

The New 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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
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 The New Surgery on 20 January 2016. Overall the practice is rated as good. The practice is rated good for safe, effective, caring and well led domains. The practice is rated as requires improvement for the responsive domain.

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

- The practice ensured that when things went wrong that these were investigated and learning was shared with staff.
- There were systems for assessing risks including those associated with medicines, equipment and infection control. A fire safety risk assessment had been conducted and staff had undertaken fire safety training.
- Health and safety information was practice specific and a health and safety risk assessment had been carried out.
- There was a detailed business continuity plan to deal with untoward incidents that may affect the day to day running of the practice.
- Staff were recruited robustly with all of the appropriate checks carried out to determine each person's suitability and fitness to work at the practice.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- There were procedures in place for obtaining patients consent to care and treatment. However some staff were unaware of their responsibilities to identify parental responsibilities when obtaining consent in relation to treating children.
- Clinical audits and reviews were carried out to monitor and improve patient care and treatment.
- Staff told us that they were supported and received role specific training to meet the needs of patients. Staff had undertaken appropriate role specific training. There was a system for staff appraisal.

Summary of findings

- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment. They said that staff were helpful, polite and courteous.
- Information about services and how to complain was available and easy to understand. Complaints were investigated and responded to promptly and apologies given to patients when things went wrong or their experienced poor care or services. However in responding to complaints the practice did not always address all of the elements of the complaint fully. Complaint responses did not include details of how the complainant could escalate their concerns should they remain dissatisfied with the outcome or how their complaint was handled.
- The practice offered a range of appointments including face to face, telephone and online consultations. Routine appointments could be booked in advance. Same day appointments were available.
- Patients said they often found it difficult to get through to the practice by telephone and to make an appointment with a named GP. Some patients reported having to wait for up to four weeks to see their named GP or 10 to 12 days to see a different GP for a routine appointment. Some also experienced long waiting times (up to 40 minutes after their appointment time).
- The practice was accessible to patients with mobility difficulties 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.

There were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure that all complaints received are fully investigated and that patients are provided with information as to how they can escalate their concerns should they remain dissatisfied with the outcome or how their complaint was handled.

Additionally the should:

- Review the arrangements for obtaining patient consent so that they reflect staff responsibilities for determining who holds parental responsibility when children are treated.

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 good for providing safe services.

There were systems in place to monitor safety and to act when things went wrong. Lessons were learned and communicated with staff to support improvement.

There were policies, procedures and risks assessments to identify risks to patients and staff. These included safeguarding adults and children and infection prevention and control, fire safety and health and safety.

Staff were recruited with all of the appropriate checks carried out including proof of identify, employment references and Disclosure and Barring Services (DBS) checks.

Medicines were managed safely and there were suitable medicines and equipment to deal with medical emergencies.

The practice had suitable premises and equipment and these were well maintained to help keep patients and staff safe.

Good



Are services effective?

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

Data showed that the practice performance in the treatment of long term conditions such as diabetes and heart disease was similar to or above other GP practices locally and nationally.

The practice proactively encouraged patients to participate in national screening and vaccination programmes such as cervical screening, childhood immunisations; and adult vaccinations (including flu and shingles). The practice uptake for these was in line with or above other GP practices both locally and nationally.

The practice routinely referred to and used a wide range of published guidelines and relevant legislation when assessing patients' needs and delivering treatment. Clinical audits were carried out to improve patient care and treatments.

Staff had received training relevant to their roles and the needs of patients. For example staff had undertaken training in areas such as fire safety awareness, infection control or chaperone duties.

Some staff were not sufficiently aware of parental responsibility in relation to providing consent to care and treatment.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

The results from the national GP patient survey which was published on 7 January 2016 showed:

- Patients felt listened to and that GPs and nurses treated them with care and concern.
- Patients felt that they were provided with relevant information and they were able to be involved in making decisions about their care and treatment.

Patients who completed comment cards and those we spoke with during the inspection also told us:

- Staff were helpful and approachable
- Staff were respectful and caring.
- They were treated kindly with dignity and respect.

Patients' privacy was maintained during consultations and treatment and information in respect of patients was treated confidentially. We observed reception staff were polite and courteous when dealing with patients. We observed on two occasions that staff were prompt in identifying where patients required extra assistance and provided this in a caring and compassionate way.

The patient participation group and the health care assistant (who was the practice carer's champion) had produced a carer's leaflet with useful information about the range of support and services that were available locally to carers.

Good



Are services responsive to people's needs?

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

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

- Appointment times and availability were flexible to meet the needs of patients.
- Early morning and Saturday morning appointments were available.
- Same and next day appointments were available.
- Home visits and telephone consultations were provided as needed.
- Patients had access to online consultations via the practice website.
- The practice facilities were equipped to treat patients and meet their needs.

Requires improvement



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.
- Complaints were not always responded to in full and complainants were not advised of how they could escalate their concerns should they remain dissatisfied with the outcome or how their complaint was handled.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy to provide a responsive service for all its patients. Patients had access to GPs throughout the day via face to face appointments or for advice and telephone consultations. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of policies and procedures to govern activity and these were regularly reviewed and updated so that they reflected current legislation and guidance. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and met every four to eight weeks with practice staff to discuss any issues and how these could be improved upon. The patient participation group was working proactively to attract new members and they produced a leaflet describing the function of the group and how patients could participate. Staff told us that they felt supported and that they could raise comments and suggestions, which were acted upon.

Good



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 provider was rated as good for the care of older people.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of older people including:

- All patients including older people had a named GP who was responsible for managing their care and treatment.
- The practice was accessible and offered parking for the disabled, a hearing loop, patient lift and toilet facilities for the disabled.
- Longer appointments, telephone consultations and home visits were provided as needed.
- One GP had extensive experience in treating older people. Appropriate referrals were made to secondary and specialist services as needed.
- The practice provided dementia screening and made appropriate referrals as required.
- Electronic prescribing was available so that patients could collect medicines from their local pharmacy without the need to visit the practice.
- Dedicated GP rounds were made to local care homes to monitor and treat patients.
- The practice worked with other agencies to reduce the number of unplanned hospital admissions.

Good



People with long term conditions

The provider was rated as good for the care of people with long-term conditions.

Nationally reported data showed that the practice performance for the management of long term conditions including diabetes and heart disease were similar to or above other GP practices locally and nationally. The practice offered proactive, personalised care to meet the needs of people with long term conditions including:

- Patients had a named GP who was responsible for coordinating their care and treatment.
- Registers were
- Dedicated nurse led clinics were held to assess and review patients with long term conditions.
- The practice worked

Good



Summary of findings

- Direct access was available to vulnerable patients including those who were at risk of unplanned hospital admissions.
- The practice offered services which could be easily accessed such as 24hr blood pressure monitoring, home peak expiratory flow rate (PEFR), home blood glucose testing, insulin pumps and home blood testing which enabled the close monitoring of long term conditions.

Families, children and young people

The provider was rated as good for the care of families, children and young people.

Nationally reported data showed that the practice performance for the uptake of childhood immunisations was similar to or above other GP practices locally and nationally. The practice offered proactive, personalised care to meet the needs of families, children and young people including:

- The practice offered same day appointments for children as needed. Appointments were available outside of school hours.
- Ante-natal, post-natal and baby checks were available to monitor the development of babies and the health of new mothers.
- 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.
- Referrals were made to appropriate counselling services where required.
- The practice reviewed and monitored the health of patients under the age of 18 years to reduce the numbers of unplanned A&E admissions. This was reflected in the practice performance which was significantly lower than the local and national averages.
- The practice held monthly in-house safeguarding meetings with relevant health professionals including health visitors to review children who were identified as being at risk.
- There were procedures in place for obtaining consent. However some staff were unaware of their need to check parental responsibilities when obtaining consent in relation to treating children.
- Children and young adults were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Information and a range of sexual health and family planning clinics were available.

Good



Summary of findings

- Some staff were not sufficiently aware of parental responsibility in relation to providing consent to care and treatment.

Working age people (including those recently retired and students)

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

The practice offered proactive, personalised care to meet the needs of families, children and young people including:

- Appointments could be booked in person or by telephone up to six months in advance and up to twenty weeks in advance online.
- Early morning appointments were available from 8.30am and pre-booked GP and nurse appointments were available on Saturday mornings (These could be booked one week in advance). Additional appointments were available over the New Year bank holiday weekend
- Online appointment booking and electronic prescribing facilities were available.
- Patients had access to online consultations via the practice website. Patients could complete a web form with information and / or questions about a range of symptoms and medical conditions. This information was then reviewed by a GP and patients received a call or email with advice or to book an appointment.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group including NHS health checks.

Good



People whose circumstances may make them vulnerable

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

The practice offered proactive, personalised care to meet the needs of people whose circumstances may make them vulnerable including:

- Staff undertook safeguarding training and the practice had a dedicated safeguarding lead.
- The practice held a register of patients living in vulnerable circumstances including patients with a terminal illness and those with a learning disability. This helped to monitor and maintain annual health checks.

Good



Summary of findings

- The practice proactively promoted annual health checks for patients with learning disabilities and nurses had received specific training to support these patients.
- Longer appointments were available as needed.
- Home visits were available for these reviews as needed.
- The practice also served an ethnically diverse population and patients whose first language was not English had access to translation services.
- Patients with alcohol and substance misuse issues were offered support and information in relation to their rehabilitation.
- The practice carried out twice weekly GP visits to a local care home for people with a range of neurological and physical disabilities to review and monitor their care and treatment.

People experiencing poor mental health (including people with dementia)

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

The practice offered proactive, personalised care to meet the needs of people experiencing poor mental health (including people with dementia), including:

- Patients had access to a named GP to help provide continuity of care.
- The practice carried out dementia screening and carried out face-to-face reviews.
- Patients with mental health conditions were reviewed and had an annual assessment of their physical health needs.
- Rapid access appointments were available as needed.
- Longer appointments and home visits were provided as required.
- 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 (A&E) where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local and national averages. There were 98 responses from 280 surveys sent out which represented 35% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was as follows:

- 86% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 69% found it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 83% were able to get an appointment to see or speak to someone the last time they tried. This was the same as the CCG average and compared to a national average of 85%.
- 89% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 66% described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 63% usually waited 15 minutes or less after their appointment time to be seen which was the same as the CCG average and compared to the national average of 65%.
- 55% felt they did not normally have to wait too long to be seen compared with a CCG average of 59% and the national average of 58%.
- 71% of patients would recommend the practice to someone new compared with a CCG average of 74% and a 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 14 comment cards. Patients commented:

- Reception staff were helpful and polite.
- GPs were professional and caring.
- The practice was very good and the care was excellent.

Six of the 14 patients who completed comment cards indicated that:

- There were difficulties in getting routine GP appointments.
- Some patients waited up to 30 minutes past their appointment time to see their GP.

We spoke with seven members of staff and they told us:

- GPs and all other staff were helpful, caring and professional.
- Patients experienced difficulties and long waits getting through to the practice by telephone. The practice had listened to and were addressing these concerns. The reception area was being redesigned, the telephone system upgraded and extra reception staff were being employed.
- There were ongoing difficulties with access to appointments for patients wishing to see a named GP (up to four weeks) and 10-12 days to see another GP.
- Patients were generally seen within 20 minutes of arrival. However some patients reported waiting up to 40 minutes after their appointment time to be seen.

Areas for improvement

Action the service MUST take to improve

Summary of findings

- Ensure that all complaints received are fully investigated and that patients are provided with information as to how they can escalate their concerns should they remain dissatisfied with the outcome or how their complaint was handled.

Action the service SHOULD take to improve

Review the arrangements for obtaining patient consent so that they reflect staff responsibilities for determining who holds parental responsibilities when children are treated.

The New Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, a GP specialist adviser, and a practice manager specialist adviser.

Background to The New Surgery

The New Surgery is located in purpose built premises on the Shenfield Road in a predominantly residential area in Brentwood, Essex. The practice provides services for 13803 patients. The practice also has a branch surgery located at Geary Drive, Brentwood. We did not visit the branch surgery as part of this inspection.

The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Basildon and Brentwood Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standardised.

The practice population is similar to the national average for younger people and children under four years, and for those of working age and those recently retired, and slightly higher for older people aged over 65 years. Economic deprivation levels affecting children, older people are lower than the practice average across England. Life expectancy for men and women are similar to the national averages. The practice patient list is lower than the

national average for long standing health conditions. It has a higher than the national averages for working aged people in employment or full time education lower numbers of working age people that are unemployed.

The practice is managed by eight GP partners who hold financial and managerial responsibility. One of the GP partners is the Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. The practice employs one salaried GP. In total four male and four female GPs work at the practice.

Two nurse practitioners, four practice nurses and one healthcare assistant work at the practice. In addition the practice employs a management team including a practice manager and a team of receptionists, medical secretaries, administrators and prescribing clerks.

The New Surgery is a fully accredited training practice for the East of England Deanery. This means that the practice has a GP Registrar who is a fully qualified doctor who is undertaking GP training in the practice.

The practice is open between 8am and 6.30pm on weekdays. GP and nurse appointments are available in the morning between 8.30am and 12.20pm. Afternoon appointments are available between 2.30pm and 5.45pm daily. Telephone triage and consultations are available throughout the day.

Pre-booked GP and nurse appointments are available between 8.30am and 12pm on Saturdays.

Detailed findings

The branch surgery is open between 8am and 6.30pm on Mondays, Tuesdays and Thursdays. Appointments are available between 8.30am and 12.20pm and between 2.30pm and 5.45pm.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

Why we carried out this inspection

We inspected The New Surgery as part of our 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. This inspection was planned to check whether the provider was 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.

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 January 2016. During our visit we spoke with a range of staff including the GPs, nurses, practice management and reception / administrative staff. We also spoke with seven patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including policies and procedures in relation to the management of the practice.

Are services safe?

Our findings

Safe track record and learning

The practice used a range of locally and nationally published information, including National Institute for Health and Care Excellence (NICE) guidance to monitor patient safety. There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated. We saw that alerts were received and shared these with the staff team via email and acted upon appropriately. We saw that patients' medicines were reviewed and changed where indicated. Relevant safety information was kept and accessible to staff to refer to as needed.

The practice had systems in place for investigating and learning from when things went wrong and all staff we spoke with were aware of these procedures and the reporting forms. Staff we spoke with told us the practice had an open and transparent approach to dealing with significant safety events. Through discussion with GPs and other staff we found that safety incidents were investigated and that learning from these was shared. We looked at a sample of significant events from the previous 12 months and saw that these had been investigated and learning was shared with all staff. These incidents had been reviewed to ensure that learning was imbedded within the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe. However there were areas where improvements were needed:

- Arrangements were in place to safeguard adults and children from abuse. The practice had an identified GP lead to oversee safeguarding and they attended local safeguarding meetings whenever this was possible. Staff had undertaken role specific training and had access to appropriate policies and procedures which reflected relevant legislation and referred to the local safeguarding team reporting systems. Staff we spoke with were able to demonstrate that they understood

their roles and responsibilities for keeping patients safe. Reception staff told us that knew the patients well and that they would report anything unusual to the GPs, nurse or practice manager. GPs always provided reports where necessary for other agencies.

- The practice had procedures in place for providing chaperones during examinations and notices were displayed to advise patients that chaperones were available, if required. Chaperone duties were carried out by nursing staff who had received a disclosure and barring check (DBS). (These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff who undertook these duties had received training and staff who we spoke with were aware of their roles and responsibilities.
- There was a health and safety policy available; and risks to the health and safety of patients and staff had been assessed and managed. All electrical equipment was checked to ensure that it was safe to use.
- Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly. The practice had a risk assessment in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials. An external assessment had been conducted to identify risks in relation to legionella.
- The practice had a policy around fire safety. The risk of fire had been assessed and staff had undertaken fire safety training. There was appropriate fire safety equipment including extinguishers located throughout the practice. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas.
- The practice had suitable policies and procedures in place for infection prevention and control. We observed the premises to be visibly clean and tidy. One practice nurse was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. There were cleaning schedules in place and regular infection control audits had been carried out. Staff had received infection control training. Clinical staff had access to personal protective equipment such as gloves and aprons and had undergone screening for Hepatitis B vaccination

Are services safe?

and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

- The practice had arrangements for the safe management of medicines, including emergency medicines and vaccinations. Medicines were stored securely and only accessible to relevant staff. Prescription pads were securely stored and there were systems in place to monitor their use. Medicines we saw were in date and records showed that medicines were checked regularly. There were procedures in place for managing medicines which required cold storage including vaccines handled and stored in line with current guidelines. Fridge temperatures were monitored and recorded to ensure that they remained within the acceptable ranges for medicines storage. Staff who administered vaccines undertook training and followed the relevant guidance and directives.
- The practice had policies and procedures for employing clinical and non-clinical staff. We reviewed five staff files including practice nurses, health care assistants and administrative staff. We found that the recruitment procedures were followed. Evidence that the appropriate recruitment checks including proof of identification, employment references, qualifications, registration with the appropriate professional body where appropriate. Disclosure and Barring Service checks had been undertaken prior to employment for all relevant staff.

- New staff undertook a period of induction when they first started work at the practice. This included an opportunity for new staff to familiarise themselves with the practice policies and procedures.
- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff we spoke with told us that there were always enough staff cover available for the safe running of the practice and to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

There were policies in place for dealing with medical emergencies and major incidents. All staff received annual basic life support training and those we spoke with including the receptionists were able to describe how they would act in the event of a medical emergency. The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction). Emergency medicines and equipment was available and accessible to staff. All the medicines we checked were in date as was oxygen with adult and children's masks.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice referred to and used a range of current published relevant carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2014/15 showed;

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 81% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 84% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 85% compared to the national average of 81%
- The percentage of patients with diabetes who had a foot examination and risk assessment within the preceding 12 months was 96% compared to the national average of 88%

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible.

The practice performance for the treatment of patients with hypertension (high blood pressure) was:

- The percentage of patients whose blood pressure was managed within acceptable limits was 86% compared to the national average of 83%.

The practice performance for treating patients who were identified as being at risk of a stroke (due to heart conditions) with an appropriate anticoagulant was 97% compared to the national average of 98%.

The practice performance for monitoring and treating patients with a respiratory illness was:

- The percentage of patients with asthma who had a review within the previous 12 months was 79% compared to the national average of 75%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who has an assessment of breathlessness using the Medical Research Council scale was 92% compared with the national average of 90%.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition were similar to GP practices nationally. For example:

- 96% of patents with a mental health disorder had a record of their alcohol consumption compared to the national average of 90%.
- 93% of patients who were diagnosed with dementia had a face to face review within the previous 12 months. This was the same as the national average.

The practice exception reporting was in line with GP practices nationally and locally. Exception reporting is a process whereby practices can exempt patients from QOF in instances such as where despite recalls patients fail to attend reviews or where treatments may be unsuitable for some patients. This avoids GP practices being financially penalised where they have been unable to meet the targets a set by QOF.

The practice carried out clinical audits to monitor and make changes to patient care and treatment as part of its quality monitoring and improvement. We looked at a sample of completed audits which had been undertaken within the previous 12 months.

One audit which was carried out in May 2015 reviewed patients who were certain medicines for pain relief. Due to concerns about the toxicity and efficacy of these medicines

Are services effective?

(for example, treatment is effective)

it is recommended that alternative medicines are prescribed where possible. The practice carried out an audit and found that 25 patients were prescribed these medicines. GPs were tasked to review patients and to prescribe alternative medicines where this was possible. A second audit cycle was carried out in December 2015 showed that the number of patients prescribed these medicines had been reduced to 12. The audit indicated the reasons where it had not been possible to alter the patient's medication such as intolerance to the alternative medicines. This reflected an improvement in the prescribing patterns in relation to these medicines.

Medicine reviews were carried out every six months or more frequently where required. The practice performance for prescribing medicines such as front line antibiotics, non-steroidal anti-inflammatory medicines and hypnotics (anti-depressant type medicines) was similar to GP practices nationally.

Effective staffing

Staff we spoke with told us that they received training and support to carry out their duties. We also found:

- The practice had an induction programme for newly appointed members of staff. This included training in dignity & respect, equality & diversity, safeguarding and information governance.
- Staff we spoke with told us that they had an annual appraisal.
- Nursing staff were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening.
- Nursing and GP staff had ongoing clinical supervision. Nurses working at the practice had current Nursing and Midwifery Council (NMC) registration. All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). We saw that the GPs and nurses undertook refresher training courses to keep their continuous professional development up to date and to ensure that their practice was in line with best practice and current guidance.

- The practice had training accreditation and trained GP registrars (fully qualified doctors who are undertaking GP 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. There were arrangements in place for sending and reviewing information when people moved between services, including when they were referred, or after they were discharged from hospital.

There were arrangements for sharing relevant information between staff. These included regular GP, nurse and clinical related meetings.

We were told that multidisciplinary meetings (where other healthcare professionals including district nurses and health visitors had attended) no longer took place because the funding for the care coordinator within the area had been stopped. GPs told us that information between the various disciplines was shared through email and telephone communication and that referrals to other services were managed through the local single point of referral (SPOR) service.

Consent to care and treatment

The practice had policies and procedures around obtaining patients consent to treatment and these reflected current legislation and guidance including the Mental Capacity Act 2005 and Gillick competence. Staff we spoke with could demonstrate that they generally understood and followed these procedures. However nursing staff we spoke with were unsure of their responsibilities in relation to parental responsibilities. This ensures that only those who have parental responsibilities for children give their consent to the care and treatment of children.

Are services effective?

(for example, treatment is effective)

We saw that written consent was obtained before GPs carried out treatments such as joint injections. Written consent forms were scanned and stored in the patients' electronic records. We saw that patients were provided with detailed information about the procedures including intended benefits and potential side effects. We saw that where verbal consent was obtained for treatments and procedures that this was recorded correctly within the patients' medical record.

Health promotion and prevention

GPs we spoke with told us that the practice was proactive in promoting patients' health and disease prevention. The practice had systems in place for identifying 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 to the relevant service.

The practice was proactive in promoting the various national screening programmes. The practice's uptake for the cervical screening programme for 2014/15 was 85%, compared to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening:

- The percentage of female patients aged between 50 and 70 years who had been screened for breast cancer was 70% compared with the local CCG average of 68% and the national average of 72%

- The percentage of patients aged between 60 and 69 years who were screened for bowel cancer was 57% compared to the local CCG national average of 58%

Childhood immunisation rates for the vaccinations given and flu vaccines for older people and at risk groups of patients who were under 65 years were:

- The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds was the same as the CCG percentage at 97%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 96% compared to the CCG percentage of 93%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was the same as to the CCG percentage at 95%.
- Flu vaccination rates for the over 65s were 71%, compared to national average of 73%. Seasonal flu vaccination rates for patients under 65 years with a clinical risk factor were the same as the national average at 46%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. 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

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. We observed two occasions where staff were prompt in identifying where patients required extra assistance and provided this in a caring and compassionate manner.

Reception staff were mindful when speaking on the telephone not to repeat any personal information. Reception staff told us that patients could speak confidentially to staff if they wished to do so and would be offered a quiet area to talk.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 14 patient CQC comment cards we received were positive about the way in which they were treated by all staff. Each of the seven patients we spoke with during the inspection told us that they were happy how they were treated by receptionists, GPs and nurses. Patients told us that they felt they were listened to and that all staff were approachable and helpful.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 91% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 84% and compared to the national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG of 93% and national average of 95%
- 85% said the last GP they spoke to was good at treating them with care and concern which was the same as the national average and compared to the CCG average of 80%.

- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average and national average of 91%.
- 86% patients 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

Each of the seven patients we spoke with told us that they were happy with how the GPs and nurses explained their health conditions and treatments. Patients said that they felt listened to and that clinical staff answered any questions they had in relation to their treatment. They also told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the 14 comment cards we received was also positive and patients said that they felt listened to and that they were able to be involved in making decisions about their care and treatment.

Results from the national GP patient survey, which was published on 7 January 2016, showed that:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care which was the same as the national average and compared to the CCG average of 76%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There were notices in the patient waiting room advising how they could access a number of support groups and organisations including counselling services, advice on alcohol and substance dependency, cancer support and bereavement services. The practice patient participation group had recently organised a Macmillan coffee morning. Members of the patient participation group who we spoke with on the day reported that the event was well attended and appreciated by patients and carers.

Are services caring?

The practice identified patients who were also a carer. There was a practice register of all people who were carers. This information was used on the practice's computer system to alert GPs when the patient attended appointments. Written information was available for carers to ensure they understood the various avenues of support

available to them. The practice health care assistant was a dedicated carer's champion. They had with the help of the patient participation group produced a 'carer's leaflet' with details of the local support available.

Staff told us the practice had a protocol for supporting families who had suffered bereavement. GPs told us that they following bereavement, families were contacted and offered support as needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example;

- The practice was working with the local CCG on a transformation project which aimed to improve partnership working between GPs, care homes and multidisciplinary professionals to reduce the number of unplanned hospital admissions.
- There were longer appointments available for patients including those with dementia or a learning disability or those who needed extra support.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available each day for children and those with serious medical conditions.
- Patients had access to online consultations via the practice website. Patients could complete a web form with information and / or questions about a range of symptoms and medical conditions. This information was then reviewed by a GP and patients received a call or email with advice or to book an appointment.
- Dementia screening was carried out and patients diagnosed with the condition had a care plan and regular face to face reviews.
- The practice reviewed comments, complaints and the results from patient surveys and adapted the appointments system to take these into account.
- Accessible facilities were available.

Access to the service

The practice was open between 8am and 6.30pm on weekdays. GP and nurse appointments were available in the morning between 8.30am and 12.20pm. Afternoon appointments were available between 2.30pm and 5.45pm daily. Telephone triage and consultations were available throughout the day. Pre-booked GP and nurse appointments were available between 8.30am and 12pm on Saturdays.

The practice branch surgery was open between 8am and 6.30pm on Mondays, Tuesdays and Thursdays. Appointments were available between 8.30am and 12.20pm and between 2.30pm and 5.45pm.

GPs carried out home visits where these were appropriate. Dedicated patient reviews were carried out to assess and monitor patients who lived in local care homes. We contacted two of these care homes and they told us that they were happy with the service they received. Staff said that they received prompt access to GPs and that GPs visited patients when requested.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 66% of patients described their experience of making an appointment as good compared to the CCG average of 71% and compared to the national average of 73%.
- 63% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average national average of 65%.
- 73% of patients were satisfied with the practice's opening hours which was the same as the CCG average and compared to the national average of 75%.
- 69% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and the national average of 73%.

Five of the 14 patients who completed comment cards reported difficulties in accessing routine appointments and two patients said that they had to wait for over 30 minutes after their appointment time to be seen. This was also reflected in the comments made by seven patients we spoke with during the inspection.

The practice had responded to the comments made by patients in relation to access to appointments and waiting times. This included:

- The appointment of two nurse practitioners to support GPs and increase the number of appointments available.
- Promoted the use of the online appointment booking system to book routine appointments.
- Patients had access to online consultations via the practice website. Patients could complete a web form with information and / or questions about a range of symptoms and medical conditions. This information was then reviewed by a GP and patients received a call or email with advice or to book an appointment.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that while information was available to help patients understand the complaints system this was not readily accessible as patients had to request this from reception staff. Following discussion with staff this information was provided within the patient waiting area. Information clearly described how patients could make complaints and raise concerns, what the practice would do and how patients could escalate their concerns should they remain dissatisfied. Each of the seven patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at a sample (nine) of the complaints received within the previous twelve months and saw that these had been acknowledged, investigated and responded to within the complaints procedure timeline. We saw that while an

apology was given to patients when things went wrong or their experience fell short of what they expected; all of the elements within the complaint were not always investigated or responded to. For example of the nine complaints we reviewed four had been made by patients who had been removed from the practice patient list. In these cases a standard response had been sent to patients explaining that where patients moved out of the area that they would be required to change their GP. However we found that in only one of the four instances the patient had actually moved out of the practice catchment area. The practice response did not include details as to how a patient may escalate their concerns should they remain dissatisfied with the outcome or how their complaint was handled.

We saw that complaints were discussed at the various staff meetings and those staff who we spoke with said that learning from complaints was shared and any improvements arising from these were actioned and embedded into practice.

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 and ethos, which was described in their Statement of Purpose. The ethos within the practice was to provide patients with high quality personal health care and to seek continuous improvement by developing and maintaining a stable staff team that is motivated to respond to people's needs and which also reflects the latest advances in primary health care.

The strategy included planning for the future and the practice was involved in the local CCG transformation work to improve outcomes for patients and to reduce the number of unplanned hospital admissions.

Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients. The practice charter was available in the practice and on their website.

Governance arrangements

The practice had an overarching governance framework to support the delivery of good quality care, which included:

- There was a clear staffing structure and accountability. Staff told us that they were supported.
- The GP and nurses had lead roles and special interests in a number of long term conditions and health promotion to improve treatments and outcomes for patients.
- The quality of services provided was monitored and improved where required through a system of clinical audits, reviews and benchmarking against local CCG performance criteria.

Leadership, openness and transparency

GPs and staff we spoke with demonstrated that the practice encouraged a culture of openness and honesty. There were clear lines of responsibility and accountability and staff were aware of these. Staff said that they were well supported and they felt able to speak openly and raise issues as needed. They told us that GPs were approachable and caring.

A range of clinical and non-clinical practice meetings were held on a regular basis during which staff could raise issues and discuss ways in which the service could be improved. Complaints and any other issues arising were discussed and actions planned to address these during the practice meetings.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys and informal comments and received. There was an active patient participation group (PPG) which met on a regular basis. We spoke with two members of the group and they told us that the practice listened and were proactive in acting on comments and suggestions as to how the practice could be improved.

The practice actively encouraged patients to participate in the NHS Friends and Family Test and monitored these results. We reviewed the results from 2015 and saw that 63% of patients who participated were either extremely likely or likely to recommend the practice to their friends and family.

Staff we spoke with said that they were able to make comments and suggestions. They told us that GPs were approachable and listened to them. Staff views and suggestions were obtained through informal discussions, meetings and staff appraisal.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints Complaints were not always responded to in full with all of the complaint elements addressed. Complaint responses did not include details of how complainants may escalate their concerns should they remain dissatisfied with the outcome or how their complaint was handled.