

Barrowford Surgery Limited

Quality Report

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Date of inspection visit: 25 April 2017

Date of publication: 12/06/2017

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?	Good	
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 Barrowford Surgery on 2 February 2016. The overall rating for the practice was requires improvement.

During that inspection we identified breaches of regulation 12 (Safe Care and Treatment), regulation 17 (Good governance) and regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The breaches resulted in the practice being rated as requires improvement for being safe, and well-led and good for being effective, caring and responsive. Consequently the practice was rated as requires improvement overall. The full comprehensive report on the 2 February 2017 inspection can be found by selecting the 'all reports' link for Barrowford Surgery on our website at www.cqc.org.uk.

At this announced comprehensive inspection on 27 March 2017 we checked whether improvements had been made since our inspection in February 2016.

The practice is now rated as Good.

We found improvements had been made in respect of;

Safe;

- Emergency medicines were in place to ensure the safety of patients in an emergency.
- We found that the registered person operated an effective recruitment system. The staff files we checked contained references, disclosure and barring service (DBS) checks, CV or application form and a check of professional registration.
- There was a system in place to monitor the use of blank prescriptions.
- The practice had produced consent forms for use when carrying out invasive procedures such as; excisions and joint injections. Where a patient gave verbal consent this was recorded on the patients' records.
- The practice nurse was infection control lead and had completed infection prevention and control training to levels 1 and 2.

Well-led;

Summary of findings

- Risk assessments had been carried out by specialist contractors in respect of the practice environment, fire safety and legionella and copies were held in the practice.

Our key findings at this inspection were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
 - Risks to patients were assessed and well managed.
 - Comprehensive care plans were developed to ensure patients' needs were identified and met.
 - Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had received training that provided them with the skills, knowledge and experience to deliver effective care and treatment.
 - Regular clinical and whole practice meetings were held.
 - Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
 - Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
 - Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
 - There was a clear leadership structure and staff felt supported by management.
 - The provider was aware of and complied with the requirements of the duty of candour although some staff were not familiar with the term duty of candour.

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

- Consider fitting a lock to the door of the new consulting room to ensure this room and its contents were secure when not in use.
- Carry out a review of drugs held in the practice for managing medical emergencies.
- Continue efforts to develop the patient participation group.
- Obtain paediatric pads for the defibrillator.
- Formalise and record all audit activity to demonstrate audits were embedded in practice and used to improve patient outcomes.
- Continue to obtain written consent for minor surgery.
- Carry out a review of patient group directions to check they are all countersigned by the practice manager.

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?

At this follow up inspection the practice is now rated as good for providing safe services.

The specific concerns identified at the inspection on 2 February 2016 were:

- We found emergency medicines were not in place to ensure the safety of patients in an emergency.
- We found that the registered person did not operate an effective recruitment system. The information required in Schedule 3 was not held for all staff for example references.

At this inspection we found;

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events.
- We found appropriate recruitment checks were carried out including disclosure and barring service checks (DBS).
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology.
- The practice had systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and were in the process of updating their training in safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Emergency medicines were in place and these were checked on a regular basis to ensure they were in date and safe to use. However, we found the practice did not keep Benzyl Penicillin in stock. (Benzyl penicillin is an antibiotic used to treat a number of bacterial infections including bacterial meningitis). The practice manager assured us that they would order supplies of Benzyl penicillin.
- There were no paediatric pads for the defibrillator. The practice manager and finance manager told us they would order a set of these pads.

Good



Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- Clinical audits demonstrated quality improvement. However, audit activity was not embedded in practice.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- 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.
- The practice actively engaged with their patients and families living with dementia.
- The practice had good links with Carer's Link a support group and was able to refer patients individually for support with advisors.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood and responded to the needs of their patients.
- Patients said they were able to make appointments and received 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. Complaints were responded to at the time of reporting where possible. Learning from complaints was shared with staff.

Good



Are services well-led?

At this follow up inspection the practice is now rated as good for providing safe services.

Good



Summary of findings

The specific concerns identified at the inspection on 2 February 2016 were:

- The provider did not assess, monitor and improve the quality and safety of its services provided.

At this inspection we found;

- The practice had improved systems to monitor and improve the quality of the services provided
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice held regular whole staff, clinical and partner meetings.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had good links with other local GP practices to mutually support each other, share skills and provide GP cover arrangements.
- A written consent form had been introduced.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice was responsive to the needs of older people, and offered home visits and dispensing services.
- They provided vaccination and blood pressure checks at community facilities for the convenience of their patients.
- The practice worked in partnership with the care coordinator to ensure patients are contacted regularly and upon discharge from hospital.
- The practice worked to the gold standard framework for end of life care, using regular reviews and multidisciplinary working.
- They routinely offered all patients aged 75 and over at least fifteen minute appointment times. There was a named GP for all patients over 75 years old.
- Same day appointments were prioritised for elderly and vulnerable patients.
- The practice provided care and treatment to elderly patients from a nearby nursing home and carried out regular visits to the home.

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.
- Patients discharged from hospital were contacted by the practice to review their health needs
- 81% of patients with diabetes, on the register, had an IFCC HbA1c of 64 mmol/mol or less recorded in the preceding 12 months (01/04/2015 to 31/03/2016) which was comparable to the CCG and national average of 81% and 78% respectively.
- The practice was working in partnership with a new integrated neighbourhood team which included a care co-ordinator, district nurses, physio and occupational therapists and social services.
- The practice nurse had an interest in Diabetes and was able to initiate insulin.
- The practice nurse had a prescribing role for chronic disease management.

Good



Summary of findings

- The practice nurse and healthcare assistant (HCA) had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had developed detailed care plans for those patients at high risk of unplanned hospital admissions. These patients were offered urgent same day appointments and the practice liaised with the integrated neighbourhood team to prevent hospital admissions.
- 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

- 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 for 0 - 2 year olds ranged from 28% to 72% for all standard childhood immunisation which was below the CCG and national averages.
- Immunisation rates for 5 year olds ranged from 51% to 93% for all standard childhood immunisations which were comparable with the CCG rates.
- A baby clinic was held every Tuesday and led by a GP and the practice nurse.
- 85% of women aged 25-64 had received a cervical screening test in the preceding 5 years (01/ 04/2015 to 31/03/2016) which was better than the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

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).

- Extended hours appointments were offered each week day from 7.30am – 8am with a GP and the healthcare assistant.
- Telephone appointments were available for patients preferring this option.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a range of NHS health checks and contraceptive services.

People whose circumstances may make them vulnerable

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

- 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.
- Regular health checks were offered to patients with a learning disability on a recall system and patients were involved in developing and agreeing their care plans.

Good



People experiencing poor mental health (including people with dementia)

The provider 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 patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia whom had their care reviewed in a face to face meeting in the last 12 months, which was significantly better than the CCG and national average 86% and 84% respectively.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example a nominated GP from the practice visited a local residential home on a regular basis. Patients with a new diagnosis of dementia were offered an appointment with the practice nurse to discuss support services in the locality and an information pack on local services was provided.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was better than the CCG and national average of 87% and 88% respectively.

Good



Summary of findings

- The practice advised patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A Pharmacy technician worked closely with the practice as part of the medicines management scheme. (Medicines management supports more cost-effective prescribing in primary care).

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or below local and national averages. A total of 262 survey forms were distributed and 108 were returned. This represented a 41.2% response rate and 3.2% of the practice population.

- 82% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 71% of patients described their experience of making an appointment as good which was comparable to the CCG average of 71% and the national average of 73%.

- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 76% and 80% respectively.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 1 comment card which mentioned difficulty getting an appointment.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, polite, compassionate and caring.

Barrowford Surgery Limited

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Barrowford Surgery Limited

Barrowford Surgery is located in Barrowford on the outskirts of Colne, Lancashire. The practice has 3473 registered patients. There is a higher than national average population of patients aged 40 -70 years.

The practice provides Personal Medical Services under a PMS contract with NHS England. The practice is also contracted to provide a number of enhanced services, which aim to provide patients with greater access to care and treatment on site. They offer enhanced services in; extended hours, supporting people with dementia, childhood vaccinations and minor surgery. They are also a GP training practice, providing support and guidance to trainee GPs.

There are two male GPs; a female practice nurse who can prescribe medication and female healthcare assistant. Clinicians are supported by a practice manager and an experienced team of reception/administration staff. A pharmacy technician from the clinical commissioning group (CCG) works closely with the practice.

The practice is open between 7:30am and 6:30pm Monday to Friday, with extended hours on a Monday evening until 7:30pm. The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice

is closed patients use the 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

Why we carried out this inspection

We undertook a comprehensive inspection of Barrowford Surgery on 2 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well led services.

We issued requirement notices to the provider in respect of safe care and treatment, fit and proper persons employed and good governance. We undertook a follow up inspection on 25 April 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the 2 February 2016 inspection can be found by selecting the 'all reports' link for Barrowford Surgery on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the local CCG to share what they knew. We carried out an announced visit on 25 April 2017.

During our visit we:

- Spoke with a range of staff including the lead GPs, the practice nurse, a healthcare assistant, reception staff and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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

At our previous inspection on 2 February 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk assessment and medicines management were not adequate.

These arrangements had improved when we undertook a follow up inspection on 25 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events. The lead GP told us all staff were responsible for reporting significant events and these were discussed at team meetings. We looked at the minutes of team meetings and these confirmed that significant events were shared with the whole team and lessons learned.

Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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). We found not all staff were familiar with the term duty of candour although they did tell us they would offer an apology and be honest and open if things went wrong.

Overview of safety systems and process

We noted that in the last 12 months health and safety risk assessments for the building, fire safety and legionella had been undertaken by specialist contractors.

The practice had systems, processes and practices in place to help keep patients safe. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and staff knew where to locate them. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. For example: contact details for the local safeguarding team.

- Patient safety alerts and new guidelines were shared and discussed by staff to ensure all patients affected had their treatment adapted in line with best practice.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. GPs and the practice nurse were trained to child protection or child

safeguarding level three. Other staff were trained to level one or two. Staff spoken with demonstrated a good understanding of their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff working at the practice had been employed for a number of years and staff turnover was low. We looked at the recruitment file of a recently recruited member of staff who had not yet taken up post. We saw references, application and CV were in place and a DBS check was being processed prior to the individual starting work.
- The practice had undergone building work to add two new consulting rooms. We observed the premises to be clean and tidy throughout. The nurse practitioner was the infection prevention and control (IPC) clinical lead and had completed training at level one and two in this area. There was an infection control protocol in place and most staff had received up to date training. Annual infection control audits had been carried out. The reception team demonstrated an awareness of processes for handling samples and they told us they had received training in hand washing procedures.
- Records showed medicine refrigerator temperature checks were carried out which ensured medicines and vaccines were stored at appropriate temperatures. The practice had processes to check and record that medicines were within their expiry date. Medicines we checked during the inspection were within their expiry dates.
- One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow

Are services safe?

the nurse to administer medicines in line with legislation. However, these were signed and dated by the practice nurse but not all had been countersigned by the practice manager.

- The practice carried out regular medicines audits, with the support of a pharmacy technician from the local clinical commissioning group, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had demonstrated consistently low levels of antibiotic prescribing.
- There was a system in place to monitor the use of blank prescription forms and pads. However, we did find some blank prescriptions in a printer in the new consulting room. We raised this with the lead GP and they removed the prescriptions and arranged to have a lock fitted to the new consulting room door.
- Uncollected prescriptions were highlighted to the GPs to ensure patient safety. The practice had systems in place to manage patients that were taking high risk medicines to make sure that patients were safe.

Monitoring risks to patients

- Fire procedure and maintenance records for the fire equipment were in place. The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- There was a detailed health and safety policy available.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. However, we found the practice did not keep Benzyl Penicillin in stock. (Benzyl penicillin is an antibiotic used to treat a number of bacterial infections including bacterial meningitis). The practice manager assured us that they would order supplies of Benzyl penicillin.
- The practice had a defibrillator available however, there were no paediatric pads on the premises. There were supplies of oxygen with adult and children's masks.
- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, water ingress or building damage. The plan included emergency contact numbers for staff. Copies of the plan were held off site by all staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 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 needs.

The GP told us they led in specialist clinical areas such as diabetes, minor surgery and safeguarding, and the practice nurses supported this work. Clinical staff we spoke with told us they liaised with each other to share specialist knowledge.

There was a protocol in place for reviewing hospital discharge letters. We were told when high risk patients were discharged from hospital they were followed up to ensure their needs were being met.

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 showed the practice had achieved 95% of the total number of points available. The practice had an overall exception reporting rate of 5%. (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).

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, 79% of patients on the diabetes register had a record of a risk classification and foot examination recorded in the previous 12 months compared to a CCG average of 79% and a national average of 81%.

- 100% of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) which was better than the CCG and national average of 86% and 84% respectively.
- Performance for mental health related indicators (01/04/2015 to 31/03/2016) was better than the CCG and national averages. For example, 95% of patients with dementia had had their care reviewed face to face in the preceding 12 months compared to CCG and national averages of 81% and 78% respectively.
- The percentage of patients with hypertension aged 45+ having regular blood pressure tests was comparable to other practice at 92% which was comparable to the CCG and national average of 90%.
- 78% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had a review undertaken which was comparable to the CCG and national average of 78% and 80% respectively.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been four clinical audits completed in the last year two of these were two cycle audits. For example; there had been an audit of the use of direct oral anticoagulants (DOACs). The audit was conducted to ensure that prescribing and monitoring was in line with the National Institute for Health and Care Excellence (NICE) and the East Lancashire medicines management board (ELMMB) guidance. An audit of inadequate smear results was conducted with nine inadequate results identified. All nine patients were recalled for repeat cervical screening and all nine were negative at the repeat screen.

The GP told us about additional audit activity that had taken place however, these audits were not recorded and there was no evidence to demonstrate how they were used to improve patient outcomes.

There had also been an audit of the effectiveness of the triage system which was a single cycle audit with a second cycle planned for June 2017.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and

Are services effective?

(for example, treatment is effective)

research. Findings were used by the practice to improve services. Information about patients' outcomes was used to make improvements such as a reduction in the overall prescribing rates.

Effective staffing

The practice employed a nurse prescriber and a health care assistant to provide increased flexibility to appointments and service provided. In addition the practice was supported by a pharmacy technician from the local clinical commissioning group (CCG) as part of the medicines management initiative. The practice nurse had undertaken training courses in the enhanced management of diabetes including initiating insulin and in taking samples for the cervical screening programme.

Staff had the skills, knowledge and experience to deliver effective care and treatment. There was an induction programme in place for newly appointed non-clinical members of staff that covered such topics as health and safety, safeguarding adults and child protection, infection prevention and control, fire safety, information governance 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 their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and facilitation and support for revalidating GPs and nursing staff. All staff had received an appraisal within the last 12 months.

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.
- Information such as NHS patient information leaflets were also available.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients'

care. All staff were fully trained on the system which enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

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 for investigations, following discharge from hospital or when they were nearing the end of life.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated for patients with complex health care needs.

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, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- 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.

We saw that verbal consent was obtained and recorded in the patients' records for minor surgery. A written consent form had been developed since the last inspection. However it was not clear if this was being used consistently. The practice manager gave assurances that the document was used for all invasive procedures such as excisions.

Supporting patients to live healthier lives

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 patients with mental health needs. Patients were then signposted to the relevant service, for instance patients with mental health needs were referred to local mental health services.

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

- The practice's uptake for the cervical screening programme (age 25-64) 2015/16 was 85%, which was similar to the CCG and national average of 81%, with an exception reporting rate of 3% compared to the CCG rate of 7% and national rate of 6%. 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.
- The practice also encouraged its patients aged 60-69 to attend national screening programmes for instance screening for bowel cancer. The practice's uptake was 61% of patients screened which was better than the CCG and national average of 54% and 57% respectively.

Childhood immunisation rates for the vaccinations given were below the CCG/national averages however, this was a small practice with lower numbers of eligible children.

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 28% to 72% and five year olds from 51% to 93%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35 to 75. 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 throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people 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.
- 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.

We received one patient Care Quality Commission comment card this gave some positive comments about the practice. However, there were also negative comments relating to difficulty in getting appointments. We spoke with five patients who told us they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two patients said they had been registered at the practice for a number of years and that they were very happy with the care and treatment they received.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and practice nurse were similar to the CCG and national averages. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 79% of patients said the GP was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 95% of patients said they had confidence and trust in the last nurse they saw or spoke to which was comparable to the CCG average of 98% and national average of 97%.

- 85% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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 comparable to the CCG and national averages. For example:

- 88% said the GP gave them enough time compared to the CCG and national average of 87%.
- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 90% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national average of 92% and 90% respectively.

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 47 patients as carers (1.4% of the practice list). Written information was available to direct carers to 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/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example; the practice was working in partnership with an integrated neighbourhood team that included district nurses, physio and occupational therapists and social services.

- Home visits and telephone consultations were available for older patients and others who needed them.
- The lead GP carried out regular visits to a local care home to review patients care.
- The practice worked closely with Macmillan nurses to provide palliative care to those patients nearing the end of life.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, wheelchair and step-free access to the premises.
- There were longer appointments available for patients with a learning disability and for those with complex needs.
- Patients were able to receive travel vaccinations available on the NHS.

Access to the service

The practice is open between 7:30am and 6:30pm Monday to Friday, with extended hours on a Monday evening until 7:30pm. The practice manager told us discussions were underway with the GP federation with a view to extending the opening hours.

The practice had an automated telephone system which allowed patients to request prescriptions and leave messages. The practice used a triage system whereby the nurse took calls and prioritised treatment according to the seriousness of the patient's condition. In addition telephone consultations with a GP were available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to the local and national averages with the exception of the opening hours and waiting time to be seen.

- 62% of patients were satisfied or fairly satisfied with the practice's opening hours compared to the CCG average of 75% national average of 76%.
- 90% of patients said the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%.
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 48% of patients felt they normally have to wait too long to be seen compared with the CCG and the national averages of 58%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.

The practice had a triage system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. All home visit requests were logged by reception staff which were then considered and prioritised by the duty GP according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

The practice had opted out of providing an out of hour's service. Patients calling the practice when it was closed were connected with the local out of hour's service provider. There was information provided to patients regarding details of the NHS 111 service.

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 information on the practice website and we saw a complaints leaflet.

We looked at five complaints received in the last 12 months and found they were satisfactorily handled, in a timely way with, openness and transparency with dealing with the complaint. We saw lessons learned from individual

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

complaints had been acted on and improvements made as a result. For example; a radio had been provided in the waiting room to improve confidentiality for patients at the reception desk.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 2 February 2016, we rated the practice as requires improvement for providing well-led services as the provider did not assess, monitor and improve the quality and safety on its services provided.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 25 April 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice had a vision to deliver high quality care the practice values were based on the statement 'Health is wealth' with a commitment to deliver care at the highest standard with 'old style family medicine with a modern twist'. The practice had an overall focus to promote best practice through utilising specialist expertise within the practice team and externally and encouraging the continuous professional development of all members of the practice team.

The patients' leaflet contained the mission statement 'You can expect a level of care from this practice that is of the highest standard, based on mutual respect and trust.'

Governance arrangements

There was a clear staffing structure and staff were aware of their roles and responsibilities. Practice specific policies were implemented and were available to all staff. A programme of clinical audit was used to monitor quality and to make improvements. Practice specific policies were implemented and were available to all staff. Team meetings and clinical meetings which demonstrated that significant events and performance were discussed to improve shared learning for the staff team and minutes from these meetings were documented and available to all staff.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Since the inspection in February 2016 environmental, fire and legionella risk assessments had been carried out by a specialist contractor.

The practice maintained a record of their Patient Group Directions (PGD are written instructions for the supply or administration of medicines to groups of patients who may

not be individually identified before presentation for treatment). These were signed and dated by the practice nurse however; some recently printed PGDs had not been countersigned by the practice manager.

Leadership and culture

The leadership structure was defined and established and the administrative staff felt well supported by the GPs and practice manager.

The lead GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were approachable and always took the time to listen to all members of staff. Staff also said they felt involved and informed about changes within the practice.

The practice 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). However we found that not all staff were familiar with the term duty of candour but the staff we spoke with said they would be open and honest with patients if things went wrong.

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.
- The practice kept written records of verbal interactions as well as written correspondence.

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

There was a virtual patient participation group (PPG) with eight members two male and four female aged between 25 – 84 years. The practice manager continued to seek more patients to join the PPG.

The practice had also gathered feedback from staff through individual appraisals and staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice held monthly meetings and staff said they were encouraged to raise items on the agenda. Staff confirmed they felt involved and engaged to improve the day to day running of the practice.

Are services well-led?

Good 

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

one of the GPs regularly visited a local care and nursing home. The GPs were signposted to any patients who required follow up to avoid unplanned admissions to hospital and to review the care of those recently discharged from hospital.