

North Leverton 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at North Leverton Surgery on 23 May 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had systems, processes and practices to minimise risks to patient safety although some procedures relating to the dispensary service required improvement. The practice also needed to review the fire risk and the legionella risk assessment action plan to ensure all actions have been completed and to ensure adequate measures were being taken to minimise risk.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was continuity of care, with urgent appointments available the same day. However, some patients did not always find it easy to make a routine appointment.
- 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 provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw one area of outstanding practice:

- The practice had 32 patients with learning disabilities which equated to 1% of the patient

Summary of findings

population compared to the national average of 0.5%. The practice ensured these patients were regularly reviewed and monitored uptake of annual health checks monthly. The NHS England target for uptake of annual health checks for patients with a learning disability is 75%. During 2016/17 the practice achieved 97% uptake. The practice provided a wide range of information in easy ready format to enable patients with a learning disability to be involved with their care and the practice offered longer appointments for patients with a learning disability. The GPs and a member of the administration team had completed learning disability training on annual basis. Members of staff from two local care homes told us their patients with a learning disability received an excellent service from the practice and they ensured patients were involved in their care.

The areas where the provider must improvement are:

- Ensure medicines that are provided in compliance aids are packaged safely to reduce the risk of patient harm.
- Ensure fridge temperatures are monitored correctly in relation to provision, calibration and resetting of thermometers to maintain the effectiveness and safety of the medicines.

- Review access and security arrangements for keys to the dispensary and controlled drug storage area.
- Implement procedures in accordance with regulations for controlled drugs which require destruction.
- Develop and implement procedures to ensure accurate records for controlled drug stock are maintained.

The areas where the provider should make improvement are:

- Review the fire risk assessment action plan and ensure all actions have been completed.
- Review the legionella risk assessment action plan to ensure adequate measures are being taken to minimise risk.
- Improve uptake for childhood vaccinations.
- .Review the systems in place to identify carers.

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 was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The practice had systems, processes and practices to minimise risks to patient safety although some procedures relating to the dispensary service required improvement. The practice also needed to review the fire risk and the legionella risk assessment action plan to ensure all actions are completed and to ensure adequate measures were being taken to minimise risk.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- The uptake for childhood vaccinations was below local and national averages in some areas.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice provided an excellent service for patients with a learning disability ensuring patients were involved in their care and were regularly reviewed.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said there was continuity of care, with urgent appointments available the same day. Some people told us there was a wait for a routine appointment but the practice had taken some action to try to address access issues.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and we found the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included

Good



Summary of findings

arrangements to monitor and improve quality and identify risk. A new practice manager had recently been appointed and we observed they had implemented a number of positive improvements in record keeping.

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 95% similar to the CCG average of 98% and national average of 90%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

Good



Summary of findings

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 (A&E) attendances.
- Immunisation rates were below average in some areas relating to childhood immunisations. For example, measles, mumps and rubella vaccine (MMR) rates for five year olds ranged from 38% to 42% which was below the CCG average of 48% to 50% and national average of 88% to 94%. The practice achieved two out of four 90% target rates for vaccines given to under two year olds with vaccination rates ranging from 69% to 100% for this group.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, although the practice did not offer extended hours they told us later appointments would be offered to working people.
- 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.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had 32 patients with learning disabilities which equated to 1% of the patient population compared to the national average of 0.5%. The practice ensured these patients were regularly reviewed and monitored uptake of annual health checks monthly. The NHS England target for uptake of annual health checks for patients with a learning disability is 75%. During 2016/17 the practice achieved 97% uptake. Reviews were conducted in the patient's home or at the surgery. The practice provided a wide range of information in easy ready format to enable patients with a learning disability to be involved with their care. The GPs and a member of the administration team had completed learning disability training on annual basis. The practice offered longer appointments for patients with a learning disability and provided support for patients living in local care homes.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was 97% similar to the CCG average of 99% and national average of 92%.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had an understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. 211 survey forms were distributed and 111 were returned. This represented 4% of the practice's patient list.

- 90% of patients described the overall experience of this GP practice as good compared with the CCG average of 88% and the national average of 85%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the with the CCG average of 84% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. The majority of patients told us they received an excellent service and said staff were kind and caring. Four patients told us that although they received good care and treatment access to appointments was sometimes difficult.

We spoke with six patients during the inspection. All the patients said they were satisfied with the care they received and thought staff were friendly and caring. Although the majority of patients told us they were able to get appointments when they needed them some patients said sometimes had to wait for a routine appointment.

100% of patients who responded said they would recommend this practice in the friends and family test.

North Leverton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector. A member of the CQC medicines team provided off site support.

Background to North Leverton Surgery

The provider of the service is a partnership known as Dr Gemma Maria Brownson and Dr James Richard Reader. The practice provides services for 2,610 patients within the Bassetlaw CCG under a General Medical Services (GMS) contract.

The practice is situated in a purpose built building. Car parking is available on site or on the road outside the practice. There is an on-site dispensary serving all but one of the practice patients.

There is a higher than average patient population aged over 50 years and lower than average under 45 year old patient population compared to the national average.

There is one female GP partner and one male GP partner. The practice is supported by a practice manager, two practice nurses, a phlebotomist, five dispensers, and an administration and reception team.

The practice and the dispensary is open Monday to Friday 8am to 1pm and 2pm to 6.30pm. Telephone lines are open 8am to 6.30pm Monday to Friday. GP appointments are

available Monday to Friday 9am to 12.30pm and 4pm to 5.50pm. Nurses appointments are available Monday to Friday 8.30am to 11.50am and 2pm to 5.50pm. A phlebotomy service is provided Tuesday 8.30am to 12pm.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the 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 23 May 2017. During our visit we:

- Spoke with a range of staff (GPs, practice manager, practice nurse, dispensers and administration and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members

Detailed findings

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and evidence of meetings where significant events were discussed. The practice carried out analysis of the significant events and monitored trends. The practice maintained a central log of significant events and risk rated the incidents recorded. We found patient safety alerts may not always have been actioned in a timely manner. However, the recently recruited practice manager had identified this risk and implemented a central log of the most recent alerts. This identified the alert, action taken and responsible person undertaking any required actions
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, where incidents had occurred in the dispensary the incidents were reviewed and any actions required to improve practice were identified, recorded and discussed in meetings with staff.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A register of looked after children and children at risk was maintained and computer alerts were in place. Children's attendance at accident and emergency was logged and frequent attendance was monitored.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, dispensing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular

Are services safe?

medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice provided a dispensing service. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had undertaken continuing learning and development. Records provided on the day and following the inspection showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked regularly by the lead GP for the dispensary. Regular audits were undertaken and patient surveys showed high levels of satisfaction with the service.
- Dispensary staff showed us standard operating procedures (SOP) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines) and these had been regularly reviewed.
- Systems were in place to ensure prescriptions were signed before the medicines were dispensed and handed out to patients. Dispensary staff identified when a medicine review was due and told us that they would alert the relevant GP to re-authorise the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their conditions. The dispensary staff highlighted prescriptions for high risk medicines to the GP prior to signing to ensure monitoring could be checked before the medicines were issued.
- The dispensary staff were able to offer weekly blister packs as medicine compliance aids (MCA) for patients who needed this type of support to take their medicines and we saw that the process for packing and checking these was robust. Staff knew how to identify medicines that were not suitable for these packs and offered alternative adjustments to dispensing where possible. However, we identified that some medicines were left in their original packaging when placed in to the compliance aids. Royal Pharmaceutical Society (RPS) guidance, Improving patient outcomes: the better use of multi-compartment compliance aids, addresses packaging considerations and recommends that medicines should not be repackaged within MCA in their original strip or blister packaging. This was because of reports of patients swallowing packaging as well as the medicine, resulting in serious harm.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Systems had recently been put in place by the new practice manager to deal with any medicines alerts or recalls which included records of the alerts received and any actions taken.
- Records showed fridge temperature checks were carried out to ensure medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure. However, staff were only resetting the fridge temperature in the dispensary weekly and only one thermometer was provided. Public Health England guidance states fridges should ideally have and if only one thermometer is used, then a should be considered to confirm that the calibration is accurate. Staff told us calibration of the thermometer was completed annually. The guidance also states the thermometer should be reset after each reading.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard. However, we found key access to the dispensary and controlled drug storage area and security of keys required improvement. The provider told us they would review these arrangements.
- There were arrangements in place for the destruction of controlled drugs although we found stocks of drugs

Are services safe?

dating back to 2013. Staff told us they had difficulty in accessing an appropriate person to destroy the controlled drugs although no evidence was available to show this service had been requested.

- We observed records of controlled drugs were maintained although there had been errors in the running balance totals mostly due to the out of date stock balance not being carried through the records accurately. These entries showed the physical stock balance was not routinely checked on receipt or dispensing of these drugs. For example, one error had continued for three months despite nine further entries of receipt or dispensing in the records. Records showed stock checks had previously been completed six monthly and new systems had recently been implemented for monthly stock checks. The SOPs relating to management of controlled drugs did not provide any guidance for staff on stock balance checks and when these should be undertaken. The National Institute for Health and Care Excellence (NICE) guidance (NG 46, April 2016) states there should be a SOP and that this should include frequency of stock checks. The guidance states frequency of stock checks should be based on the frequency of use and controlled drug-related incidents and risk assessment. For most organisations stock checks should be at least once a week, but they may be carried out more or less often depending on the circumstances.
- The surgery had arranged a medicines delivery service to patients in their own homes and to a secure collection site in surrounding villages. A SOP outlined how risks were managed and security arrangements. The surgery had a process to ensure prescriptions were tracked between the delivery sites and the dispensary.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.

- The practice had an up to date fire risk assessment and carried out regular fire drills. The practice manager was new into post and had not had the opportunity to check all the actions from the June 2016 action had been completed and there were no records to evidence this. We observed work to the rear final exit door lock required action and the practice manager advised us this was scheduled for the day after the inspection. A medical gas sign was also required for the storage area for the liquid nitrogen. The practice manager told us they would review all the required actions and ensure these were completed.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We observed water temperature checks were completed but had not been completed on a consistent basis. For example, checks were required monthly but had only been completed twice in 2017. The risk assessment did not make clear if water sample testing was required. The practice manager told us they would follow this up with the company who had completed the risk assessment.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice had identified that there were insufficient clinical staff which had impacted on patient experience in relation to accessing appointments. To try to improve access the practice had employed an advanced nurse practitioner who was due to join the team in June 2017.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- Staff received annual basic life support training and there were emergency medicines available.
- 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 staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 95% similar to the CCG average of 98% and national average of 90%.
- Performance for mental health related indicators was 97% similar to the CCG average of 99% and national average of 92%.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included actions implemented to safely reduce antibiotic

prescribing. The practice had implemented a system to reduce antibiotic prescribing without compromising patient care and without increasing workload by repeatedly reviewing the same patient for the same problem. It was agreed that if a patient attended with an infection which was likely to be self-limiting the patient would be asked to self-treat for a period of 48 hours if it were safe to do so without risking further complications including sepsis. The patient was given a leaflet on self-treatment and signs of possible sepsis to be vigilant for (endorsed by Public Health England). The dispensary staff were informed that although a prescription would be issued it was not to be dispensed unless the patient requested it after an agreed period of time. Data showed that 67% of prescriptions produced in this way were not collected and an additional audit showed this had increased to 71%.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 such as diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice manager had well developed systems to enable them to monitor staff training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a two to three monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 86%, which was comparable with the CCG average of 82% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below CCG/national averages in some areas. For example, measles, mumps and rubella vaccine (MMR) rates for five year olds ranged from 38% to 42% which was below the CCG average of 48% to 50% and national average of 88% to 94%. The practice achieved two out of four 90% target rates for vaccines given to under two year olds with vaccination rates ranging from 69% to 100% for this group. Staff we spoke with told us they could be more proactive in sending patient reminders to improve uptake in the vaccination programme and would look at ways to improve this in future.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using easy read information for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

The practice had 32 patients with learning disabilities which equated to 1% of the patient population compared to the national average of 0.5%. The practice ensured these

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

patients were regularly reviewed and monitored the uptake of annual health checks monthly. The NHS England target for uptake of annual health checks for patients with a learning disability is 75%. During 2016/17 the practice achieved 97% uptake. Reviews were conducted in the

patient's home or at the surgery. The practice provided a wide range of information in easy ready format to enable patients with a learning disability to be involved with their care. The GPs and a member of the administration team had completed learning disability training on annual basis.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 30 patient Care Quality Commission comment cards we received were 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 seven patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%

- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 97% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 99% and the national average of 97%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 96% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, senior staff of the two local care homes where some of the practice's patients with learning disabilities lived praised the care provided by the practice.

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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.

Are services caring?

- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 93% and the national average of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- A wide range of information leaflets were available in easy read format. Staff at local care homes told us the practice involved their patients in their care and used alternative methods such as easy read formats and pictures to enable effective communication.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients as carers this equates to just 0.6% of the practice list. Systems to identify carers should be reviewed. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available. The practice web site had a 'translate page' function which enabled patients to easily convert the information on the website into a number of languages.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients received information in formats that they could understand and receive appropriate support to help them to communicate. A questionnaire was completed with every new patient to assess their communication needs.

Access to the service

The practice and the dispensary was open Monday to Friday 8am to 1pm and 2pm to 6.30pm. Telephone lines were open 8am to 6.30pm Monday to Friday. GP appointments were available Monday to Friday 9am to 12.30pm and 4pm to 5.50pm. Nurse appointments were available Monday to Friday 8.30am to 11.50am and 2pm to 5.50pm. A phlebotomy service was provided Tuesday 8.30am to 12pm.

Pre-bookable appointments could be booked up to six weeks in advance and urgent appointments were available for patients that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 82% and the national average of 76%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% and the national average of 73%.
- 87% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 87% and the national average of 85%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 49% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 67% and the national average of 58%.

Although the majority of patients we spoke with told us on the day of the inspection that they were able to get appointments when they needed them some patients said sometimes had to wait for a routine appointment. Of the 30 comment cards we received four patients told us they had difficulty getting an appointment when they needed them. To try to improve access the practice had employed an advanced nurse practitioner who was due to join the team in June 2017. Following a survey conducted by the practice in February 2017 the practice had also increased the length of appointment times to 15 minutes to try to reduce issues relating to car parking and waiting times in the surgery. The practice was also looking to expand the premises to enable them to increase capacity and expand the services provided. Space for consulting rooms was very limited and meant there was no room for additional clinical staff.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Are services responsive to people's needs?

(for example, to feedback?)

Patients requesting home visits gave basic details for the reason for the visit and the GPs prioritised the requests and contacted the patients to arrange visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

procedure was displayed in the practice and on the website where it could be translated into different languages. We saw that patients were advised of how to escalate their complaints in the procedures but this information also required adding to letters to patients following a complaint. The practice manager had just commenced employment at the practice and was aware of this and said they would do this in future.

The practice had received two complaints in the last 12 months. We found these were satisfactorily handled and dealt with in a timely way and there was openness and transparency with dealing with the complaint. We found high levels of patient satisfaction and patients told us they would have no concerns about making a complaint but had no reason to do so. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, following an incident relating to a compromise in patient confidentiality the practice procedures were reviewed to minimise the risk of a reoccurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas in areas such as safeguarding and management of the dispensary.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. The practice manager had been recently recruited and was in the process of reviewing and improving procedures and we saw a number of positive changes in record keeping had been made.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, some procedures relating to the dispensary service required improvement. The practice also needed to review the fire risk and the legionella risk assessment action plan to ensure all actions are completed and to ensure adequate measures were being taken to minimise risk.
- There was a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- The practice held multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG

Are services well-led?

Good 

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

met regularly and submitted proposals for improvements to the practice management team. For example, the practice was reviewing the packaging of medicines following concerns raised by patients.

- The NHS Friends and Family test and compliments received
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. For example, the practice had conducted a patient satisfaction survey in February 2017. High levels of patient satisfaction were indicated but the practice had addressed areas where patients had not been as satisfied such as access to appointments. The practice was very limited in terms of space for additional staff but had reviewed the appointments available and had employed an advanced nurse practitioner on a part time basis to improve access.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services.</p> <p>This was because:</p> <ul style="list-style-type: none">• The Royal Pharmaceutical Society (RPS) guidance in relation to repackaged medicines within medicine compliance aids in their original strip or blister packaging had not been implemented.• The Public Health England guidance for monitoring of medicine fridge temperatures in relation to provision and calibration of thermometers and frequency of resetting thermometers had not been implemented.• Security arrangements to keys to the dispensary and controlled drug storage area were not adequate.• Procedures for out of date controlled drugs which require destruction had not been implemented.• Accurate records for controlled drug stock were not always maintained and procedures to guide staff in this area had not been developed. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>