

Forest End 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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Forest End Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	19

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Forest End Surgery on 14th July 2015.

Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to medicine fridges.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- 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.
- 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.

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

Importantly the provider must:

- Ensure action is taken when the medicine fridge temperatures are outside of the appropriate range.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement.

Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

We found that the temperature of the medicine fridge had exceeded the recommended range. Staff had not reported this or dealt with it according to the practice policy. This meant the efficacy of the medicines could not be guaranteed.

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 referred to guidance from the National Institute for Health and Care Excellence and used it routinely.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

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. 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

It 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.

Patients said they found it relatively easy to make an appointment 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. 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 other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.

The telephone triage allowed for quick assessment, often avoided the need for a face to face consultation, or allowed investigations to be carried out prior to an appointment.

All patients were able to be seen in ground floor consulting rooms. Patients were able to book an appointment at a practice closest to them whenever appropriate.

The practice has e-prescribing, simplifying and speeding the process of delivery of medications to elderly patients.

The practice was responsive to the needs of older people, and offered home visits and urgent access appointments for those with enhanced needs. The practice had employed paramedics who were able to visit patients at home, assess and provide urgent treatment if necessary.

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. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Administration of all long term conditions was managed by a dedicated administration team who arranged recall appointments and daily clinical reminders to all members of the clinical team.

Patients had routine blood tests and monitoring carried out in appointment slots and results were monitored by nurse practitioners trained for each condition.

The practice identified all patients with pre-diabetes and gave them written information and arranged annual reviews through the recall system.

Good



Summary of findings

Specialist nurses and the paramedics provided domiciliary care to patients in this group.

Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Staff were trained to appropriate levels of safeguarding.

The practice has engaged with Head Teachers at local schools to discuss health related issues.

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 proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Telephone consultations were available and if an appointment was needed it could be timed to suit the patient.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It offered longer appointments for people with a learning disability.

Good



Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

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 regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Patients with complex needs have a note on their record to ensure they are allocated double appointments.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on showed the practice was performing in line with local and national averages. For example;

- 89% find the receptionists at this practice helpful compared with a CCG average of 89% and a national average of 87%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.
- 89% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.

- 75% describe their experience of making an appointment as good compared with a CCG average of 81% and a national average of 73%.
- 66% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 59% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. .

Areas for improvement

Action the service MUST take to improve

The provider must:

- Ensure action is taken when the medicine fridge temperatures are outside of the appropriate range.

Forest End Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Forest End Surgery

The Forest End Surgery is a large practice serving the health needs of approximately 20,500 patients.

The practice team consists of seven GP partners and six salaried GPs. There are 17 nurses.

The practice is a registered teaching practice with one GP registrar in place at present

GPs and nursing staff are supported by an administration and reception team totalling 51 non-clinical staff.

The practice has recently completed a merger with the Waterbrook practice.

There are two branch practices which are;

Waterlooville Health Centre, Dryden Close, Waterlooville, PO7 6AL, and

Aintree Drive Surgery, 1 Aintree Drive, Waterlooville, PO7 8NE

We inspected the location at Forest End, Waterlooville, PO7 7AH.

The opening hours are Monday to Friday 8am to 6.30pm. Extended hours opening is from 7.20am to 8am Tuesday and Friday and 6.30pm to 7.30pm Monday and Wednesday. The practice is also open on the second Saturday of each month from 8.20am to 12pm.

Out of hours services are provided by the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. Organisations included the local Healthwatch, NHS England, and the clinical commissioning group.

We asked the practice to send us some information before the inspection took place to enable us to prioritise our areas for inspection. This information included; practice policies, procedures and some audits. We also reviewed the practice website and looked at information posted on NHS Choices.

During our visit we spoke with a range of staff which included GPs, nursing and other clinical staff, receptionists, administrators, secretaries and the practice manager. We

Detailed findings

also spoke with five patients who used the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the practice before and during our visit.

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 include:

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

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and the practice carried out an analysis of any significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, two recorded incidents of clostridium difficile had been investigated and responded to appropriately and in a timely manner and alerts had been placed on the patient records to notify GPs of the potential risk to these patients. A clostridium difficile infection is a type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) e-form to report patient safety incidents.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for

safeguarding children and vulnerable adults. The GPs attended safeguarding meetings. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were 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 also had a variety of other risk assessments and checks in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were

Are services safe?

designed to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

However, we noticed that the fridge used to store vaccinations had exceeded its required operating temperature of between 2-8 degrees Celsius. If the temperatures are outside of this range then the usefulness of the vaccine may be affected. We noticed the temperature had been recorded as 11 degrees on 2 July and the 3 July. We saw no evidence the fridge thermometer was reset on both days and saw no evidence of this reading being reported or investigated. This meant the vaccines could have been outside the maximum storage temperature of 8 degrees by two days. The policy was basic and did not provide guidance for staff where minimum / maximum temperatures had fallen outside the recommended range. There were gaps for temperature recordings for some of the days the practice was open. We

immediately raised this concern with the lead GP as patients may have been affected by this. The practice informed us that they took immediate steps to commence an investigation and for action to be taken.

Arrangements to deal with 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, including oxygen, available in the treatment room. The practice had a defibrillator available on the premises. 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 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 carried out assessments and treatment in line with current evidence based guidance and standards, including the National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet the needs of its patients. The practice monitored that these guidelines were followed through risk assessments, clinical and non clinical audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and details of its performance against national screening programmes to monitor outcomes for patients. Current results were 99.8% of the total number of points available, with exception reporting of 6.2%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed;

- Performance for diabetes related indicators was above the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and national average.
- Performance for mental health related indicators was slightly above the CCG and national average.
- The dementia diagnosis rate was above the CCG and national average.

Clinical audits were regularly carried out to demonstrate quality improvement and all relevant staff were involved to improve care, treatment and patient outcomes. Records of clinical audits completed showed improvements were made and monitored. The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, we saw a completed audit cycle which showed 250 patients needed their blood pressure medication changed. Following the first audit 80

patients had not had a review. The second audit showed there were now only 20 patients who had not had their medication changed and this was because they had declined the change.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered topics including safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs. This included support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support. All staff had received an appraisal within the previous 12 months.
- Records showed all staff had received training that included safeguarding vulnerable adults and children, fire procedures, basic life support, infection control 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 test results.

NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services including social workers and community nursing teams to meet the range and complexity of patients needs and to assess and plan future care and treatment. This included when patients were referred to other services, or after discharge from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with the Gillick competency framework. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. Signed consent was obtained for medical procedures including the fitting of coils.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.3%, which was comparable to the national average of 81.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.7% to 98.8% and five year olds from 94.4% to 99.3%. Flu vaccination rates for the over 65s were 65%, and at risk groups 77.8%. These were higher than the CCG and 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 throughout the inspection that members of staff were courteous, respectful and helpful to patients at the reception desk and on the telephone.

We saw that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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 28 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a fantastic service and staff were helpful, friendly and caring and treated them with dignity and respect. We also spoke with four members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients highlighted that staff responded compassionately when they needed help and provided support when required. Some patients explained that they may have to wait in order to see a GP of their choice but we saw that patients were always able to get on the day urgent appointments with any GP or a telephone consultation if that was needed.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. These results were similar to the national average but sometimes fell below the CCG average. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 86% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%

- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. There was a hearing loop but this was not advertised.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations including a bereavement care group.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 20.6% of the practice list had been identified as carers and were being supported, for example,

Are services caring?

by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice offered early bird appointments on a Tuesday and Friday morning from 7.20am - 8am for working patients who could not attend during normal opening hours.
- The practice also offered late evening appointments on Monday and Wednesday from 6.30pm - 7.30pm.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who may not be able to access the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice has a first responder paramedic to assess patients conditions in order to further request a GP or refer direct to emergency medical services.
- There were disabled facilities, hearing loop and translation services available.
- The practice had identified a need for female contraception services, including coil fitting and this service was now offered to patients.

Access to the service

The practice was open Monday to Friday and on one Saturday each month. Appointments were from 8am to 6.30pm every day. Extended hours surgeries were offered on a Tuesday and Friday morning from 7.20am - 8am and Monday and Wednesday from 6.30pm - 7.30pm. the practice was also open on the second Saturday of every month from 8.20am - 12.00pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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 people we spoke to on the day were able to get appointments when they needed them. For example:

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 90% and the national average of 85%
- 75% patients described their experience of making an appointment as good compared to the CCG average of 81% and national average of 73%. However, since this last patient survey the practice has introduced a new telephone triage and appointment booking service for patients and this survey may not reflect current patient experiences.
- 66% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint. This information was easily accessible in the practice and on the website.

We looked at complaints received in the last 12 months and found they were all investigated and responded to in a timely manner. The practice identified any trends or common themes and held quarterly meetings to address any issues. For example we saw evidence that showed access to appointments was a common complaint theme. The practice has introduced a new telephone system and a new method of dealing with urgent appointments. It was too early to say whether this has had an impact.

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 mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had recently completed a merger with another practice and demonstrated to us they did this with the best interests of patients. The patient participation group explained that they had been involved in the merger as a discussion group.

Governance arrangements

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

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

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Regular team meetings were held, including clinical discussions. We noted that the practice held full staff meetings every six weeks and team away days

annually. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, 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. 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. 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.

The practice had also 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. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was approved for GP student training. This meant that fully qualified doctors may spend time with the practice as part of their preparation to become general practitioners.

The practice had created a Forest End Surgery 'tree'. This is where all information is available to all staff on the intranet. This was clear and easy to use and the staff we spoke with found it extremely useful and beneficial in all aspects of their roles.

The practice took time out every six to nine months to discuss with all staff how they could work better. The practice has employed a paramedic to carry out home visits and also an in house nurse. The paramedic is available to carry out urgent home visits in case of a need to access emergency medical services and the nurse is available to carry out nursing tasks within a patients home.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12(2)(g) The proper and safe management of medicines.
Maternity and midwifery services	Staff did not follow policies and procedures about managing medicines.
Surgical procedures	The provider did not ensure that correct procedures were followed when medicines fridges exceeded their approved operating temperature.
Treatment of disease, disorder or injury	