time of inspection a new system had been in place for two weeks which gave patients access to more emergency and same day appointments.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards all of which were positive about the standard of care received, staff helpfulness and attitude and cleanliness of the practice.

We also spoke with eight patients on the day of inspection. Patients commented positively about staff saying that they were friendly, polite and caring. However patients commented negatively about the new appointments system as they were not able to get through to the practice in the mornings to make an appointment, were unable to book non urgent appointments, were sometimes kept waiting for their appointment for up to forty minutes and they were not informed which clinician they were seeing. Since our inspection the practice have made further changes to the appointments system in response to comments and complaints and have subsequently reduced the number of same day appointments and increased the number of appointments bookable up to six weeks in advance.

Areas for improvement

Action the service MUST take to improve

The area where the provider must make improvements is:

- Establish arrangements for the safe management of medicines within the practice.

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- The practice should continue to improve their appointments system and look at ways of improving the emergency appointments system to include seeking advice from outside of the practice.
- Ensure the Registered Manager is correctly registered with CQC.
- Review their policy for recruitment checks and assure this is adhered to.

Billingshurst Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager specialist adviser, a second inspector and a CQC pharmacist.

Background to Billingshurst Surgery

Billingshurst Surgery is located on Roman Way in Billingshurst, West Sussex. The practice provides services for approximately 12,923 patients living within the Billingshurst area. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England. A GMS contract is one between GPs, NHS England and the practice where elements of the contract such as opening times are standard. The practice patient population is higher than the national average amongst the 40-79 year olds. Deprivation amongst children and older people is low compared to the national averages. The local population is predominantly white British and life expectancy for men and women is similar to the national averages.

As well as a team of nine GP partners (four male and five female), the practice employs an advanced nurse practitioner, six practice nurses and three health care assistants. A practice manager is employed and supported by receptionists and administrative clerks.

The practice is a training practice for GP trainees and foundation level 2 doctors.

The practice is open between 8am and 6.30pm on weekdays. GP and nurse appointments are available between 8am and 6.30pm. Extended opening is available from Monday to Thursday evenings until 8pm.

Patients are provided information on how to access the out of hours service by calling the surgery or viewing the practice website.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury; family planning, and surgical procedures. There is an on-site dispensary.

At the time of inspection the Registered Manager was not correctly registered with the CQC. We saw evidence that the practice was in the process of resolving this issue.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 February 2016. During our visit we:

- Spoke with a range of staff (the practice manager, GP, nursing, pharmacy and administrative team) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events and outcomes were discussed in team meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

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

Medicines recalls were received by dispensary staff and an alert actioned and documented when required.

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, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were two lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to child safeguarding level 3.
- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be

vulnerable). However, we did not see any notices in the waiting room or consulting rooms advising patients that chaperones were available if required. Action was being taken to resolve this before we left the premises.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises.
- We reviewed three personnel files and found most of the appropriate recruitment checks had been undertaken prior to employment in accordance with the practice policy. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, although the policy stated that two satisfactory references were required prior to employment; we only found one reference for two of the files we checked.
- 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 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 local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

Are services safe?

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 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 the different staffing groups to ensure that enough staff were on duty.

Medicines Management

- Medicines were stored securely in the dispensaries and treatment rooms. However, a liquid nitrogen container was located in a fire escape route to which the public could gain access and had not been risk assessed (liquid nitrogen can cause asphyxiation and burns). Temperature records were available for four medicines refrigerators providing assurance that they had remained with the recommended temperature range or appropriate action had been taken.
- The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. Whilst the CDs were stored securely and access to them was restricted, one cupboard was not constructed to the required standards and the keys to this cupboard were not held securely. The practice was unable to provide assurance that regular CDs stock checks had been carried out in accordance with their policies. Whilst there were arrangements in place for the destruction of CDs they were not being followed in a timely manner. The practice informed us after inspection that they had taken action to resolve this.
- Processes were in place to check medicines were within their expiry date and suitable for use including expiry date checking. Expired and unwanted medicines were disposed of in line with waste regulations.
- The nurses used Patient Group Directions (PGDs) to administer vaccines that had been produced in line with

legal requirements and national guidance. The health care assistant administered vaccines and other medicines using Patient Specific Directions (PSDs) that were produced by a prescriber.

- All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms for use in printers and those for hand written prescriptions were stored securely. Blank prescriptions for use in printers were not tracked in accordance with national guidance.
- The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. The practice was in the process of installing a bar code scanner to minimise product selection errors within the dispensing process.

Equipment

We saw evidence of calibration of relevant equipment; for example weighing scales, and blood pressure measuring devices.

Arrangements to deal with emergencies and major incidents

Emergency medicines and equipment including oxygen were available in the practice and all staff knew of the locations. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

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

Are services safe?

- 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 8.7% exception reporting. This was 5.4% below the CCG exception reporting and 0.5% below the national average. (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 any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than or similar to the national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 78% which was the same as the national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 95% which was better than the national average of 88%.
- The practice achieved above the national average for their management of patients with poor mental health. For example, 93% of their patients with schizophrenia,

bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months which was higher than the national average of 88%.

- The practice achieved above the national average for their management of patients diagnosed with dementia who had received a face-to-face review within the preceding 12 months (91% compared to the national average of 84%).
- The percentage of patients with hypertension having regular blood pressure tests was below the national average achieving 80% in comparison with 84% nationally.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored. For example, an audit of patients prescribed particular antibiotics found that the use was higher than most other practices within the local area. One of the partners delivered an education session on appropriate use of their medicines and a second audit cycle was conducted. The outcome showed such improvement in the data that the practice shared the educational session with local colleagues.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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

Are services effective?

(for example, treatment is effective)

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 and a central training matrix ensured all staff were up to date with mandatory learning. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support 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 received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The GPs and nurses we spoke to told us they felt encouraged to take responsibility for their own learning and share knowledge with others in the practice. All staff received protected learning time.

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.

The GPs attended multi-disciplinary team meetings regularly; this included a palliative care meeting every eight weeks and attendance at a 'proactive care' meeting every

two weeks (Proactive care is a team consisting of representatives from health and social care who work together to plan care for those patients identified at risk of hospital admission and those with complex health and social care needs). We saw evidence of the minutes for both of these meetings and that care plans were routinely reviewed and updated.

Patients diagnosed with diabetes received a tailored care plan and a monthly review with the local diabetes nurse specialist as well as an annual review with one of two GP leads for diabetes.

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 through records audit. We saw examples of forms that patient were asked to sign, such as; prior to a procedure to insert or remove a contraceptive implant.

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. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective? (for example, treatment is effective)

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 96% to 98% (CCG 93% to 97%) and five year olds from 91% to 97% (CCG 89% to 96%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 11 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. The reception area was separate to the waiting room, which meant that conversations held at the reception desk could not be heard from the waiting room. The practice showed us their plans to improve the layout of the reception area to accommodate wheelchair users and to increase the level of confidentiality in the reception area itself by moving the reception desks back and creating a more controlled queueing system.

Results from the National GP Patient Survey in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of respondents said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 92% of respondents said the GP gave them enough time (CCG average 87%, national average 87%).
- 98% of respondents said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)

- 97% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 96% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 91% of respondents said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us 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, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local and national averages. For example:

- 90% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 85% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%)
- 94% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 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 and leaflets in the patient waiting room told patients how to access a number of support groups and

Are services caring?

organisations specific to the needs of the population. For example, there was information about local support groups to promote the health and wellbeing of carers available to patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice maintained a list of 199 carers, which represented 2% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

The patient's named GP is responsible for contacting the family where a patient has passed away, with follow-ups and support as required. The practice had a policy of notifying all staff when a patient died so that communication with the patient's family was sensitive and appropriate.

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 clinics on Monday to Thursdays until 8pm for 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.
- The practice had a dedicated GP for each local care home and sheltered housing with scheduled weekly visits to both.
- Counselling support services were available to patients from within the practice.
- 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.
- There were disabled facilities, baby changing facilities and translation services available. Although there was no hearing loop available, staff informed us they use written information to converse with patients who are hard of hearing.
- Patients in the waiting room were alerted to their appointment in person, by the clinicians.
- The practice was on two floors and although there was no lift, patients who had difficulty in using the stairs were offered appointments on the ground floor.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 6.30pm. There had been a recent review of the appointments system and changes had been made in response to patient feedback. Under the new system, patients who called the practice requesting a same day appointment were allocated to a duty team, which included the nurse specialist. However, patients did not find this convenient as they were

sometimes kept waiting for forty minutes and not informed which clinician they were due to see or how long the wait time was. The review of the appointments system was ongoing.

Results from the National GP Patient Survey, published January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of respondents were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 81% of respondents said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 57% of respondents said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

Repeat prescriptions could be requested online, via community pharmacy, by hand, or by letter. Community pharmacies were available to collect prescriptions for dispensing. Prescription by specific brand name was considered when continuity of the same brand was important for patient safety. Dispensary staff checked the medicines returned by a patient when they collected their next supply in order to monitor patient

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We did not see any information about the complaints procedure available in the waiting areas and there was no complaints leaflet available at reception. Reception staff said they would ask patients to put complaints in writing to the practice manager. A complaints leaflet was drafted on the day of inspection and made available at reception.

We looked at the 15 complaints received in the last 12 months and found they were investigated in detail with transparency and openness. The practice held regular

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

meetings where complaints were discussed to ensure lessons could be learnt, and action was taken as a result to improve the quality of care. For example, a patient receiving repeat prescriptions complained of a two week wait between requesting and receiving their medicines, which meant that she regularly ran out of her medicines. The delay was due to the dispensing pharmacy as they had limited resource for prescription collection and delivery.

The practice fed the information back to the patient and gave a list of alternative pharmacies, which had more regular resource for medicines delivery. The outcome was much faster medicines delivery for the patient.

The practice also had a policy of recording and feeding back positive comments from patients, most notably relating to the good care and service patients had received. Both complaints and positive comments were discussed in the practice meetings.

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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had a mission statement which was displayed in the reception area. Staff told us this could be accessed electronically.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 approachable although staff said they preferred to feedback through the practice manager, as he was more immediately available.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place and staff felt supported by the Practice Manager.

- The practice manager and partners held weekly team meetings. Meetings within each team were also held for nurses and administration staff. Nurses held monthly meetings however administration staff told us their meetings were held only on an ad hoc basis. Email communication was used between meetings to keep staff up to date. The rationale for holding smaller team meetings or communication by email was that the discussions in each area could then be tailored to the specific job roles. Staff told us this worked well and that agenda items were cascaded within the practice by the practice manager. Staff commented they had regular contact with the partners during the training days, which were attended by the entire practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, in person or by email and felt supported if they did.
- Staff said they felt respected, valued and supported.

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 surveys and complaints received. The practice conducted regular patient surveys relating to access to appointments and acted on the responses. For example patients stated that phone lines were blocked each morning by patients requesting emergency appointments and it was difficult to get through. The practice responded by increasing the number of staff available to answer phones at these times. The survey also identified a need for improvements to the

Are services well-led?

Good 

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

appointments system and at the time of inspection a new system had been in place for two weeks which gave patients access to more emergency and same day appointments.

- The practice told us their patient participation group (PPG) had lapsed but plans were in place to establish a new group. A meeting with a potential chairperson was due to take place in March 2016. The practice told us they were currently using the expertise of another PPG Chair and Treasurer in the area and held meetings with them.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Plans were underway to increase and improve the clinical space in the practice in order to accommodate a growing patient list. At the time of inspection the practice was awaiting confirmation of funding for these improvements.

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The practice did not have arrangements in place for the safe management of medicines including a risk assessment for the storage of liquid nitrogen, appropriate actions required as a result of the risk assessment, the safe storage of controlled drugs, the security of blank electronic prescriptions and appropriate action of alerts following medicines recalls. This was in breach of regulation 12(1), 12(2)(g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.