Auckley Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

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 Auckley Surgery on 9 February 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Some risks to patients were assessed and managed. Others were not fully assessed and well managed. For example, fire safety, recruitment, legionella and storage of substances hazardous to health.
- We asked to see an up to date fire risk assessment and we were told one had not been completed. We shared our concerns with the local Fire Safety Officer. Following the inspection the practice shared with us a fire risk assessment completed on 11 February 2016. Staff told us they carried out regular fire drills and the fire safety equipment had been risk assessed in January 2016.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Record management was not always sufficient. For example, we observed some paper patient records stored in an unlocked room accessible to the general public.

The areas where the provider must make improvement are:

Summary of findings

- Ensure the actions identified in the fire risk assessment of the premises following our visit are implemented in accord with the findings.
- Ensure substances hazardous to health and patient paper records are stored securely.
- Ensure all prescriptions are signed by the prescriber prior to dispensing the medicine to the patient.
- Ensure prescription pads are tracked through the practice.
- Obtain a copy of the legionella risk assessment and electrical circuit board assessment and ensure actions identified are implemented in accord with the findings.

In addition the provider should:

- All relevant staff should complete level one safeguarding training for children as recommended in the Safeguarding Children and Young people: roles and competences for health care staff Intercollegiate document (Third edition: March 2014).
- Review the training requirements and frequency for the staff groups and document in a schedule.
- Include the contact details of the Parliamentary Health Service Ombudsman in complaint response letters.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example:

- We asked to see an up to date fire risk assessments and we were told one had not been completed.
- We observed cleaning products were stored in a room with a cabinet hook and eye latch located near the top of the door. The door did not have a key lock.
- We observed some paper patient records stored in an unlocked room accessible to the general public.
- Not all staff had completed level one safeguarding training for children as recommended in the Safeguarding Children and Young people: roles and competences for health care staff Intercollegiate document (Third edition: March 2014).

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were just below average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

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. The practice had implemented a system whereby the practice nurse reviewed all patient discharges from hospital and made contact with the patient to check they had everything they needed and follow up plans were in place.
- 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 identified the premises and facilities required updating and had a plan in place how to address this.
- Information of how to complain was not available in the practice. Although the practice website contained details of how to complain, this information was not up to date as the person to contact no longer worked at the practice. We saw a complaint was appropriately dealt with and learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

The practice had a 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 this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. We were told these were currently under review and being updated. We observed the protocol for dispensing new medicines was overdue a review from March 2015.

Summary of findings

The practice was proactively seeking members for a patient participation group (PPG). All staff had received regular performance reviews and attended staff meetings and events.

Record management was not always sufficient. We observed some paper patient records stored in an unlocked room. We noted the last recruit did not have pictorial proof of identification and only had one reference. Blank prescriptions were securely stored at all times but not tracked through the practice.

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

Requires improvement

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Practice nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 98% which was 2% above the CCG average and 9% above the national average.
- 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

Requires improvement

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- Of those diagnosed with asthma, 84% had had an asthma review in the the last 12 months which was higher than the national average of 75%.
- 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 89%, which was above the CCG average and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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. Sixteen percent of the patient population had signed up to book appointments and request prescriptions online.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for those who needed it.
- The practice regularly worked with multidisciplinary teams in the case management of those living in vulnerable circumstances.

Summary of findings

- The practice informed patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement 

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Of those patients diagnosed as living with dementia, 84% had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- All patients experiencing poor mental health received an annual physical health check.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 published on 7 January 2016 showed the practice was performing above with local and national averages. 238 survey forms were distributed and 112 were returned. This represented 5% of the practice's patient list.

- 90% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 93% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards and three written statements which were all positive about the standard of care received. All comments were very positive and complimented the excellent standard of care and treatment provided by staff. Patients reported they felt respected and one of the best surgeries they had attended.

We spoke with 12 patients during the inspection. All said they were happy with the care they received and thought staff were approachable, committed and caring and echoed the comments received in the CQC comment cards.

Auckley Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

Background to Auckley Surgery

Auckley Surgery is located in Auckley on the outskirts of Doncaster. The practice provides services for 2,922 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the second least deprived areas in England. The age profile of the practice population is similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG) area.

The practice has a part time female GP and a male salaried GP. They are supported by an advanced nurse practitioner, senior practice nurse, dispensary staff, administrative staff and a practice manager.

The practice is open between 8am and 6pm, Monday to Friday, and closes at 1pm on Wednesdays. Early morning appointments with the practice nursing team are available on Monday mornings from 7am and evening appointments with the GP are available until 7.10pm. Appointments are available from 8.30am to 11.30am and 2pm to 5.30pm daily apart from Wednesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments ware also available for people that needed them.

When the practice is closed calls are answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

Auckley Surgery is registered to provide surgical procedures; maternity and midwifery services; treatment of disease, disorder or injury; family planning and diagnostic and screening procedures from 41 Ellers Lane, Auckley, Doncaster, DN9 3HY.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered 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 9 February 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, advanced nurse practitioner, senior practice nurse, dispensary staff, practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records and incident reports from the last 12 months. We found these had been appropriately dealt with and actioned. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we were told how the cold chain procedure was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. Minutes of the monthly staff meeting documented that the change in procedure had been shared with staff. The meeting minutes were stored on the practice computer system which was accessible to all.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports when necessary for other agencies. Staff demonstrated they understood their responsibilities. Not all practice administrative staff had completed level one safeguarding training for children as recommended in the Safeguarding Children and Young people: roles and competences for health care staff Intercollegiate document (Third edition: March 2014). The practice manager told us this would be reviewed with immediate effect. The lead GP was trained to safeguarding level three.
- Paper patient medical records were stored in locked filing cabinets. We observed some paper patient records stored in a basket, on a worktop and in a cupboard in an unlocked room accessible to the general public. The practice manager told us they were waiting to be coded on the practice electronic patient records.
- 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 whose circumstances may make them vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection, prevention and control (IPC) clinical lead who liaised with the IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received training. We were shown an annual IPC audit undertaken in January 2016. The practice manager told us the actions were yet to be drafted into an action plan. We noted some of the documented responses in the audit did not reflect the practice procedures. For example, the audit documented specimens would be kept in the vaccine fridge overnight if they were handed in after the collection time. Practice nursing staff told us this was not the case and specimens were never stored in the vaccine fridge. We did not observe any specimens in the vaccine fridge. The premises contained a separate bathroom and toilet upstairs. We noted the hand washing facilities for the toilet were in the bathroom and had normal turn domestic taps.
- There were some systems in place to manage medicines. We checked medicines stored in the treatment rooms and medicine refrigerator and found they were stored securely and were only accessible to authorised staff. We saw medicines were in date and good systems to check expiry dates were implemented. There were procedures to ensure expired and unwanted medicines were disposed of in line with waste

regulations. There was a clear policy for ensuring medicines were kept at the required temperatures (for example, some vaccines needed to be stored in a refrigerator). The policy described the action to take in the event of a potential failure of the refrigerator. Staff confirmed the procedure was to check the refrigerator temperature every day to ensure the vaccines were stored at the correct temperature. We saw records of the daily temperature recordings, which showed the correct temperatures for storage, were maintained. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were to be managed. These were being followed by the practice staff. For example, controlled drugs were stored in a designated safe place and access to them was restricted.

- Due to the location of the practice, there was a dispensary within it. Patients were therefore able to obtain their medicines either straight after their consultation or within a day if stocks were not held on site. Staff had access to written procedures to support the safe dispensing of medicines. We observed the protocol for dispensing new medicines was overdue a review from March 2015, all other procedures relating to dispensing practice were in date.
- There were systems in place to ensure GPs regularly monitored patients medicines and re issuing of medicines was closely monitored, with patients invited to book a 'medication review', where required. There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol covered, for example, how changes to patients' repeat medicines were managed. This helped to ensure that patients' received the correct medicine. We observed not all repeat prescriptions were signed by a GP before the medication was given to the patient. Dispensing staff told us this would be immediately reviewed.
- We saw records of blank prescription and electronic prescription serial numbers were made on receipt into the practice but they were not tracked through the practice.
- Only one of the three dispensing staff had undertaken external dispensary training. The GP provider had signed a statement of confidence to say they were confident in the ability of staff who worked in the dispensary as they had been working in the role for a number of years.We were not shown any evidence of checks of competence the statement was based on.
- We reviewed three recruitment files and found some appropriate checks had been undertaken prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted the last recruit did not have pictorial proof of identification and only had one reference.
- There were 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.

Monitoring risks to patients

Some risks to patients were assessed and managed.

There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.

We asked to see an up to date fire risk assessments and we were told one had not been completed. We shared our concerns with the local Fire Safety Officer. The practice shared with us a fire risk assessment that was completed on 11 February 2016, following the inspection. The risk assessment identified several actions to be completed. Staff told us the practice carried out regular fire drills and the fire safety equipment had recently been risk assessed and updated in January 2016. Most electrical equipment was checked to ensure it was safe to use. We observed a plug bank in the cleaners room had a sticker on recording the last portable appliance test was in 2009. Staff did not know what the plug bank was used for.

Staff told us clinical equipment was checked to ensure it was working properly but they did not keep a log of when it was cleaned. We were shown a legionella certificate and the practice manager told us they were acquiring the risk assessment from the landlord. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We observed cleaning products were stored in a room with a cabinet hook and eye latch located near

the top of the door. The door did not have a key lock. The practice manager told us they had identified improvements to the premises and they were exploring this further with the landlord.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked the same days every week and covered each others leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice manager told us they were in the process of developing the business continuity plan in place for major incidents such as power failure or building damage. The practice had arrangements to work from two nearby practices in case of any issues with their own premises or utilities.

Good

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 peoples' needs. We saw evidence these guidelines were discussed at the clinical meetings. The practice did not keep a separate log of all actions taken in respect of changes to guidance.

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 90.3% of the total number of points available, with 4.3% exception reporting. (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 was 98% which was 2% above the CCG average and 9% above the national average.
- All patients with hypertension were having regular blood pressure tests. This was 1% higher than the CCG average and 2% than the national average.
- Performance for mental health related indicators was 4% above the CCG and 7% above the national average.
- Of those patients living with dementia 84% had received a face to face review of their care which was comparable to the CCG and national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years. These were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring patients were assessed to detect vitamin D deficiency and to offer appropriate treatment.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at clinical meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training which included: fire procedures, basic life support and IPC awareness. The practice manager told us they were reviewing access to e-learning training modules and reviewing the in-house training provided. The practice did not have a training schedule detailing training requirements and frequency for the staff groups.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multidisciplinary team meetings took place as needed and that care plans were routinely reviewed and updated.

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.
- We were told the GPs sought verbal consent and documented this in the patient record for patients undergoing minor surgery procedures. They told us this would be reviewed to include completing signed consent forms.

Supporting patients to live healthier lives

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

- These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A counsellor held a weekly clinic at the practice to support patients with talking therapies.

The practice's uptake for the cervical screening programme was 89%, which was above the CCG average and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 90% to 100%.

Flu vaccination rates for the over 65s were 80%, and at risk groups 57%. These were also above CCG and national averages.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- We noted curtains were not provided in consulting rooms and portable screens could be used to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We saw consultation and treatment room doors were closed during consultations. However, we noted conversations taking place in the treatment room could be overheard in the corridor. This may be due to the large gap between the door and the floor.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 25 CQC patient comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 12 patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted staff responded compassionately when they needed help and provided support when required.

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

- 88% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 85%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91 %).
- 88% said they found the receptionists at the practice helpful (CCG and national average 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%)
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

Staff told us interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us if families experienced bereavement, their usual GP contacted. This call was either followed by a meeting at a flexible time and location to meet the family's

Good

Are services caring?

needs and/or by giving them advice on how to find a support service. Staff were briefed when patients passed away so they were sensitive when family members and carers contacted the practice.

Good

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. They were working with their CCG locality group as part of the transforming primary care agenda. They had implemented a system whereby the practice nurse reviewed all patient discharges from hospital and made contact with the patient to check they had everything they needed and follow up plans in place.

- The practice offered early morning appointments with the practice nursing team on Monday mornings from 7am and evening appointments with the GP until 7.10pm. This was predominantly for working patients who could not attend during normal opening hours.
- There were longer appointments available for those who needed them.
- Home visits were available for older patients and patients who would benefit from these.
- The practice nursing team offered a telephone triage service for some conditions which could negate the need for a face to face appointment as advice could be given over the phone.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpretation services available.
- The practice had identified the premises required refurbishment and redecorating. We were shown action plan how they were addressing this.

Access to the service

The practice was open between 8am and 6pm Monday to Friday and closed at 1pm on Wednesdays. Early morning appointments with the practice nursing team were available on Monday mornings from 7am and evening appointments with the GP until 7.10pm. Appointments were available from 8.30am to 11.30am and 2pm to 5.30pm daily apart from Wednesdays when morning only appointments were available. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

When the practice was closed calls were answered by the out-of-hours service which was accessed via the surgery telephone number or by calling the NHS 111 service.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 90% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 89% patients said they always or almost always see or speak to the GP they prefer (CCG average 56 %, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them. Following patient feedback in October 2015, the practice introduced more telephone lines into the practice to improve telephone access.

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 did not see any information in the reception area to help patients understand the complaints system we reported this to the practice manager.

We looked at one complaint received in the last 12 months and found it was handled satisfactorily in a timely way and there was openness and transparency dealing with the compliant. We noted the written response did not include the details of the Parliamentary Health Service Ombudsman for patients to contact if they were not happy with their complaint response. Patients we spoke with told us they never had the need to make a complaint.

Are services well-led?

Requires improvement

(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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and were developing business plans to reflect their vision and values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were in the process of being reviewed, updated, implemented and were available to all staff on a shared drive.
- A comprehensive understanding of the performance of the practice was maintained.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had developed an action plan which contained improvements for the following areas. Building and premises, protocols and procedures, infection control, human resources, meetings, business plans and patient surveys.
- Record management was not always sufficient. We did observe some paper patient records in an unlocked room accessible to the general public. We noted the last recruit did not have pictorial proof of identification and only had one reference. Blank prescriptions were securely stored at all times but not tracked through the practice.
- The practice did not routinely audit its dispensing activity.

Leadership and culture

The GPs prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The practice manager had been in post for nine months and the registered provider had returned from a period of leave for the last two months, so they had only been working together for the past two months. They had identified the areas they wanted to improve upon and had taken action to start this.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

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

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

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

- The practice were in the process of establishing a patient participation group (PPG).
- The practice had gathered feedback from staff through an annual staff survey and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	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 is because: Repeat prescriptions were not always signed by a GP before they were given to the patient. This was in breach of regulation 12 (1)(2) (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment 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 using the premises. This is because: A fire risk assessment had not been completed prior to our inspection. Not all electrical equipment had tested for safety on a regular basis. For example, a plug bank in the cleaners room had a sticker on recording the last portable appliance test was in 2009.

This section is primarily information for the provider

Requirement notices

The practice did not have a copy of the legionella risk assessment to ensure they were taking appropriate action in minimising the risk of legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Cleaning products hazardous to health were not stored securely.

This was in breach of regulation 15 (1) (e)

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered person did not always maintain accurate and contemporaneous records in respect of staff and the management of regulated activities. This is because: We did observe some paper patient records stored in a basket in an unlocked room. We noted the last recruit did not have pictorial proof of identification and only had one reference. We observed the protocol for dispensing new medicines was overdue a review from March 2015. Blank prescriptions were securely stored at all times but not tracked. This was in breach of regulation 17(1)(2)(d)(i)(ii)(g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.