

Bilsthorpe Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	12
Background to Bilsthorpe Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bilsthorpe Surgery on 15 December 2015. Overall the practice is rated as good.

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

- The practice had arrangements in place to deal with information about safety. Staff were aware of their responsibility to report incidents and concerns and knew how to do this. Information relating to safety was documented, monitored and reviewed
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and infection control.
- Staff used best practice guidance to assess patients' needs and plan their care. Staff had received relevant role specific training and further training needs were identified for staff through appraisal.

- Patients told us staff treated them with compassion, dignity and respect and involved them in decisions about their care
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had an active patient participation group (PPG) who worked with the practice to identify areas for improvement.

We saw one area of outstanding practice:

- The practice offered a clinic for teenagers one afternoon per week. The clinic was timed to coincide

Summary of findings

with the school bus dropping off pupils outside of the practice. Patients were sent a letter by the practice in the month after they reached the age of 13 to advise them that the service was available. The practice told us 61 patients had been seen in the teenage clinic since 31 March 2015.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff including checks with the Disclosure and Barring Service (DBS) or implement appropriate risk assessments where these checks are not in place.

- Ensure a plan is in place to implement improvements identified as a result of infection control audits.

The areas where the provider should make improvements are:

- Ensure all staff receive regular performance appraisals to ensure staff are supported in their roles and any training needs are identified.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There were effective systems in place for reporting and recording significant events. Learning from significant events was shared within the practice and this was recorded in meetings minutes.
- Where people were affected by safety incidents, the practice demonstrated an open and transparent approach to investigating these. Apologies were offered where appropriate.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The practice had designated GPs responsible for safeguarding and had regular meeting with attached health professionals to discuss patients at risk. However, there
- The practice had undertaken a recent infection control audit. However, parts of the audit had not been completed and there was no plan in place to implement improvements which had been identified.
- Appropriate recruitment checks were undertaken for staff with the exception of checks with the Disclosure and Barring Service (DBS) for non-clinical staff.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were delivering care in line with current evidence based guidance.
- Clinical audits demonstrated improvement. For example, recent action taken as a result of an audit led to improved management of patients with atrial fibrillation.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality. For example,
- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that a number of clinical staff had additional qualifications and special interests.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. The practice held fortnightly multidisciplinary team meetings and worked closely with their attached care co-ordinator.

Good



Summary of findings

- Most members of staff within the practice had not had a performance appraisal in the last 12 months and did not have personal development plans in place.
- Staff worked met regularly with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care. For example, 97% of patients had confidence and trust in the last GP they saw or spoke to.
- Patients told us they were treated with care and concern by staff and that their privacy and dignity was respected. Feedback from comments cards aligned with these views.
- The practice provided information for patients which was accessible and easy to understand.
- We observed that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example the practice nurse delivered a weekly clinic for teenagers to discuss their health needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders including the patient participation group (PPG).
- Patients said they generally found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.

Good



Are services well-led?

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

- The practice had a vision to deliver high quality care which was shared on the practice website. Staff were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by partners and management.
- The practice had a wide range of policies and procedures to govern activity and held regular meetings to update staff on changes.
- The partners encouraged a culture of openness and honesty, and staff felt supported to raise issues and concerns.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was well established and met regularly. The PPG worked closely with the practice to review issues including appointment access and the waiting area.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked effectively with the multi-disciplinary teams to identify patients at risk of admission to hospital and to ensure their needs were met. The percentage of people aged 65 or over who received a seasonal flu vaccination was 78.3% which was above the national average of 73.2%.

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.
- Indicators to measure the management of diabetes were higher than local and national averages. For example, 99% percent of patients on the practice register for diabetes had received a seasonal flu vaccination.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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.

Good



Summary of findings

- The practice nurse delivered a weekly clinic for teenagers to discuss their health needs. This was timed to coincide with the school bus drop off.
- 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 85.8% which was the same as the CCG average of 85.8% and marginally above the national average of 81.8%. Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent appointments were available on the day.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included extended hours access and access to telephone consultations.
- The practice was proactive in offering online services and all GP appointments were offered through the online booking system
- Health promotion and screening was provided that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability in addition to offering other reasonable adjustments.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 100% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was 19% above the CCG average and 11.7% above the national average. This was achieved with a 0% exception reporting rate.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We reviewed the national GP patient survey results published in January 2016. The results showed the practice was performing above local and national averages for nearly all of the indicators. A total of 262 survey forms were distributed and 112 were returned. This represented a completion rate of 43%.

- 94% of patients found it easy to get through to this surgery by phone compared to a CCG average of 64% and a national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86% and a national average of 85%.
- 91% of patients described the overall experience of their GP surgery as fairly good or very good compared with a CCG average of 85% and a national average of 85%.
- 82% of patients said they would recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 76% and a national average of 78%.
- 84% of patients usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 63% and a national average of 65%.

- 91% of patients described their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 19 completed comment cards which were all positive about the standard of care received. Patients said they were always treated with dignity and respect and described the practice staff as polite and helpful. Patients said they felt listened to and were given the time they needed to discuss their problems. Patients commented positively on the environment of the practice and said they always found it clean and tidy.

We spoke with six patients, including members of the patient participation group (PPG), during the inspection. They commented that they found the premises clean and tidy and were always treated with kindness and respect by the practice staff. Patients highlighted that they did not feel rushed during appointments. One patient mentioned that you sometimes had to wait for a routine appointment and that there could be a long wait at the open access clinic.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff including checks with the Disclosure and Barring Service (DBS) or implement appropriate risk assessments where these checks are not in place.

- Ensure a plan is in place to implement improvements identified as a result of infection control audits.

Action the service **SHOULD** take to improve

- Ensure all staff receive regular performance appraisals to ensure staff are supported in their roles and any training needs are identified.

Outstanding practice

- The practice offered a clinic for teenagers one afternoon per week. The clinic was timed to coincide

with the school bus dropping off pupils outside of the practice. Patients were sent a letter by the

Summary of findings

practice in the month after they reached the age of 13 to advise them that the service was available. The practice told us 61 patients had been seen in the teenage clinic since 31 March 2015.

Bilsthorpe 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 Bilsthorpe Surgery

Bilsthorpe Surgery provides primary medical services to approximately 3032 patients through a general medical services contract (GMS). Services are provided to patients from a single site. The practice is located in the village of Bilsthorpe and provides services to the surrounding villages of Eakring, Wellow, Ompton, Kneesall, Kersall and Maplebeck. Services are provided from a single storey purpose built building which was completed in 2005. The premises are shared with the district nursing service. The level of deprivation within the practice population is marginally below the national average.

The clinical team comprises one GP partner, two practice nurses and a phlebotomist. The practice regularly uses locum GPs to provide cover. In addition to the GPs, nurses and phlebotomist, the practice has recently recruited a healthcare assistant who had not started at the time of the inspection.

The clinical team is supported by a part time practice manager and seven secretarial, reception and administration staff.

The practice opens from 8am to 6.30pm on Monday to Friday. Appointments are offered from 9am to 10am and from 3.30pm to 5.30pm. An open access clinic operates

daily from 10am to 11am where patients are invited to sit and wait or provided with an approximate appointment time by reception staff. Extended hours appointments are offered on the first, third and fifth Monday of each month until 8pm.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Central Nottinghamshire Clinical Services (CNCS).

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 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 our inspection, 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 15 December 2015. During our visit we:

- Spoke with a range of staff (including the GP partner, nursing staff, the practice manager and a range of administrative staff) and spoke with patients who used the service.

Detailed findings

- 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.

Are services safe?

Our findings

Safe track record and learning

The practice had robust systems in place to report and record incidents and significant events.

- Staff told us they would inform the GP or practice manager of an incident or event in the first instance. Following this, the appropriate staff member completed the reporting form which was available on the practice's computer system.
- The practice recorded all significant events on a central spreadsheet and reviewed these at regular meetings. The practice told us they would arrange an extraordinary meeting to discuss a significant to ensure it was discussed in a timely manner. The practice analysed the significant events to detect any themes or trends.
- Staff we spoke with were able to give examples of recent significant events within the practice and recalled the learning from these events.

We reviewed a range of information relating to safety and the minutes of meetings where this information was discussed. The practice ensured that lessons were shared and that action was taken to improve safety within the practice. For example, a patient's blood sample had been mislabelled by a member of staff which resulted in an error in testing at the hospital and meant the patient had to have another blood sample taken. The member of staff involved had felt supported to raise the incident as a significant event and the practice reviewed the number of patients being seen in clinics to ensure that staff were not overloaded. The patient was given an explanation and an apology.

Overview of safety systems and processes

The practice demonstrated that they had some systems in place which kept people safe and safeguarded from abuse; although there were areas where improvements needed to be made. Systems in place included:

- Arrangements to safeguard children and vulnerable adults from abuse which were in line with local requirements and national legislation. The GP was the lead member of staff responsible for child and adult safeguarding and staff were aware of this. Policies in

place supported staff to fulfil their roles and outlined who to contact for further guidance if they had concerns about patient welfare. Clinical staff had received training relevant to their role and GPs were trained to level 3 for safeguarding children. However, recording provided by the practice identified some gaps in safeguarding training for reception and administrative staff.

- Nurses and reception staff acted as chaperones if required. Notices were displayed in the waiting area and consultation rooms to make patients aware that this service was available. All staff who acted as chaperones were appropriately trained.
- The practice premises were observed to be clean and tidy. The practice nurse was the clinical lead for infection control within the practice. They had not received any additional training to support them in their role but had received advice from the locality infection control nurse. There was a comprehensive infection control policy in place and staff received infection control training as part of their induction. We reviewed an infection control audit which the practice had undertaken in November 2015. We found that some areas of the audit had not been fully completed. The audit identified a number of improvements such as changes to flooring but not all of these improvements had been addressed such as replacing dirty light pull cords.. In addition there was no action plan in place to indicate when the identified improvements would be implemented.
- Arrangements for managing medicines, including vaccinations and emergency drugs, ensured that patients were kept safe. Regular medicines audits were undertaken with the support of the clinical commissioning group (CCG) pharmacy team to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were stored securely and processes were in place to monitor their use. Both of the nurses had qualified as prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GP for this extended role.
- We reviewed four employment files for clinical and non-clinical staff. We found that most of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included, proof of identification, references, qualifications, registration

Are services safe?

with the appropriate professional body. However, the appropriate checks through the Disclosure and Barring Service (DBS) had not been undertaken for reception and administrative staff. The practice had not formally assessed the risk of employing these members of staff without undertaking a DBS check. The practice provided evidence to demonstrate that checks had been applied for in respect of all of the reception and administrative staff.

Monitoring risks to patients

Risks to patients were assessed and well managed:

- There were procedures in place to monitor and manage risks to patient and staff safety. There was a health and safety policy and staff were aware of how to access this. In addition to this, there was a health and safety poster displayed in the staff area of reception. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place to manage the number and skill mix of staff required to meet patients' needs. There were rota systems in place for each staff group to ensure

that there were enough staff on duty. Due to being a small team, the practice aimed for all reception and administrative staff to be trained in all areas to ensure they were able to provide cover for colleagues.

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 practice.
- 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. The practice had designated first aiders.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as loss of computer systems or building damage. The plan included emergency contact numbers for staff, other providers and suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Practice staff demonstrated that they used evidence based guidelines and standards to plan and deliver care for patients. These included local clinical commissioning group (CCG) guidance and National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice demonstrated that they made use of local clinical pathways. The practice had systems in place to ensure all clinical staff were kept up to date including regular clinical meetings and attendance at locality training sessions and events.

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 recently published results showed that the practice had achieved 99.8% of the total number of points available, with an exception reporting rate of 9.2%. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). 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 100% which was 11.2% above the CCG average and 10.8% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 85.5% which was similar to the CCG average of 84.9% and the national average of 83.6%
- 100% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was 19% above the CCG average and 11.7% above the national average. This was achieved with a 0% exception reporting rate.

The practice undertook clinical audits to drive improvement:

- There had been two clinical audits completed in the last two years, both of these were completed audits where

the improvements made were implemented and monitored. For example, the practice undertook an audit in respect of the prescribing of sip feeds (sip feeds are liquid nutrient formulations containing the complete range of nutrients, which generally are administered by mouth to supplement or to provide the complete nutritional requirements for an individual). The audit was planned to ensure adherence to prescribing guidelines and to minimise waste. Re-audit demonstrated a reduction in the repeat prescribing of sip feeds meaning that there would be less waste due to feeds remaining unused.

- The practice also undertook annual minor surgery audits.

We saw evidence that the practice liaised with the CCG and reviewed its performance to consider where improvements could be made. For example, the practice was aware that its rate of referral to secondary care was above average for the locality and had reviewed the reasons for this. Analysis of referrals demonstrated that a long term locum GP had been referring a disproportionately higher number of patients. This issue was discussed with the locum member of staff and referrals were scrutinised internally.

The practice performed well when compared with others in respect of its rate of emergency admissions and its rate of A&E attendances. For example, the practice rate of A&E attendances between October 2014 and September 2015 was 253.7 per 1000 patients compared with the CCG average rate of 312.6 per 1000 patients.

Effective staffing

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

- The practice had comprehensive induction programmes for newly appointed clinical and non-clinical members of staff that covered topics such as safeguarding, first aid, 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. For example we saw that nursing staff had attended training on chronic obstructive pulmonary disease (COPD) in primary care. (COPD is the name for a

Are services effective?

(for example, treatment is effective)

collection of lung diseases). Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.

- The practice manager told us the learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However, we saw that most staff had not received an annual appraisal in the last year. The practice manager told us this was due to the level of staffing changes within the practice. They explained that there had been a new partner in April 2015 following the departure of the long serving former senior partner in addition to a number of new administrative and reception staff starting. The decision had been taken to delay staff appraisals until the staff team was more settled. The practice manager provided evidence to demonstrate that plans were in place to complete appraisals for all staff.
- We saw that 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, shadowing for new staff, one-to-one meetings, clinical supervision and facilitation and support for revalidation.
- Staff received training that included: fire procedures, basic life support and information governance awareness. Records provided demonstrated that some staff had not recently completed safeguarding training. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Information required to plan and deliver care was available to relevant members of staff in a timely and accessible way. Information was accessed through the practice's electronic patient record system and via a shared computer 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 people to other services.

We saw that staff worked with other health and social care professionals to meet the needs of their patients and to assess and plan care and treatment. Multidisciplinary team meetings were held every four to six weeks and were attended by a range of health and social care professionals including the GP, care coordinator, community matron, mental health nurses and district nurses.

The practice also held meetings every four to six weeks to discuss children at risk or those subject to child protection plans. Meetings were attended by the GP; the practice's safeguarding administrative lead, school nurse, health visitor and others.

Consent to care and treatment

Staff generally 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.
- The process for seeking consent was monitored through records audits. We saw evidence that appropriate consent was sought for minor surgery and contraceptive implants.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted or referred to the relevant service.
- The practice offered a range of services including a health promotion clinic giving advice on weight management and smoking cessation.

The practice had systems in place to ensure patients attended screening programmes and ensured that results were followed up appropriately. The practice's uptake for

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

the cervical screening programme was 85.8% which was the same as the CCG average of 85.8% and marginally above the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the last quarter in 2014/2015 were 100% for all age groups.

Flu vaccination rates for the over 65s were 78.3% and at risk groups 53.3%. These were comparable to the national averages of 73.2% and 49.2% respectively.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that staff treated patients with dignity and respect. Staff were helpful to patients both on the telephone and within the practice.

Measures were in place to ensure patients felt at ease within the practice. These included:

- Curtains were provided in treatment and consultation rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation room doors were kept closed during consultations and locked during sensitive examinations. Conversations taking place in consultation rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if they wished to discuss sensitive issues or appeared distressed

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All 19 completed comment cards we received were positive about the standard of care received. Patients highlighted that they were listened to and were not rushed during appointments. In addition patients commented that staff were polite, friendly and helpful.

We spoke with six patients, including members of the patient participation group (PPG), during the inspection. All of the patients said that they found the premises clean and tidy and were always treated with kindness and consideration by the practice staff.

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

- 90% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average 95%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

Satisfaction scores for interactions with reception staff were above the CCG and national averages:

- 97% said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. In addition patients said they felt listened to and did not feel rushed during consultations which ensured they had sufficient time to make informed decisions about treatment. Patient feedback on the comment cards we received was positive and aligned with these views.

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 97% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Are services caring?

Staff told us that translation 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. For example, there was information for carers and information about dementia and mental health.

The practice's computer system alerted GPs if a patient was also a carer. In addition the practice had a carers' champion who could provide additional information for carers about support available in the local area.

Staff told us that if families had suffered bereavement, their usual GP or one of the practice nurses contacted them to see what support they required. This contact would be followed by a consultation at a flexible time if appropriate.

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 adapted how services were delivered to ensure these needs were met. For example, the practice had reviewed and changed their appointment system in 2015 to offer a daily open access clinic from 10am to 11am to facilitate access to urgent appointments.

In addition to this, the practice met the needs of their patients in a range of ways:

- Extended hours were offered on alternate Monday evenings until 8pm to meet the needs of working age patients.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Baby changing facilities were available in addition to toys for children
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a weekly clinic for teenagers to provide them with advice and treatment.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointments were offered from 9am to 10am and from 3.30pm to 5.30pm. In addition to this, an open access clinic operated daily from 10am to 11am where patients were invited to sit and wait or provided with an approximate appointment time by reception staff. Extended hours appointments were offered on the first, third and fifth Monday of each month until 8pm.

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:

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.

- 94% of patients said they could get through easily to the surgery by phone compared to the CCG average of 64% and the national average of 73%.
- 91% of patients described their experience of making an appointment as good compared to the CCG average of 72% and the national average of 73%.
- 84% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and the national average 65%.

People told us on the day of the inspection that they were able to get appointments when they needed them. This aligned with feedback from the comment cards. However, feedback from some patients, staff and the patient participation group (PPG) was that there were sometimes long waits for appointments at the open access clinic. Feedback was that this had worked well initially but that waiting times had increased. We saw evidence that the practice regularly reviewed access to appointments and had recently recruited a healthcare assistant to enable nurses to deal with more minor illnesses.

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.
- A range of information was displayed in the waiting area inviting feedback from patient. This included information about to make a complaint about the practice.

We looked at five complaints received in the last 12 months and found these were dealt with promptly and sensitively. We saw that meetings were offered to discuss to resolve issues in the manner which the complainant wanted. Apologies were given to people making complaints where appropriate. Lessons were learnt from concerns and complaints and appropriate action was taken to improve the quality of care. All complaints were discussed at meetings and the learning shared. There was evidence of ongoing review of complaints following their resolution.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice told us their aim was to provide high quality care in conjunction with continuity of care. In addition they aimed for this care to be tailored to the needs of the individual patients. They had a clear vision to provide care in a friendly, family based context and this was shared with patients on their website. Staff were aware of, and engaged with the practice's vision.
- The partner and the practice manager held regular meetings to discuss the practice's strategy and to plan for the future. For example, the practice had recently agreed to a sharing of practice management resource with another co-located practice on a trial basis.

Governance arrangements

The practice had effective governance systems in place which supported the delivery of good quality care. These outlined the structures and procedures in place within the practice and ensured that:

- The practice had a clear staffing structure and staff were aware of their roles and responsibilities. The GP partner took lead roles in a number of areas across the practice but we saw that administrative staff had lead roles to support the GP. For example, there was a lead administrator for safeguarding.
- A wide range of practice specific policies were in place and accessible to all staff.
- There was a demonstrated and comprehensive understanding of the performance of the practice.
- A programme of clinical and internal audit was used to review the quality of all aspects of service delivery. Findings were used to ensure service improvement.
- Arrangements were in place to identify, record and manage risks and ensure mitigating actions were implemented.

Leadership and culture

The GP partner and the practice manager had the experience, capacity and capability to run the practice and

ensure high quality care. They prioritise safe, high quality and compassionate care. The partners 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 partners and the manager encouraged a culture of openness and honesty.

In addition the nursing staff had lead roles in clinical areas and areas of special interest which enhanced the care provided within the practice. For example one of the practice nurses was also the lead respiratory nurse for the clinical commissioning group (CCG) which brought additional expertise into the practice.

When there were unexpected or unintended safety incidents:

- The practice notified affected people in a prompt manner and offered explanations and apologies where appropriate.
- They kept written records of verbal interactions as well as written correspondence. Learning was also captured from verbal comments.

We saw that that there was clear leadership within the practice and staff told us they felt valued and supported by management:

- The new partner had introduced more regular staff meetings which staff told us they found beneficial.
- All staff said there was an open culture within the practice and staff felt confident to raise any issues in practice meetings. Staff told us they were supported when they did raise issues and that there was a team approach to resolving issues.
- Staff said they were respected, valued and supported both by the practice manager and the lead GP. Staff were involved in discussions about the development of the practice and were encouraged to identify opportunities to improve 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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We saw evidence that the practice had analysed the results of the GP patient survey and commissioned further surveys to understand patients' experiences of the practice.
- There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested improvements to the layout of the waiting area, to improve confidentiality for patients, which had been implemented.
- The practice had gathered feedback from staff through regular meetings, discussions and appraisals. Staff told

us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on learning and improvement within the practice. The practice demonstrated a committed to delivering serviced which improved outcomes for patients in the area. For example, the practice offered a clinic for teenagers one afternoon per week. The clinic was timed to coincide with the school bus dropping off pupils outside of the practice. Patients were sent a letter by the practice in the month after they reached the age of 13 to advise them that the service was available. The practice told us 61 patients had been seen in the teenage clinic since 31 March 2015.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to address all areas identified for improvement following an infection control audit and did not have a plan in place to ensure these were implemented. In addition, the provider had failed to assess the risk of employing individuals without undertaking a check with the Disclosure and Barring Service (DBS). This was in breach of Regulation 17 (1) (2) (b)