

Old Road West Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Old Road West Surgery on 28 October 2015. 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 there was an effective system for reporting and recording significant events.
- 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 generally 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.
- Most risks to patients were assessed and well managed, although some risks in relation to the premises were not formally recorded and assessed and not all recruitment checks for staff had been undertaken.
- 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.

However, there were also areas of practice where the provider needs to make improvements.

Summary of findings

The provider must:

- Ensure that the fire safety arrangements for the premises include processes and systems to identify, record, assess, monitor and address all identified risks.
- Ensure that the arrangements for managing medicines include a process to monitor the allocation of blank prescription forms throughout the practice.

- Ensure that the arrangements for the management of infection prevention and control include systems and processes to identify, record, assess, monitor and address all identified risks.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

The provider should:

- Review the appraisal arrangements for nurses in relation to their clinical roles.

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 for reporting, recording and monitoring incidents, accidents and significant events.
- Lessons were shared to help ensure action was taken to improve safety in the practice.
- The practice had systems and processes to keep patients safe and safeguard them from abuse.
- Not all recruitment checks for staff had been undertaken when employed by the practice.
- Although most 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. This included risks in relation to fire safety and infection prevention and control.
- The management of medicines did not include a system to monitor and track the blank prescription forms allocated to staff.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- 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, although nursing staff did not receive an appraisal from the GPs.
- Staff worked with multi-disciplinary teams 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 showed that 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 that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the clinical commissioning group to review and make improvements to services where these were identified. For example, in providing support for patients newly diagnosed with diabetes.
- Patients told us and comment cards indicated, that they were able to get appointments when they needed them and urgent appointments were 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and where appropriate, changes made as a result.

Good



Are services well-led?

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

- The practice had a clear vision and strategy, including written aims and objectives to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and manage risks, although some risks were not always formally assessed.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was 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 patient population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There were arrangements to help avoid older patients being admitted / attending hospital unnecessarily.

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.
- Longer appointments and home visits were available when needed.
- The practice supported and encouraged patients to manage their own long-term conditions and provided specific health promotion literature and information about additional support and advice.
- For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Good



Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children on the child protection register. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had dedicated and extended appointments available for new mother and baby checks.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses when required.

Good



Summary of findings

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 patient 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.
- Students were able to register with the practice as temporary patients when on leave from college / university.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected 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 those with a learning disability and offered longer appointments for these patients.
- The practice proactively supported local care homes with patients who were vulnerable and included those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It provided information for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were 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 provided in-house counselling services and had access to a psychiatrist and community psychiatric nurse services.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice provided information for patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line, or in some areas, better than the local and national averages. There were 275 survey forms distributed and 106 were returned. The results showed;

- 83% said they would recommend this practice to someone new to the area compared to the clinical commissioning group (CCG) average of 72% and the national average of 77%.
- 73% found it easy to get through to this practice by phone compared to the CCG average of 66% and the national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 91% said the last appointment they got was convenient compared to the CCG and national averages of 91%.

As part of our inspection, we also requested that CQC comment cards were completed by patients prior to our inspection. We received 52 completed cards, the majority of which contained positive comments and indicated that patients felt the practice offered an excellent service, that they were treated with dignity and respect and that the staff were efficient, helpful and caring. There were two less positive comments that mainly related to difficulties in getting routine appointments.

We spoke with five patients during the inspection, who told us that they were happy with the care they received and thought that staff were approachable, committed and caring. We also spoke with members of the patient participation group (PPG) who told us the practice supported patients to express their views and encouraged regular feedback and comments to help improve the services provided.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that the fire safety arrangements for the premises include processes and systems to identify, record, assess, monitor and address all identified risks.
- Ensure that the arrangements for managing medicines include a process to monitor the allocation of blank prescription forms throughout the practice.

- Ensure that the arrangements for the management of infection prevention and control include systems and processes to identify, record, assess, monitor and address all identified risks.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

Action the service **SHOULD** take to improve

- Review the appraisal arrangements for nurses in relation to their clinical roles.

Old Road West 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 second CQC inspector, a GP specialist advisor, and a practice manager specialist advisor.

Background to Old Road West Surgery

Old Road West Surgery provides medical care from 8.30am to 6.30pm Monday to Friday, although patients are able to contact the practice from 8.00am and throughout the day by telephone. The practice is situated in the town of Gravesend in Kent and provides a service to approximately 11,750 patients in the locality.

Routine health care and clinical services are offered at the practice, led and provided by the GPs and nursing team. The number of patients registered below the age of 65 is comparable to the local and national averages. However, there are more patients registered over the age of 65 than both the local and national averages. The number of patients recognised as suffering deprivation within this practice boundary, including income deprivation, is lower than the national average, although it is comparable to the local average for the clinical commissioning group (CCG) area.

The practice has three female and three male GP partners, four female practice nurses, and a female health care assistant. There are a number of reception, secretarial and administration staff, as well as a practice manager.

The practice does not provide out of hours services to its patients and there are arrangements with another provider (South East Health / NHS 111) to deliver services to patients when the practice is closed. The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Services are delivered from:

30 Old Road West

Gravesend

Kent. DA11 0LL.

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. This 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.

This provider had not received a comprehensive inspection before and that was why we included them.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 October 2015.

Detailed findings

During our visit we;

- Spoke with a range of staff including three GPs, a practice nurse, two members of the administration team and the practice manager.
- Spoke with five patients who used the services at the practice.
- Reviewed comment cards where patients shared their views and experiences of the services provided.

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 are provided for specific groups of people and what good care looks 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 for reporting and recording significant events. Staff said they would inform the practice manager of any incidents in the first instance and there was also a recording form available on the practice's computer system. A comprehensive log was kept to monitor all significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared with staff to help ensure actions were taken to improve safety in the practice. For example, a new protocol and system had been implemented to re-call patients for further treatment following an incident where routine follow-up injections for a specific medical condition had been overlooked.

The practice offered an apology to patients when things went wrong and also carried out an analysis of significant events to identify any further actions that would help prevent similar incidents happening again.

The practice had a process for managing national patient safety alerts. These were forwarded on the computer to the GPs and nursing team for clinical matters and other staff as necessary.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and these included:

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The practice had policies and procedures that were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, including a named lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary to other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained in child safeguarding to level 3.
- Notices were displayed advising patients that staff would act as chaperones if required. All staff who acted as chaperones were trained for the role and undergone

a disclosure and barring check (DBS). (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, the practice did not always undertake its own DBS checks and relied on evidence of checks completed by previous / other employers, that had been provided to the practice by members of staff.

- The practice had an infection control policy and staff had received up-to-date training. There was a named lead for infection control and the practice nurses all retained responsibility for infection control in their respective clinical areas. However, daily records were not kept to identify the cleaning activity that took place in these areas, for example, the frequency and cleaning methods used in the treatment rooms by the nursing staff.

We observed the premises to be generally clean and tidy, although some areas were seen to be in a poor decorative condition, for example, the patients' toilet. Infection control audits had not been undertaken to identify where improvements were required to maintain effective cleaning in the prevention and spread of infection and where issues needed to be addressed. The practice used disposable privacy curtains in the treatment rooms and although they appeared clean, some had labels attached that indicated they had not been changed since July 2013, whilst other disposable curtains had no labels attached to show when these had last been replaced. The practice had cleaning schedules to identify the domestic cleaning activity undertaken, although these did not identify the frequency and methods used to clean the fabric covered chairs and window curtains in the treatment rooms.

- There were arrangements for managing medicines, including emergency drugs and vaccinations, that kept patients safe (including obtaining, prescribing, recording, handling, and security / storage). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank / unused prescription forms were securely stored, although the serial numbers of prescription forms were not recorded when allocated to

Are services safe?

staff and could not, therefore, be monitored and tracked through the practice. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files and found that recruitment checks had not always been undertaken prior to employment. For example, a criminal record check via the Disclosure and Barring Service (DBS) had not been undertaken for one of the practice nurses, although records of a DBS check undertaken by a previous / other employer was available. Checks of professional registration had been recorded where appropriate and other pre-employment checks, such as references, had been obtained for a new member of staff.

Monitoring risks to patients

The practice had systems and processes to keep patients and others safe, which included:

- There was a health and safety policy available for staff guidance and information was displayed. The practice had an up-to-date fire policy that identified the fire safety arrangements within the practice and the fire safety equipment was maintained by a specialist contractor. However, a fire risk assessment of the premises had not been undertaken and regular fire drills for staff were not carried out.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

had also carried out risk assessments, such as a premises risk assessment to identify any safety issues that required further action, as well as a legionella risk assessment.

- There were arrangements for planning and monitoring the number 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.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents and these included;

- A system to alert staff to any emergency in the consultation and treatment rooms.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 business continuity plan 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 patients' 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. There were systems to help ensure all clinical staff were kept up-to-date and that the information was shared appropriately, and used to develop how care and treatment was delivered to meet needs. For example, the practice had developed a standard template and prepared a health information / assessment pack to support patients who had been newly diagnosed with diabetes. They were also referred to attend a one day educational and diabetes self-management course at the local hospital.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 95% of the total number of points available, with 4.9% overall exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed;

- Performance for diabetes related indicators was better than national averages in all indicators. For example, 93% of patients with diabetes had received a foot examination in the last year, compared to the national average of 88%.
- The percentage of patients tested for atrial fibrillation in the last year who received treatment was 99%, compared to the national average of 98%.
- Performance for mental health related indicators was similar to the national average. For example, 89% of patients with mental health problems were asked about their alcohol consumption and this was recorded, compared to the national average of 88%.

Clinical audits demonstrated quality improvement;

- There had been five clinical audits completed in the last two years, of which three 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 a review of the process for ensuring that all tissue samples were sent for histology / testing following minor surgery.
- The practice participated in applicable local audits, such as medicine prescribing, to monitor that national guidelines and best practice in prescribing regimes were followed.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 was kept up-to-date for relevant staff, for example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Staff received training that included safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- All GPs were up to date with their yearly appraisals. There was a system of annual appraisal for all other members of staff and records showed that appraisals had been undertaken within the last 12 months. This included a training needs assessment and identified areas of personal development for all staff. Practice nurses received a formal appraisal with a non-clinical member of staff, although they received on-going support and supervision from the GPs through discussions, clinical sessions and meetings.

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 the computer intranet system and included;

Are services effective?

(for example, treatment is effective)

- Care plans and risk assessments, medical records, 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 people 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.

There were regular multi-disciplinary meetings with other providers that took place at least every three months. The meetings were attended by community nurses, social workers, and health visitors who attended to review any child protection concerns or risks. Patient care plans were routinely reviewed and updated to identify decisions taken about care and treatment pathways.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance, including;

- The practice had a consent policy that governed the process of consent and provided guidance for staff. The policy described the various ways patients were able to give their consent to examination, care and treatment, as well as how consent should be recorded. For example, consent forms for surgical procedures were used and scanned into the computerised patient records.
- 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, assessments of capacity to consent were also carried out in line with relevant guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support, which included;

- Patients in the last 12 months of their lives who required specialist palliative care, patients who were also carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were provided with relevant advice / information and signposted to the relevant services.
- A counsellor was available in the practice to support patients with mental health needs, as well as direct access to a community mental health specialist team.
- The practice offered smoking cessation clinics and staff had received additional training to provide support to patients who wished to stop smoking and the success rate averaged between 68% and 70%.

The practice had a system to help ensure results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 95%, which was better than the national average of 81%. There was a system to follow-up non-attendance for cervical screening tests. The practice also encouraged its patients to undertake national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to or better than the clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 100% and five year olds from 95% to 98%. Flu vaccination rates for the over 65s were 70%, and at risk groups 49%. These were also comparable to national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients, who were treated with dignity and respect, and we saw that;

- Curtains were provided in consultation and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff offered patients a separate room to discuss sensitive issues or if they wished to speak privately with staff.

We spoke with five patients on the day of our inspection, who told us they were satisfied with the care provided and that the practice was caring and understanding of their needs. They also told us the staff were helpful, and treated them with dignity and respect.

Patients had also completed comment cards prior to our inspection, to tell us what they thought about the practice. We received 52 completed cards, the majority of which contained positive comments and indicated that patients felt the practice offered an excellent service, that they were treated with dignity and respect and that the staff were efficient, helpful and caring. There were two less positive comments that related to difficulties in getting routine appointments.

We also spoke with five members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said that the feedback they received from patients showed that dignity and privacy was respected by staff within the practice.

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

- 91% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and national average of 88%.
- 99% said the nurses gave them enough time compared to the CCG average of 92% and national average of 91%.

- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 93% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 91% and national average of 91%.

Care planning and involvement in decisions about care and treatment

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

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 92% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG and national averages of 89%.
- 86% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages of 84%.

Patient and carer support to cope emotionally with care and treatment

Information leaflets, posters and notices were displayed in the patient waiting areas that provided contact details for specialist groups offering emotional and confidential support to patients and carers. For example, counselling services and bereavement support groups. The comment cards completed by patients prior to the inspection also highlighted that staff responded compassionately when they needed help and provided support when required.

Are services caring?

The practice's computerised patient records system alerted GPs if a patient was also a carer. There was a range of information available for carers to help ensure they understood the various avenues of support available to them.

Staff told us that if patients suffered bereavement, the GP contacted them to offer support and advice. A consultation visit would also be offered and arranged to suit the patients' needs, if required. The practice website also contained information and advice in relation to bereavement support for patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was responsive to patient's needs and services were reviewed and planned to take into account the needs of different patient population groups, to provide flexibility, choice and continuity of care. For example;

- The practice had expanded existing clinical roles and duties to meet the increasing demand for health care services for patients with diabetes.
- Students were able to register at the practice as temporary patients during college / university breaks when they returned home.
- Patients were offered a choice of health care provider under the 'Choose and Book' referral system.
- Longer appointments were available for patients who needed them, such as patients with complex needs and those with a learning disability.
- Home visits were available for older patients, those who were housebound, and those living in local care homes.
- Urgent access appointments were available for children and those with serious medical conditions.
- Patients with mobility issues were accommodated at the practice, including wheelchair and step-free access to the building and disabled parking. The reception desk did not have a lowered area to accommodate patients in wheelchairs, although staff described how they would come out from behind the reception area to speak to patients if required.
- Translation services were available on request for patients who did not speak English.

Access to the service

The practice was accessible to patients by telephone from 8am and offered appointments from 8.30am to 11.30am and 2.30pm to 6.30pm Monday to Friday. Routine and pre-bookable appointments were available. Telephone consultations were also offered on a daily basis as well as urgent appointments that were available each day for patients who needed them.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and the comment cards completed prior to the inspection aligned

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

- 91% said the last appointment they got was convenient compared to both the clinical commissioning group (CCG) and national averages of 91%.
- 73% said they could get through easily to the surgery by phone compared to the CCG average of 66% and national average of 73%.
- 60% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 64%.

Listening and learning from concerns and complaints

The practice had an effective system for handling complaints and concerns. These included;

- A complaints policy and procedure that was 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, details about the procedure were displayed and a summary complaints leaflet available in the practice. Details were also on the practice website and included in the patient information booklet.

We looked at three complaints received in the last 12 months and found that these had been satisfactorily investigated and dealt with in a timely way and in accordance with the practice policy. The outcomes had been clearly documented, including the follow-up actions taken by the practice, the findings had been shared with the complainants and apologies were offered where appropriate. The practice reviewed complaints and discussed them regularly with staff, to learn and identify ways to help avoid similar incidents happening again. Actions were taken as a result to improve the quality of care. For example, the system for obtaining blood test results had been reviewed and revised to include a reminder for follow-up with the phlebotomy service.

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 statement of purpose and a 'practice ethos' that was included on the practice website, which set out the practice aims and objectives. When speaking with staff, they demonstrated an understanding of their roles and responsibilities in helping to ensure the practice achieved its aims and objectives and felt they contributed to the overall quality of care that patients received.

Governance arrangements

The practice had an overarching leadership structure that governed activity and supported the delivery of good quality care and treatment for patients. This included;

- A clear staffing structure and staff awareness of their own roles and responsibilities.
- Practice specific policies that were available and accessible to all staff that had been reviewed and updated where necessary.
- A system to demonstrate and monitor the performance of the practice and to provide comparisons to both local and national performance indicators.
- A system of reporting and analysing incidents and learning from these.
- GPs were up-to-date with their professional development needs for revalidation and there was a system of appraisal for all staff.
- A system of continuous clinical audit was used to monitor quality and safety and to make improvements in relation to patient outcomes.
- The practice had systems to identify risks, although some risks had not been formally assessed, for example, in relation to the fire risk assessment for the premises.

Leadership, openness and transparency

The GP partners had the experience, capacity and capability to run the practice and ensure high quality care. They advocated and encouraged an open and transparent approach in managing the practice and leading the staff team. Staff we spoke with told us they felt there was an open culture, that management and the GP partners were

approachable and that they felt supported and able to raise any concerns they had. They said there was a good sense of team work within the practice and communication worked well.

There was a clear leadership structure and this included;

- The practice held regular staff meetings and all staff were involved in discussions about how to run and develop the practice.
- Staff told us they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the services offered to patients.

When there were unexpected or unintended safety incidents, the practice offered support, truthful information and an apology to those affected, where appropriate. Written records were kept of correspondence and verbal interactions.

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;

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, proposals to make improvements to the car park and entrance to the practice had been implemented to improve access for disabled patients and visitors. This included a disabled parking area, a mobility ramp and handrails leading to the entrance door.
- The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, changes had been made to the messaging system for GPs following feedback from administration staff.

Are services well-led?

Good 

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

The practice also promoted training and development, especially in relation to extending its role as a training practice in supporting and developing new trainee GPs.

One of the partners was a GP trainer and an additional GP joining the practice was also a GP trainer. The practice also offered six week placements to final year medical students to gain experience of general practice.

Other staff benefitted from learning and development opportunities, including support for administration staff to achieve formal qualifications in relation to their roles. The health care assistant had also been supported by the practice to achieve a degree in health and social care.

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:</p> <p>Care and treatment was not provided in a safe way for service users to ensure that the premises were safe to use for their intended purpose and used in a safe way, because the provider did not have appropriate fire safety arrangements for the premises;</p> <p>AND</p> <p>Care and treatment was not provided in a safe way for service users in the proper and safe management of medicines, in accordance with policies and procedures that were in line with current legislation and guidance, because the provider did not have appropriate arrangements for monitoring the use of prescription forms;</p> <p>AND</p> <p>The provider did not have suitable arrangements for assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated, in accordance with the Department of Health Code of Practice and related guidance.</p> <p>Regulation 12 (1)(2)(d)(g)(h)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider did not have established recruitment procedures that operated effectively to ensure that information was available in relation to each person</p>

This section is primarily information for the provider

Requirement notices

employed for the carrying on of the regulated activities, because there was insufficient documented information in relation to the recruitment checks undertaken for staff employed, including Disclosure and Barring Service (DBS) checks, as specified in Schedule 3, and the risks had not been assessed in relation to this.

Regulation 19(3)(a) – Schedule 3