

Judges Close Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Judges Close Surgery on 1 December 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. However the practice had not undertaken an up to date health and safety risk assessment of the building and fire drills had not been undertaken on a regular basis.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Identify a designated staff member to take the lead on health and safety and ensure they have appropriate training for the role.
- Display an approved health and safety poster in a prominent position for all staff to see.

Summary of findings

- Undertake regular risk assessments of the health and safety of the premises.
- Undertake at least one practice fire drill a year and record the results.
- Check emergency drugs and equipment on a regular basis to ensure they are fit for use. Keep records of the checks undertaken.
- Ensure vaccines are stored securely at all times.
- Undertake an annual audit of infection control to ensure that infection control policies, procedures and guidance are being complied with.
- Put measures in place to improve areas of lower than average patient satisfaction as identified in the national GP survey, for example, GPs treating patients with care and concern and involving them in decisions about their care.
- Ensure practice performance against the quality and outcomes framework (QOF) improves in areas that have been identified as falling below the national and local averages. For example, the number of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months.

The areas where the provider should make improvement are:

- Establish an audit trail to demonstrate that patient safety alerts and recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) have been acted on where appropriate.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However, the practice had not undertaken an up to date health and safety risk assessment of the building and fire drills had not been undertaken on a regular basis. The practice had not undertaken an annual audit of infection control

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- 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.

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 (CCG) to secure improvements to services where these were identified. For example as part of a CCG initiative the practice had employed two care co-ordinators to support patients to access the right support for them and avoid unplanned admissions to hospital.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a patient participation group as well as a virtual group (which was communicated with by email) and both were active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Every patient over 75 had a named GP. They were offered annual health reviews including dementia screening. Carers were also invited for an annual health check.
- The practice had employed care co-ordinators who reviewed discharges from hospital on a daily basis to ensure patients had access to the right care and support at home.
- The practice held six monthly drop in sessions for older patients which provided them with access to nurses and GPs without an appointment, as well as advice from representatives from older people's support groups and the Citizens Advice Bureau.
- The practice provided flexible appointment lengths (between ten to 30 minutes as standard or longer if required) which could be co-ordinated with other services, for example phlebotomy, to avoid patients having to return to the surgery.

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.
- Practice performance against indicators for the management of long term conditions was comparable to local and national averages. For example the percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 79% compared to the clinical commissioning group (CCG) average of 78% and the national average of 78%.
- A diabetes specialist nurse from the local hospital held a monthly clinic on site for practice patients with more complex needs.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- The practice had recall systems in place to ensure all these patients had a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- 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 did not attend for immunisations.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The number of women aged between 25 and 64 who attended cervical screening in 2015/2016 was 81% compared to the clinical commissioning group (CCG) average of 84% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Toys were available for children to play with in the waiting area.
- The practice worked closely with midwives, health visitors and school nurses. A midwifery clinic was held on the practice premises on a regular basis.

Good



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 open from 7.30am until 6.45pm Monday to Friday and patients could access a range of early morning appointments with the health care assistant, the practice nurses, the phlebotomist and the GPs.
- 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 provided a text messaging service to confirm appointment times and dates.

Good



Summary of findings

- The practice provided flexible appointment lengths which could be co-ordinated with other services such as phlebotomy, to avoid patients having to return to the surgery.

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 identified patients living in vulnerable those with a learning disability.
- Longer appointments were available for patients with complex needs or a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice employed care co-ordinators who supported vulnerable patients to access the care and support they required.
- 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.

Good



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).

- The practice worked closely with the local mental health team and met weekly with the primary care mental health liaison worker. The practice had access to rapid phone support and staff could easily access relevant services.
- 90% of patients with a severe and enduring mental health problem had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 93% and the national average of 90%.
- The practice supported patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the clinical commissioning group (CCG) average of 83% and the national average of 84%.

Good



Summary of findings

- Patients with dementia were offered advance care planning and the practice worked with patients and their families to ensure their wishes were identified, for example with do not attempt cardiopulmonary resuscitation decisions. These were followed up appropriately and kept under review.
- All staff had received dementia training from a local dementia charity to improve their understanding and awareness of patient needs.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. Two hundred and twenty four survey forms were distributed and 112 were returned. This represented 1% of the practice's patient list.

- 96% of patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 77% and the national average of 73%.
- 96% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.

- 90% of patients who responded described the overall experience of this GP practice as good compared to the clinical commissioning group average of 88% and the national average of 85%.
- 86% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and 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 inspection. We received 19 comment cards and all but one was positive about the standard of care received. Patients commented that staff were always friendly and helpful and that they could always get an appointment when they needed. They were happy with the care and treatment they received.

Judges Close Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was undertaken by a CQC inspector and a GP specialist adviser.

Background to Judges Close Surgery

Judges Close Surgery is situated in the centre of the town of East Grinstead, in West Sussex. The practice serves approximately 8000 patients living in the town and surrounding areas.

There are four GP partners, three female and one male. The practice employs two practice nurses, two healthcare assistants, and three phlebotomists.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than the national average number of patients over the age of 65. There are less than the local and national average numbers of patients between the ages of 0-4, 5-14 and under 18. Income deprivation is relatively low for both children and older people.

The practice is open from 7.30am until 6.45pm Monday to Friday. Extended access is available from 7.30am in the mornings at various times for practice nurse, health care assistant, phlebotomy and GP appointments. Appointments can be booked over the phone, on line or in person at the surgery. When the practice is closed, patients are advised on how to access the out of hour's service on the practice website, the practice leaflet or by calling the practice. Out of hours calls are handled by an out of hours provider (Integrated Care 24).

The practice provides a full range of NHS services and clinics for its patients including asthma, diabetes, cervical smears, childhood immunisations, family planning and new patient checks.

The practice provides services from the following location:-

Judges Close

High Street

East Grinstead

West Sussex

RH19 3AA

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

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 1 December 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including the GPs, the practice manager, the care co-ordinators, the practice nurse and administrative and reception staff.
- Spoke with a representative from the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form that would then be completed by the practice manager.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were learned and action was taken to improve safety in the practice. For example, as a result of having to refer to their business continuity plan during a power failure the practice became aware of the fact that the phone number for NHS England identified in the plan was incorrect. Problems were also identified with the practice's end of day procedures as a result of the power failure. The practice updated its business continuity plan accordingly and revised its end of day procedure. Staff received update training to make them aware of the changes.

We discussed with the practice the process for the management of patient safety alerts and recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA). They were able to provide examples of these and how they had been dealt with. However, they did not have an audit trail to demonstrate this.

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. These arrangements 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 GP

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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three, the practice nurses were trained to child safeguarding level two and the administrative and reception staff were trained to level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy, however not all of the waste bins in the patient toilets were pedal operated in line with recommended practice. After the inspection the practice provided us with reassurance that new pedal operated bins had been ordered. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. Weekly audits of cleanliness and infection control were undertaken. However, the practice had not undertaken a more detailed annual audit of infection control which meant it had no assurance that infection control policies, procedures and guidance were being complied with.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe. 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 clinical commissioning pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, we found that medicines were not always stored safely within the

Are services safe?

practice. On the day of the inspection we found that one of the nurse consulting rooms was left unlocked while unoccupied and that the fridge for storing vaccines in that consulting room was left unlocked with the key in situ. This meant that the vaccines could be accessed by patients or unauthorised staff. After the inspection the practice provided us with reassurance that all of the consulting room doors had now been fitted with key pad locks to prevent unauthorised access.

- We reviewed four 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 DBS.

Monitoring risks to patients

Arrangements for assessing and managing risks to patients required improvement.

- The practice did not have effective procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments, however they had not undertaken regular practice fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Some risk assessments had been undertaken, for example 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). However, the practice had not undertaken a comprehensive health and safety risk assessment of the premises and did not have a health and safety representative who had been trained for the role. The health and safety policy poster was out of date and was not on display in a prominent place for staff to refer to. After the inspection the practice told us that they were seeking advice and expertise from an external provider of health and safety management.

- 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 enough staff were on duty. Administrative and reception staff had been trained to become multi-skilled so that they could cover each other's roles when required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks that were for use. 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 stored securely. However, there were no records to show that checks were undertaken by the practice on a regular basis to ensure medicines were in date. After the inspection the practice sent us an up to date policy and checklist for recording the checks undertaken of emergency medicines and equipment.

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 referral guidelines disseminated by the local clinical commissioning group. They used this information to deliver care and treatment that met patients' needs.

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 99% of the total number of points available compared to the clinical commissioning group (CCG) average of 99% and the national average of 95%. The exception reporting rate was 13% compared to the CCG average of 10% and the national average of 10%. (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 2015/2016 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 79% which comparable to the CCG average of 78% and 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 86% which was comparable to the CCG average of 91% and the national average of 89%.
- The practice performance for management of patients with poor mental health was comparable to the local and national averages. For example, 90% of patients

with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months compared to the CCG average of 92% and the national average of 88%.

- The practice performance for the management of patients diagnosed with dementia was below local and national averages. For example 77% of these patients had received a face-to-face review within the preceding 12 months compared to the CCG average of 85% and the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the local and national averages achieving 81% in comparison with the CCG average of 83% and the national average of 84%.
- There was evidence of quality improvement including clinical audit.
- There had been nine clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved recording and compliance with consent procedures and medication for minor procedures.

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

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, equality and diversity, 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 and their intranet 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 on-going 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 monthly 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.

- 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 patient records audits.

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 and smoking and alcohol cessation. Patients were signposted to the relevant service which included well-being clinics and services provided by the local authority.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the national average of 81%. There was a policy to offer phone reminders for patients who did not attend for their cervical screening test. There were appropriate 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. The percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years was 77%, which in line with the CCG average of 72% and the national average of 72%. The percentage of patients between the ages 60 and 69 years old of who had bowel screening in the preceding 30 months was 63%, which was in line with the CCG average of 63% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to clinical commissioning group (CCG)/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 58% to 93% (68% to 96% CCG and 73% to 95% nationally) and five year olds from 57% to 90% (68% to 96% CCG and 83% to 95% nationally).

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.

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.

- Privacy screens 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 19 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.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 85% of patients who responded said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%

- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 98% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

However;

- 78% of patients who responded said the last GP they spoke to was good at treating them with care and concern which was lower than the CCG average of 87% and the national average of 85%.

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. We also saw that care plans were personalised.

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 variable compared with local and national averages. For example:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

However;

- 77% of patients who responded said the last GP they saw was good at involving them in decisions about their care which was lower than the CCG average of 84% and the national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- There was a hearing loop for patients with a hearing difficulty.
- For patients with learning disabilities information letters were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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 on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 370 patients as carers (4% of the practice list). Written information was available to direct carers to the various avenues of support available to them including the local carers support organisation. The practice had also employed two care coordinators and part of their role was to support carers and help them access the right information and services.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, as part of a CCG initiative the practice had employed two care co-ordinators to support patients to access the right support for them and avoid unplanned admissions to hospital.

- For working patients who could not attend during normal opening hours the practice was open from 7.30am until 6.45pm Monday to Friday. Patients could access a range of early morning appointments with the health care assistant, the practice nurses, the phlebotomist and the GPs.
- The practice provided flexible appointment lengths (between ten to 30 minutes as standard or longer if required) which could be co-ordinated with other services, for example phlebotomy, to avoid patients having to return to the surgery.
- 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 same day consultation.
- There were disabled facilities, a hearing loop and translation services available. For patients with a learning disability information letters were available in easy read format.
- The practice had a wheelchair on the premises for patients who had mobility difficulties.

Access to the service

The practice was open from 7.30am until 6.45pm Monday to Friday. Extended access was available from 7.30am in the mornings at various times for practice nurse, health care assistant, phlebotomy and GP appointments. Appointments could be booked over the phone, on line or in person at the surgery. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 73% of patients who responded were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 96% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example in a summary leaflet and on the practice's website.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a business plan which reflected the vision and values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There were structures and procedures in place which 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 was used to monitor quality and to make improvements.
- However arrangements for identifying, recording and managing risks, issues and implementing mitigating actions required improvement. For example, in relation to health and safety, and infection control.

Leadership and culture

On the day of 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 ensure compliance with 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment. The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

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

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 its patient participation group (PPG) and its virtual patient participation group (VPRG) (A VPRG is a group of patients who have agreed to be participate through email communication rather than attending meetings) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in response to feedback from the PPG the practice now had toys in the waiting area for children to play with while they were waiting.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, as a result of a suggestion put forward by a receptionist, the practice had implemented a more effective system for tracking the use of blank prescription stationery for use in printers. 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, in partnership with three other local practices, the local community trust, the county council, the mental health trust and ambulance trust the practice was part of the national 'Primary Care Home' initiative. The initiative

Are services well-led?

Good 

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

aimed to develop sustainable GP and community services with improved access for the local population and to help people stay well by putting in place more prevention and well-being services.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety to patients and staff. They had not undertaken a health and safety risk assessment of the premises and the workplace. The provider did not have clear arrangements in place for the management of health and safety. The provider had not undertaken annual fire drills where the results were recorded.</p> <p>The provider did not have arrangements in place for the safe storage of medicines.</p> <p>It was unable to demonstrate that it regularly checked that emergency medicines and equipment were safe for use.</p> <p>The practice had not undertaken annual audits of infection control to ensure that infection control policies, procedures and guidance were complied with.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>