

Abbey Medical Practice

Quality Report

95 Monks Road
Lincoln
Lincolnshire
LN2 5HR
Tel: 01522 530334
Website: www.abbeymedicalpractice.co.uk

Date of inspection visit: 31 May 2016
Date of publication: 26/07/2016

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 Abbey Medical Practice on 31 May 2016. 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. However we found that the incident process that the practice had in place had not been adhered to.
- Risks to patients were not fully assessed and well managed.
- The practice was clean and tidy and an infection control audit had been completed.
- Data showed patient outcomes were in line with or above national averages.
- Audits had been carried out that were driving improvements to patient outcomes.
- Patients said they were treated with compassion, dignity and respect.
- The practice had a number of policies and procedures to govern activity, which had been reviewed.
- Safety alerts were received and forwarded to staff in the practice to action as necessary.
- Portable appliance testing had been carried out and equipment had been calibrated and checked.
- Patients were able to get an appointment on the day and were happy with the appointment system and availability.
- Staff said they felt respected, valued and supported.
- All staff that were chaperoning had completed the chaperone training however some staff felt that refresher training would be appropriate.
- Emergency equipment and medicines were available however some of these were found to have expired.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Policies

Summary of findings

were in place and training had been undertaken however flagging up of alerts for safeguarding vulnerable adults and children and carers was not always correct or in place.

- There was no robust system in place for the monitoring of high risk drugs, such as methotrexate and lithium. Records did not show an alert that these patients needed monitoring and we saw that patients had not been monitored as required.

The areas where the provider must make improvements are:

- Ensure processes for reporting, recording, acting on and monitoring significant events, incidents and near misses including non-clinical are robust and implemented for all staff to follow.

- Ensure emergency equipment and medicines are monitored and expiry dates are checked.
- Review the current system for the flagging up of alerts for safeguarding vulnerable adults and children and carers and ensure that outstanding safeguarding concerns have been followed up effectively.
- Implement a robust system for monitoring high risk drugs.

In addition the provider should:

- Have a robust system in place to ensure that patients are safeguarded from abuse and improper treatment, including documented discussions with the health visitors regarding children at risk.

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.

Requires improvement



- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Policies were in place and training had been undertaken however flagging up of alerts for safeguarding vulnerable adults and children and carers was not always correct or in place.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Risk to patients who used services were assessed such as health and safety and fire.
- Emergency drugs and equipment were in place and we saw that they were checked however expiry dates were not checked and we found items that had expired.
- All staff had a DBS check in place, including those that were chaperoning.
- There was no robust system in place for the monitoring of high risk drugs, such as methotrexate and lithium. Records did not show an alert that these patients needed monitoring and we saw that patients had not been monitored as required.
- Blank prescription pads and prescription forms were securely stored and there were systems in place to monitor their use. Doors to rooms were locked when not in use.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were higher compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been completed to demonstrate 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.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs although multi-disciplinary meetings were not minuted.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with CCG and national averages 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment and that if an appointment was not available one of the GPs would telephone.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

- There was clear leadership and a structure clinically and staff said they felt supported by the partners. The practice was going through a period of transition as the long standing senior partner had recently retired.
- The practice held practice meetings which were minuted however there was clinical meetings were not always minuted.
- The practice had sought feedback from patients and the patient participation group was active in looking at ways to improve the practice.
- The practice was a training practice for Foundation Year Doctors and we saw evidence that they were well supported.

Good



Summary of findings

- The practice had an overarching governance framework.
- The practice had a number of policies and procedures to govern activity however these were not been adhered to for example the policy for incident reporting included a process which was not been followed and staff we spoke with were not aware of it.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits for those with enhanced needs.
- The practice were linked to care homes in the area where they had patients residing at and worked closely with the care home staff to provide reviews and home visits where necessary.

People with long term conditions

Good



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

- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators showed the practice had achieved 94% of targets which was higher than the CCG average (91%) and the national average (89%). For example, 99% of patients with diabetes, on the register, have had an influenza immunisation in the preceding 12 months. This was higher than the CCG average (96%) and national average (94%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 87% which was higher than the CCG average of 85% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a children's area in the waiting room.

Working age people (including those recently retired and students)

Good



The practice is rated 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 the GPs used mobile telephones so the incoming calls were not affected.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their

Summary of findings

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)

Good



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

- 90% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 86% and the national average of 84%.
- 94% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was better than the national average of 88%.
- The practice carried out advance care planning for patients with dementia.
- The practice were able to refer to a mental health nurse.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below national averages. 343 survey forms were distributed and 97 were returned. This represented 2% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were all positive about the standard of care received. Patients commented that they were able to get an appointment when they needed to and that if you couldn't get an appointment then the GP would telephone you. The patients said the care provided was excellent.

Areas for improvement

Action the service **MUST** take to improve

- Ensure processes for reporting, recording, acting on and monitoring significant events, incidents and near misses including non-clinical are robust and implemented for all staff to follow.
- Ensure emergency equipment and medicines are monitored and expiry dates are checked.
- Review the current system for the flagging up of alerts for safeguarding vulnerable adults and children and carers and ensure that outstanding safeguarding concerns have been followed up effectively.

- Implement a robust system for monitoring high risk drugs.

Action the service **SHOULD** take to improve

- Have a robust system in place to ensure that patients are safeguarded from abuse and improper treatment, including documented discussions with the health visitors regarding children at risk.

Abbey Medical Practice

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.

Background to Abbey Medical Practice

Abbey Medical Practice is situated in Victorian house in the Monks Road area of Lincoln in Lincolnshire.

All services are provided from 95 Monks Road, Lincoln, Leicester, Lincolnshire, LN2 5HR. There is car parking facilities at the practice and also on street parking outside.

- The practice holds a General Medical Services (GMS) contract.
- The practice consists of three partners (two female and one male) and one salaried GP. (female). The practice is also supported by long term locums when required.
- The all female nursing team consists of two practice nurses and a health care assistant (HCA).
- There is a practice manager that is supported by six clerical and administrative staff to provide the day to day running of the practice.
- This practice provides training for doctors who wish to become GPs and at the time of the inspection had one doctors undertaking training at the practice. (Teaching practices take medical students and training practices have GP trainees and F2 doctors).

- The practice is open between 8.30am and 6.30pm Monday to Friday. The practice does not provide any extended hours.
- When the practice is closed patients are able to use the NHS 111 out of hours service and there is a walk in centre close by.
- The practice list size is approximately 5500 patients with a lower than average number of elderly patients and a higher number that are aged between 20 – 34 years of age compared with local and national averages.
- The practice has high deprivation and sits in the 2nd most deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures, maternity and midwifery services; family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.
- The practice lies within the NHS Lincolnshire West Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- The practice has a website which provided some information about the healthcare services provided by the practice
- There were arrangements in place for services to be provided when the practice is closed and these are displayed on their practice website.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 May 2016. During our visit we:

- Spoke with a range of staff (GP's, practice manager, administration staff, practice nurse and HCA).
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Spoke with staff from care homes that the practice worked with.

- Spoke with the two members of the Patient Participation Group (PPG).

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- The incident reporting policy included the process for reporting incidents. The process in the policy said that staff would inform the GP or practice manager, they would deal with the immediate need and then the staff member would complete the incident report form. This would then be reviewed with actions taken and lessons learned recorded. However staff told us they would inform a GP who would then inform the practice manager and the practice manager would complete the form.
- There was an incident report form and we saw that these had been completed for most incidents however the practice manager had completed some of these and therefore all the facts were not always recorded correctly.
- Staff were able to describe examples of significant events and incidents that had occurred.
- The practice meeting minutes showed that incidents were discussed however we identified that some of these had not been recorded in line with the practice process.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We were able to see evidence that incidents and safety were discussed.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- Some arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff had access to a chart which detailed all the contact numbers for local safeguarding teams including out of hours contact. Safeguarding meetings were not in place and with the practice despite the practice trying to engage with health visitors and midwives. Discussions were through the electronic computer system that was accessed by all teams including the school nurses so that information could be communicated in this way in the place of set meetings. Practice meetings and clinical meetings did not include safeguarding discussions. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3 and the practice nurses were trained to child safeguarding level 2 which was appropriate to their roles.

- We looked at records of practice meetings and found that safeguarding had not been discussed.
- We could not find a consistent system to highlight vulnerable children on the practice's electronic records; for example children subject to child protection plans. The practice had a list of at risk children. We selected 11 at random and could not find the appropriate alert highlighting child protection plan in place or child in need on seven of the records that should have been highlighted. We spoke with the GP who told us they would review the current system and provide staff with further guidance.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and all of these staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We discussed the role of a chaperone and staff said that refresher training may be required.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The cleaning was completed by contract cleaners and we saw completed check sheets

Are services safe?

signed daily for tasks that they had completed. The practice nurse was the infection control clinical lead and an audit had been completed which showed actions that had been completed following the previous audit. The cleaning company had also audited their cleaning and provided an action plan for areas of improvement. The infection control lead had not had specific training to be the lead for the practice however they did attend quarterly link meetings with the CCG. There was an infection control protocol in place and staff had received up to date training.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, and disposal). Blank prescription pads were securely stored and there were systems in place to monitor their use. Prescription forms were left in printers overnight and when not in use but the rooms were locked.
- Processes were not robust for handling repeat prescriptions which included the review of high risk medicines. We saw that patients prescribed high risk drugs such as Lithium and Methotrexate which require monitoring were not highlighted as been on these and that required monitoring such as blood tests every two months had not been completed.
- 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. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- We reviewed nine personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were fully assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster at the back of reception which identified local health and safety representatives. The practice had risk assessments in place to monitor safety of the premises

such a fire risk assessment, a health and safety risk assessment, control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Portable electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All clinical rooms also had a panic button that was linked to the police station.
- All staff received annual basic life support training and each treatment room had an emergency box with equipment and medication.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- One of the staff members that we spoke with was not aware where the emergency drugs, oxygen and defibrillator were kept.
- We checked the boxes and found that there were items including Atropine which was out of date. We spoke with the practice manager and saw that the checklist was updated immediately to include the checking of the expiry dates was included in the monthly checks.
- 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. This was held electronically and a hard copy was held at the practice managers home. The clinicians could access the electronic version from their home address.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. Exception reporting overall was 17% which is above the CCG and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators showed the practice had achieved 94% of targets which was higher than the CCG average (91%) and the national average (89%). For example, 99% of patients with diabetes, on the register, have had an influenza immunisation in the preceding 12 months. This was higher than the CCG average (96%) and national average (94%).
- Performance for hypertension (high blood pressure) related indicators were comparable when compared to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (98%) and national average (98%).

- Performance for mental health related indicators was higher when compared to the CCG and national average. The practice achieved 100% of targets compared to a CCG (93%) and national average (93%).

Data showed that exception reporting data was high and for some specific clinical domains was higher than the local CCG and national averages. For example:

- The practice had higher than average exception reporting for hypertension (12% compared to 3% CCG average and 4% national average).
- The practice had higher than average exception reporting for asthma (25% compared to 7% CCG and national average).
- The practice had higher than average exception reporting for mental health (35% compared to 15% CCG average and 11% national average).

We discussed this with the practice manager who had already looked into this. We saw that a detailed audit had been completed in February 2016 which had looked at each clinical area. The lead GP had analysed the audit and found that the exception reporting was appropriate however it also noted that the practice could look at improving patients engagement for example the mental health indicator and the introduction of support from the mental health liaison nurse. We looked at some examples of exception reporting and found them to be in line with guidance and that they were appropriately excepted.

There was evidence of quality improvement including clinical audit.

- There had been three audits completed in the last two years, two of which were completed audits where the improvements made were implemented and monitored.
- Reviews had also been completed for example, a new diagnosis of cancer review which looked at patients over a 12 month period to identify if there had been any opportunities for an earlier referral – the practice were effective at detecting and referring suspected cancer.
- The practice participated in national benchmarking, accreditation, peer review and research.
- Representatives from the practice attended external CCG led meetings to look at benchmarking across the locality.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- The practice were providing training for the newly appointed nurse to increase her knowledge in primary care.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Mandatory training such as safeguarding and basic life support was provided on a day course that staff were booked into attend on an annual basis.

Coordinating patient care and information sharing

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

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

- The electronic system in use enabled the practice to communicate with other health professionals through a task system.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis, for example patients that were identified as end of life however there were no minutes in relation to these meetings.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Verbal consent was gained but not always documented on the patient record.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patient that met specific criteria could be referred to the YMCA gym for a fitness plan to be provided.
- The practice could refer to a mental health practitioner to offer support to those patients that needed it.

The practice's uptake for the cervical screening programme was 87% which was higher than the CCG average of 85% and the national average of 82%. There was a policy to

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

offer reminders for patients who did not attend for their cervical screening test. The practice had started to send out 'pink pants' letters to patients that had not attended to increase the uptake. The pink pants campaign was developed by the Early Presentation of Cancer Campaign to encourage more women, aged 25-60, to attend their cervical screening appointments. Data from 2012/13 showed that the practice rate was 75% and that the work that had been done had showed an improvement. The practice nurse said that for patients that were of a different nationality there was a leaflet to explain screening that was in their language which was used. The practice would also opportunistically speak to patients about booking their cervical screening test. The practice also encouraged its

patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All three of the patient Care Quality Commission comment cards we received were positive about the service experienced. There were comments that the reception staff had to deal with abusive patients at times and that they coped well with this. Patients said they felt the practice offered a good service and all said that staff were helpful, caring and treated them with dignity and respect.

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

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

We spoke with the practice and PPG members about the lower satisfaction with the receptionist and were told that the reception staff had to deal with patients as the first point of contact and that they had a difficult job. As they could not always provide what the patient wanted this caused some dissatisfaction with patients frustration.

Care planning and involvement in decisions about care and treatment

Comment cards told us patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. We also saw that care plans were personalised.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice did not have a hearing loop system however patients that were hard of hearing had not been affected by this.

Are services caring?

- Information leaflets were available in easy read format.
- The practice nurse said that they used leaflets in other languages to be able to explain services such as cervical screening.
- Patients had a named GP and were possible the patient would be seen by that GP to enable continuity of care for the patient.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19 patients as carers (1.9% of the practice list). The practice told us that there were more carers identified that had potentially not been coded as such and that they would look to improve this. Although the practice list had a low number of elderly patients that would traditionally increase the amount of carers. There was information available in the practice to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, a phone call was made by the GP. Families would be provided with support and signposted to support agencies that may be required. There was a notice board for staff where births and deaths were recorded so that all the staff were aware.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available to be booked on the day or on line.
- There were disabled facilities and translation services available.
- Clinical rooms were on the ground floor.
- There was a wheelchair available for patients to use if required.
- Care Navigators worked with the practice to provide support and advice for patients that needed social care support.
- Patients were able to see a mental health nurse that was based at the surgery.
- Telephone consultations were available.
- Practice linked with the Nomad centre that provide help and support for homeless people and Addaction in relation to patients with drug and alcohol dependency.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am every morning to 6.30pm daily. In addition to pre-bookable appointments that could be booked up to four weeks in advance for a GP and at times up to 12 weeks in advance for the nurses, urgent appointments were also available for people that needed them as well as routine bookable on the day appointments.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 78%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example, a poster displayed in the waiting area and a complaint leaflet was available.

We looked at eight complaints received in the last 12 months and found these were dealt with in a timely way in line with the complaints policy and there were no themes emerging. Verbal complaints were recorded and discussed in practice meetings as well as formal written complaints.

Lessons learned from individual complaints had been acted on and apologies were given where necessary. The practice was able to provide evidence of the complaints which documented how they were managed and responded to.

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 vision and values of the practice were to provide all patients with a professional and caring healthcare experience in friendly and personal surroundings.
- The practice had very recently undergone key staffing changes with the retirement of the long standing senior GP partner. The management team and partners were in the process of redefining and taking on new roles.

Governance arrangements

The practice had an overarching governance framework however it did not fully support the delivery of the strategy and good quality care:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Clinical and internal audit was used to monitor quality and to make improvements. The audits that were completed were reviewed and discussed at meetings with clinicians.
- A comprehensive understanding of the performance of the practice was maintained.
- Practice policies were in place and were available to all staff however they were not all been followed for example the process for incident reporting.
- The practice were not following a clear or consistent system for reporting, recording and monitoring significant events and incidents.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were robust. Risks assessments had been completed such as fire risk assessment and health and safety risk assessment.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- We saw that were things had gone wrong that patients had been contacted and apologies and explanations were given.

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. It had proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG).
- Following each PPG meeting the minutes were shared on the practice website.
- The PPG met quarterly, discussed patient surveys with the practice team and submitted proposals for improvements to the practice management team.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Are services well-led?

Good 

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

- The national patient survey results had been analysed each year and further action taken following comments, for example the practice had purchased mobile phones for the GP's to use for telephone consultations to prevent the practice line been used by outgoing calls.

Continuous improvement

The practice was a training practice for Foundation Year Doctors. At the time of our inspection there was one FY2 doctor in place. We saw evidence that they were well supported by their supervising GP.

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

How the regulation was not being met:

(2) Systems and processes must be established and operated effectively to prevent abuse of service users.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The provider did not have in place systems and processes which were established and operated effectively to enable them to:

This section is primarily information for the provider

Requirement notices

- assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); and
- assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014