

High Street Practice

Quality Report

48 High Street

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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 High Street Practice on 11 January 2016. Overall the practice is rated as good.

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

- Risks to patients were assessed and well managed with the exception of checking expiry dates of single use items, medicines. There was also no cleaning schedule in place for carpets and curtains.
- Data showed patient outcomes were comparable or lower than the locality and nationally.
- All the patients we spoke with said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- The practice had policies and procedures in place to govern activity.

- The practice proactively sought feedback from patients and had a virtual patient participation group (PPG). The practice asked the opinions of these group members although the PPG did not meet in person they were actively involved in the practice.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained. However the practice did not have access to an automated external defibrillator.

The areas where the provider must make improvements are:

- Ensure refrigerators used for the storage of vaccines are monitored correctly.
- Implement a system to ensure all medication is stored and rotated correctly and used within their expiry date.
- Ensure all single use equipment, such as urine test strips, blood glucose strips, needles, syringes, oro-pharyngeal airways and swabs are stored correctly and within their expiry date.

Summary of findings

- Ensure checks of emergency equipment such as medical emergency oxygen are carried out regularly and documented.
- Ensure equipment for the disposal of sharp instruments are labelled and closed when not in use.
- Ensure there is a cleaning schedule is implemented for carpets and curtains.
- Ensure blind cords are secured with a cleat.
- Consider availability of an automated external defibrillator (AED) or undertake a formal risk assessment if a decision is made to not have an AED on-site.
- Keep medicines stored in a locked cupboard.
- Advertise that chaperones are available to patients on request and formalise any training for reception staff who act as chaperones.
- Review where the practice complaints policy is displayed so patients can access the information easily and review the external agency information.
- Review how information, such as policies are disseminated to staff.
- Maintain a record of immunity of all clinical staff. Including a record of the Hepatitis B status of all clinical staff.

In addition the provider should:

- Assign roles to all staff with specific job descriptions and ensure staff are aware of the roles and responsibilities they have.

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, as there are areas where improvements should be made.

Requires improvement



- There was an effective system in place for reporting and recording significant events, however these were not always shared with staff and lessons learned were not communicated widely enough to support improvement.
- There were procedures for the management of medicines in the practice. However, there were some shortfalls in the process to ensure the safe storage of medicines, vaccines and the checking of emergency equipment such as the medical emergency oxygen.
- Although risks to patients who used services were assessed and processes to address these risks were not implemented well enough to ensure patients were kept safe. There was no system in place for checking expiry dates on stock including emergency medicines, stock medicines and single use items.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse. Staff had received safeguarding training and knew how to recognise signs of abuse and how to report it.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes in some areas were lower than the local and national average.
- Performance for diabetes related indicators of 49% was lower than the CCG average of 74% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests at 67% was lower than the CCG average of 78% and national average of 80%.
- The practice was looking at ways to improve these figures and were seeing patients for long term condition reviews if they attended the surgery for other reasons.
- In the last 12 months, 77% of people experiencing poor mental health had received an annual physical health check.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP so there was continuity of care with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- Patients could get information about how to complain within the practice, in a format they could understand. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a vision and a strategy. Staff were aware of this and their responsibilities in relation to it.
- There was a documented leadership structure and staff felt supported by management.
- The practice had policies and procedures in place to govern activity.

Good



Summary of findings

- The practice sought feedback from patients and had a virtual patient participation group (PPG). The PPG did not meet in person, the practice would email the members of this group to ask their opinion on the practice.
- All staff had received an induction however not all staff had attended the staff meetings and events to help support improvement.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.
- Flu vaccination rates for the over 65s were 72% which is comparable to the national average of 73%
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions.

- Nursing staff did not have lead roles in chronic disease management, the responsibility was shared between the nurses and the GPs. This was being reviewed at the time of the inspection.
- Patients at risk of hospital admission were identified as a priority and were flagged on the system.
- Performance for diabetes related indicators of 49% was lower than the CCG average of 74% and national average of 89%. The practice were looking at ways to improve these figures and reviewing patients opportunistically when they attended.
- In the last 12 months 68% of patients diagnosed with asthma had received a review of their health, this was higher than the local average of 60%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered 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



Families, children and young people

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

Good



Summary of findings

- 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 attendances in accident and emergency.
- Immunisation rates were comparable to other practices in the area for all standard childhood immunisations.
- Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence on the day of the inspection to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- There were baby changing facilities. A private room could be found for anyone wanting to breastfeed although this was not advertised.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.
- Telephone consultations were available.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in circumstances that could make them vulnerable, including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of people whose circumstances make them vulnerable.
- The practice informed patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- There were links on the practice website directing family and carers to further information and support.
- In the last 12 months, 87% of people diagnosed with dementia had their care reviewed in a face to face meeting.
- 77% of people experiencing poor mental health had received an annual physical health check.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia. A community mental health nurse from the memory services held a clinic at the practice on a weekly basis. This enabled patients to be seen in familiar surroundings, closer to home.
- The practice carried out advance care planning for patients living with dementia.
- The practice had supported patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Two hundred and ninety two survey forms were distributed and 144 were returned. This represented 3% of the practice's patient list.

- 81% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).

- 75% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were mostly positive about the standard of care received. Patients spoke highly of the GPs, nurses and reception staff and the only negative comment was concerning lack of access for routine appointments at weekends.

We spoke with six patients during the inspection. All these patients said they were happy with the care they received and told us staff were approachable, committed and caring. Data from the friends and families test showed that 93% of respondents would recommend this practice.

High Street Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to High Street Practice

High Street Practice is located in a suburban area of Barnsley, serving a population of approximately 5767 patients. The practice catchment area is classed as within the group of the fourth most deprived areas in England.

There are two male GP partners who are supported by three female practice nurses, a practice manager and administration staff.

The reception, waiting areas, consulting rooms and disabled toilet facilities are on the ground floor. There is step free access into the building and a concrete ramp provides easy access for those in wheelchairs or with pushchairs.

There is a car park to the side of the building.

Surgery opening times;

Monday: 8.30am to 6.00pm

Tuesday: 8.30am to 6.00pm

Wednesday: 8.30am to 6.00pm (closed between 12pm and 1.30pm for staff training but GP available for emergencies)

Thursday: 8.30am to 6.00pm

Friday: 8.30 am to 6.00pm

There is telephone access from 8:00am every day. Care UK provide telephone cover between 6.00pm and 6.30pm daily.

Out of hours care can be accessed via the surgery telephone number or by calling the NHS111 service.

The practice is registered to provide; diagnostic and screening procedures, Family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury at High Street Practice, 48 High Street, Royston, Barnsley S71 4RF.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 January 2016. During our visit we:

Detailed findings

- Spoke with a practice manager, a practice nurse, two GPs, three receptionists and spoke with six patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents.
- The practice carried out a thorough analysis of the significant events but there was little evidence this was shared with staff to learn from these events and support improvement.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were not always shared with all staff to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation and local requirements. 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; however some staff were unsure who this was. The GPs attended safeguarding meetings when possible and always provided reports where necessary from other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- There was no notice in the waiting room advising patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service check (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 reception staff told us they acted as chaperones on occasion; however they had not received training although they could describe the correct procedure.

- We observed the premises to be mostly clean and tidy with the exception of the carpets. Some areas of the building had carpets that were stained and there was no record of when they were last cleaned. There was no policy in place for laundering of curtains and no record of when they were last cleaned, although they were all visibly clean on the day of inspection. We saw blind cords in accessible areas were not secured with a cleat; this could pose a risk to children.
- There was an infection control protocol in place and staff had received up to date training. There was no named infection control lead, the responsibility was shared.
- There were no arrangements for checking medicines, including emergency medicines and vaccinations. Salbutamol nebulas for use in a respiratory emergency had expired as had the glucose gel used for hypoglycaemia. These were both replaced immediately.
- Prescription only medicines were kept in an unlocked cupboard in the treatment room this was brought to the attention of the practice manager on the day of the inspection.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were logs in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four recruitment files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results received for all samples sent for the cervical screening programme. The practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as 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). These checks had all been completed in the last 12 months.
- Arrangements were in place for planning and monitoring the number of staff and 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.
- The practice did not hold all records to show whether staff were immunised against infectious diseases. For Hepatitis B it is recommended that individuals who are a continuing risk of infection should be offered a single booster dose of vaccine, once only, five years after primary immunisation and a blood test. It was not clear that all staff who were at continuing risk of infection had received this.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training.
- Emergency medicines were easily accessible to staff and all staff knew of their location. Some of the medicines we checked had expired.
- There was no policy in place to check these medicines and salbutamol nebulas, used for respiratory emergency and glucose gel, used for hypoglycaemia had expired.
- The practice did not have a defibrillator available on the premises and did not have a risk assessment in place.
- Medical emergency oxygen was available with adult and children's masks, however the masks in place had been opened and were out of their original packaging and there was no documented evidence when the oxygen had been checked.
- There was no automated external defibrillator (AED) on site or a formal risk assessment if a decision is made to not have an AED on-site.
- A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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 were 73% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/15;

The dementia diagnosis rate was comparable to the CCG and national average.

- Performance for diabetes related indicators of 49% was lower than the CCG average of 74% and the national average of 89%. The practice was looking at ways to improve these results and were reviewing patients with long term conditions opportunistically and were looking at the nurses taking lead roles in long term condition management.
- In the last 12 months 68% of patients diagnosed with asthma had received a review of their health, this was higher than the local average of 60%.
- The percentage of patients with hypertension having regular blood pressure tests at 67% was lower than the CCG average of 78% and national average of 80%.

- Performance for mental health related indicators of 46% was lower than the CCG average of 82% and national average of 92%. However 77% of people experiencing poor mental health had received an annual physical health check.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, all of these were completed cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included a change in prescribing for urinary tract infections to increase effectiveness.

Information about patients' outcomes was used to make improvements, for example a new system was designed for referring patients with a new diagnosis of diabetes for retinal screening after it was noted that one patient had not been referred.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online 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

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support during sessions, appraisals, clinical supervision and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together with other health and social care services to understand, 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.

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.

- 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 had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 79%, which was comparable with the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 98% and five year olds from 98% to 100%.
- Flu vaccination rate for the over 65s was 72% which is comparable to the national average of 73% and at risk groups 54% which is comparable with the national average of 52%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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.
- We observed the consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All except one of the 42 patient CQC 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. One respondent would have liked weekend access.

Comment cards 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:

- 93% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 87%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 97% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).

- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 82% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded 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:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 95% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%).
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us 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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. There were links on the practice website directing family and carers to further information and support.

Are services caring?

Staff told us if families had suffered bereavement, they did not routinely contact them but would offer support if they attended the surgery.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday.

Appointments were available from 8.30am to 11am every morning and 3.45pm to 5.50pm daily with the addition of 2.30pm to 4.30pm on Tuesday and Wednesday.

Extended surgery hours were not offered, the patients we spoke with were satisfied with the opening times and only one of the patient comment cards suggested extended access. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people 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 to the CCG average of 77% and national average of 75%.
- 81% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 85% patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The 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. A poster was displayed in the waiting room explaining how to complain within the practice however no details of external agencies information.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely, open way. Concerns and complaints were not always fully shared although action was taken as a result to improve the quality of care.

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 vision and a strategy and staff were aware of their responsibilities in relation to it.
There was a documented leadership structure and staff felt supported by management but at times they weren't sure who to approach with issues.
- All staff had received inductions but not all staff had attended staff meetings and events. It was unclear how information was shared with staff to support improvement.
- The practice had a strategy and supporting business plans which reflected the vision and values, these were regularly monitored.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care.

- There were no clear lead roles for staff, such as safeguarding and infection control. Some staff were unsure who to raise concerns with. Responsibility was shared between the GPs.
- Practice specific policies were implemented and were available to all staff, however some staff were not aware of key policies such as the whistleblowing policy.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However there were no procedures in place for stock rotation, checking expiry dates of stock, medicines and emergency equipment.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held weekly team meetings, however not all staff attended regularly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager.

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

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

- The practice had gathered feedback from patients with a patient satisfaction survey and suggestion box.

The practice had gathered feedback from staff through the NHS Friends and Family Test. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment
Maternity and midwifery services	How the regulation was not being met: The registered provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.
Surgical procedures	The registered provider did not ensure the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way. The registered person did not ensure the proper and safe management of medicines.
Treatment of disease, disorder or injury	The registered provider did not assess the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated. There was no automated external defibrillator (AED) on site or a formal risk assessment if a decision was made to not have an AED on-site. There were oro-pharyngeal airways in the emergency box that were not in the original sterile packaging. The blood glucose monitoring kit in the treatment room had expired. There were expired supplies in three clinical rooms, needles, syringes, urine test strips, gauze and chlamydia testing swabs. The temperatures of the two vaccine refrigerators were not correctly monitored. The higher and lower temperatures had not been recorded and there was no evidence they had ever been reset.

This section is primarily information for the provider

Requirement notices

There was no process in place to ensure medicines and equipment were monitored and the correct checks carried out.

There were no recorded checks of the emergency equipment and medicines.

There were expired drugs in the treatment room, salbutamol nebulas and glucose gel.

Sharps disposal boxes were not secured when left unattended and had not been labeled.

There were stained carpets and one treatment room was carpeted. There was no monitoring in place or documented evidence of the cleaning of the carpets and curtains in the practice.

Blind Cords were unsecured in patient areas.

This was in breach of regulation 12(1)(2)(a)(b)(e)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.