

Dr NW Osborne & Partners

Quality Report

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

Ratings

Overall rating for this service

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr NW Osborne & Partners on 08 November 2016. Overall the practice is rated as requires improvement.

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

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- Uncollected prescriptions were documented on the patient record system and destroyed after six months; however these were not raised to the attention of a GP in case the patient was known to be vulnerable.

- There were systems in place to monitor the use of blank prescription forms and pads; however we found some discrepancies in the monitoring process. We also found that not all prescription forms were stored securely.
- The practice carried out appropriate recruitment checks before staff commenced employment. However, there was no process in place to ensure nurses and GPs renewed their registration with the appropriate professional body on an annual basis.
- A legionella risk assessment had been carried out however the practice did not check the temperatures of the water outlets and or document that the shower outlet had been run in line with the practice policy.
- A policy was in place in relation to control of substances hazardous to health (COSHH) products. However, we found two safety data sheets were missing out of a random sample of four and not all COSHH products in the cleaning cupboard were on the risk assessment.

Summary of findings

- A routine check of the electrical installation was outstanding and last carried out in March 2011.
- The practice used specific templates and care plans to ensure patients received care and treatment in line with best practice guidance.
- Mandatory training had been completed for most staff and the training matrix did not reflect the training staff confirmed they had completed.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, the practice did not record informal complaints to enable detailed trend analysis.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Clinical meetings were held on a regular basis, however whole practice meetings and administration team meetings did not take place according to the meeting schedule.

The areas where the provider must make improvement are:

- Ensure systems and processes are in place which operate effectively, including:
 - Prescription forms are securely stored at all times.

- Healthcare assistants administer vaccines and medicines with legal authorisation, which is documented.
- Carry out appropriate safety checks in relation to the electrical installation.
- Record temperatures at water outlets and ensure all water outlets are run in line with the practice policy.
- Review the monitoring system of prescription pads to ensure they are accurate.
- Review the process in which uncollected prescriptions are reviewed before they are destroyed.
- Review the COSHH safety data sheets and ensure the risk assessment is accurate.
- Review the ongoing process to ensure GPs and nursing staff continue their registration with the relevant professional body.
- Review the training schedule with staff to ensure it is accurate and reflects mandatory training completed.
- Review the frequency of scheduled meetings for the whole practice and administrative team.

The areas where the provider should make improvement are:

- Consider recording informal complaints to enhance trend analysis.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Uncollected prescriptions were documented on the patient record system and destroyed after six months; however, these were not raised to the attention of a GP in case the patient was known to be vulnerable.
- There were systems in place to monitor the use of blank prescription forms and pads; however, we found some discrepancies in the monitoring process. We also found that not all prescription forms were stored securely.
- The practice carried out appropriate recruitment checks before staff commenced employment. However, there was no process in place to ensure nurses and GPs renewed their registration with the appropriate professional body on an annual basis.
- A legionella risk assessment had been carried out however the practice did not check the temperatures of the water outlets and or document that the shower outlet had been run in line with the practice policy.
- A policy was in place in relation to control of substances hazardous to health (COSHH) products. However, we found two safety data sheets were missing out of a random sample of four and not all COSHH products in the cleaning cupboard were on the risk assessment.
- A routine check of the electrical installation was outstanding and last carried out in March 2011.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- The clinical team used a clinical education session to present new and updated NICE guidance.
- The practice used specific templates and care plans to ensure patients received care and treatment in line with best practice guidance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.

Good



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Mandatory training had been completed for most staff and the training matrix did not reflect the training staff confirmed they had completed.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, the practice did not record informal complaints to enable detailed trend analysis.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management.
- Systems and processes in place did not always operate effectively.

Requires improvement



Summary of findings

- Clinical meetings were held on a regular basis, however whole practice meetings and administration team meetings did not take place according to the meeting schedule.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active and worked well with the practice.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice were able to refer patients to the Acute Visiting Service to ensure prompt home visits were available.
- The practice was purpose built and accessible for all patients with disabled facilities.

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management.
- Patients at risk of hospital admission were identified as a priority and personalised care plans were put into place.
- 76% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 74%.
- 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.

Requires improvement



Families, children and young people

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

Requires improvement



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 A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 83%, which was higher than the CCG average of 77% and the national average of 74%.
- 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 and health visitors.
- The practice hosted midwifery services to provide antenatal care to expectant mothers.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients were able to book appointments online, as well as request repeat prescriptions and access medical records.
- A full range of health promotion and screening was offered that reflected the needs for this age group.
- The practice hosted a range of services that they were able to refer patients to, including physiotherapy and Quit51 (smoking cessation service).

Requires improvement



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and annual health checks.

Requires improvement



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and knew how to access the relevant policies for guidance.

People experiencing poor mental health (including people with dementia)

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

- 85% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 89%.
- 84% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted a range of services that they were able to refer patients to, including Let's Talk Wellbeing and a mental health nurse.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 217 survey forms were distributed and 123 were returned. This represented 1.7% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and national average of 76%.

- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and national average of 85%.
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received nine comment cards which were all positive about the standard of care received. Patients said they felt listened to and were given time during consultations. They also said reception staff were helpful and friendly.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvement are:

- Ensure systems and processes are in place which operate effectively, including:
 - Prescription forms are securely stored at all times.
 - Healthcare assistants administer vaccines and medicines with legal authorisation, which is documented.
 - Carry out appropriate safety checks in relation to the electrical installation.
 - Record temperatures at water outlets and ensure all water outlets are run in line with the practice policy.
 - Review the monitoring system of prescription pads to ensure they are accurate.

- Review the process in which uncollected prescriptions are reviewed before they are destroyed.
- Review the COSHH safety data sheets and ensure the risk assessment is accurate.
- Review the ongoing process to ensure GPs and nursing staff continue their registration with the relevant professional body.
- Review the training schedule with staff to ensure it is accurate and reflects mandatory training completed.
- Review the frequency of scheduled meetings for the whole practice and administrative team.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Consider recording informal complaints to enhance trend analysis.

Dr NW Osborne & Partners

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 GP specialist adviser and a practice manager specialist adviser.

Background to Dr NW Osborne & Partners

Dr NW Osborne & Partners is a GP practice, which provides primary medical services to approximately 7,034 patients predominately living within Anstey and surrounding areas including Cropston, Thurcaston and Swithland. All patient facilities are accessible. West Leicestershire Clinical Commissioning Group (WLCCG) commission the practice's services.

The practice has three GP partners (two male and one female) and three salaried GPs (one male and two female). The nursing team consists of a nurse practitioner, two practice nurses and two health care assistants. They are supported by a Practice Manager and a team of reception staff and administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday and appointments are available between 8.30am and 5.50pm daily. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments and telephone consultations are also available for people that need them.

Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest urgent care centres, as well as accident and emergency departments.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the 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 08 November 2016. During our visit we:

- Spoke with a range of staff, including GPs, nursing staff, the practice manager and administrative and reception staff.
- Spoke with member of the patient participation group (PPG).
- Observed how patients were being cared for.
- 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:

Detailed findings

- 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.

- All staff were responsible for reporting incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, given an explanation and a written or verbal apology. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and informed external stakeholders as required.
- Incidents were discussed at clinical meetings and learning outcomes were identified and action taken as necessary.

Safety alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were distributed to the GPs and nurse prescriber to ensure they were aware of the products. The practice manager also carried out a search for any patients that may be impacted by the alert and notified to the GP to for them to take appropriate action.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements. Policies were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Meetings were also held

with health visitors to discuss child safeguarding concerns. Staff demonstrated they understood their responsibilities and received training on safeguarding children and vulnerable adults relevant to their role.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and most staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included blood monitoring for the review and issue of prescriptions for high risk medicines. There was a comprehensive system in place to ensure prescriptions for controlled drugs were documented when they were collected. Uncollected prescriptions were reviewed and documented on the patient record system and destroyed after six months; however these were not raised to the attention of a GP in case the patient was known to be vulnerable. The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. There were systems in place to monitor the use of blank prescription forms and pads, however we found some discrepancies in the monitoring process as some prescription pads on the monitoring form were no longer in the cupboard. The main store of prescription forms and pads were secure, however prescription forms were kept in consultation rooms which were unlocked. One of the nurses had qualified as

Are services safe?

an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. However, we noted this protocol was not followed and there was no evidence to show a GP or appropriate prescriber had reviewed patients before healthcare assistants administered vaccines and medicines.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice confirmed that professional registration status was checked for all new staff members. However, there was no process in place to ensure nurses and GPs renewed their registration with the appropriate professional body on an annual basis to maintain their registration.

Monitoring risks to patients

Most risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a building maintenance policy to highlight the practices' responsibility and there was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

However, the practice did not check the temperatures of the water outlets and the practice manager confirmed this was not done. The shower was run on a weekly basis; however there was no evidence this was done.

- A policy was in place in relation to control of substances hazardous to health (COSHH) products. We looked at a random sample of four COSHH products and found that two safety data sheets were missing. A risk assessment had also been completed, however not all COSHH products in the cleaning cupboard were on the risk assessment.
- A routine check of the electrical installation was outstanding and last carried out in March 2011. A routine check of the electrical installation should be carried out every five years.
- 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 enough staff were on duty and a buddy system was in place to ensure workloads were covered appropriately.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included a buddy practice to relocate to and 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 patients' needs.
- The clinical team used a clinical education session to present new and updated NICE guidance, for example chronic kidney disease guidelines and discussed what action the practice needed to take.
- The practice used specific templates and care plans to ensure patients received care and treatment in line with best practice guidance. For example, patients identified at the end of their life. An alert was also put on the front screen so staff were aware of any specific conditions the patient may have, for example partially sighted.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available.

Data from 2015/16 showed:

- Performance for diabetes related indicators was better compared to the national average. For example, 76% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 74%.
- Performance for mental health related indicators was better compared to the national average. For example,

85% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 89%. 84% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, one of which was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits and peer review.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions including asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. We also saw confirmation of refresher courses that had been booked.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses.

Are services effective?

(for example, treatment is effective)

- The practices' appraisal policy required all appraisals to be done every 12 months; however we noted that all appraisals were overdue. The practice manager provided us with proposed dates for all staff to be completed by the end of 2016.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, health and safety and information governance. Staff had access to and made use of e-learning training modules and in-house training. However, we noted the training schedule did not demonstrate all staff; including nurses had completed mandatory training for fire safety, infection control, health and safety and information governance. However, when we spoke with some of the nursing staff they confirmed mandatory training had been completed.

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.
- Incoming mail was opened and actioned on the same day to ensure appropriate action was taken in relation to the patients' specific needs.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. All staff members were trained in the use of the choose and book system to ensure referrals were acted on in a timely manner.
- Any referral for a two week wait was monitored and the practice contacted the hospital if the patient had not received an appointment.
- Care plans were reviewed by a GP and a copy was kept by the patient or carer at their home. This ensured relevant information was shared with the appropriate health and social care professionals as needed.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 and Deprivation of Liberty Safeguards (DoLS).
- 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.
- Consent forms for minor surgery was signed by the patient and scanned onto the patient record.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 83%, which was higher than the CCG average of 77% and the national average of 74%. The practice contacted patients if they were overdue for cervical screening, however there was no guidance to support this. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the

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

vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 94% to 99% compared to the CCG averages of 94% to 97% and 90% to 97% and national averages of 73% to 95% and 81% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients,

annual health checks for patients with learning disabilities and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed staff members 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 noted that consultation and treatment room doors were closed during consultations; 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 of the nine patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and that reception staff treated patient confidentiality well. Including providing a summary sheet to patients for patients to indicate who they wanted to see, either a GP or nurse, depending on their condition, without having to discuss it.

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:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 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, made welcome by the staff and made to feel that they had time for you during consultations. We also saw that care plans were personalised.

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

Are services caring?

a number of support groups and organisations. This included information on baby immunisations up to 13 months of age, cervical screening awareness, Age UK services and facilities.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 116 patients as carers (1.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them, including a local voluntary organisation.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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 had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice hosted midwifery services to provide antenatal care to expectant mothers.
- The practice hosted a range of services that they were able to refer patients to, including physiotherapy, ultrasound, Quit51 (smoking cessation service), Let's Talk Wellbeing and a mental health nurse.
- Anticoagulation services for near patient testing was provided by the practice and the practice liaised with the district nursing team for housebound patients to ensure testing was carried out and patient records updated accordingly.
- Patients were able to book appointments online, as well as request repeat prescriptions and access medical records.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 5.50pm daily. In addition to pre-bookable appointments that could be booked up to 28 days in advance, urgent appointments and telephone consultations 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.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 78%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.
- 75% of patients said the last time they wanted to see or speak to someone, they were able to get an appointment compared to the CCG average of 77% and national average of 76%.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice were able to refer patients to the Acute Visiting Service for urgent home visits during surgery times.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Staff were knowledgeable about the complaints process and would escalate any complaints to the practice manager.
- 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, including a patient information leaflet.

We looked at three complaints received between April 2015 and March 2016 and found these were dealt with in a timely manner and a detailed explanation was provided to the complainant. However, the practice did not record informal complaints to ensure all trends could be identified. Lessons were learnt from individual complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

The vision was underpinned by a business plan consisting of short term, medium term and long term plans. Staff were aware of the vision and what their roles were to achieve it.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, we found systems and processes in place which did not always operate effectively.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and monitored.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice held bi-monthly significant event meetings to discuss the incidents and actions taken as a result. This included clinical and non-clinical staff.
- There were various systems and processes in place which were not always followed accurately. For example, not all prescription forms were securely stored, temperatures at water outlets were not recorded and it was not documented water outlets were not run in line with the practice policy, the monitoring system of prescription pads was not accurate, COSHH safety data sheets and the risk assessment were not accurate and the training schedule did not reflect mandatory training completed.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

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

- The practice supported affected people and provided an explanation into the incident as well as a verbal or written apology.
- The practice 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.

- Practice meetings were scheduled for every three months and administration team meetings were scheduled to be held in between. However, we saw the one administration team meeting had occurred in the last year. The practice told us they were aware the meetings had not been occurring as regularly as they had planned and did discuss any issues generally with staff.
- Nurse meetings, clinical meetings and relevant multidisciplinary team meetings were held on a regular basis.
- Staff said they felt respected and supported by the partners and practice manager. Staff told us they felt they were able to approach the partners and practice manager for advice if needed and also to raise any issues, if they had any.

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 through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and reviewed patient feedback. The group were actively trying to recruit more members and had

Are services well-led?

Requires improvement 

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

also put articles in local newsletters to raise awareness of the group and regarding services to support carers. The group also held a stall at a local fete to promote health awareness.

- The practice had increased the number of telephone lines for those telephoning the practice to improve the access as a result of patient feedback, including the national GP survey.
- The practice acted on patient feedback that was received. We saw the practice had increased the number

of chairs in the waiting area and changed the radio station as a result of patient feedback. The practice were also looking into accommodating a covered pram park if they were able to extend the building.

- The practice gathered feedback from staff through generally through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems and processes in place were not fully established to ensure they operated effectively.</p> <p>Prescription forms were not securely stored at all times.</p> <p>Healthcare assistants administered vaccines and medicines without the appropriate legal authorisation.</p> <p>An electrical installation safety check had not been carried out within the required timeframe in accordance with statutory requirements.</p> <p>Temperatures at water outlets were not recorded and water outlets were not run in line with the practice policy.</p> <p>The monitoring system of prescription pads was not accurate.</p> <p>Uncollected prescriptions were not reviewed by a GP before they were destroyed.</p> <p>COSHH safety data sheets were not all present and the risk assessment was not accurate.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Requirement notices

There was no ongoing process to ensure GPs and nursing staff continued their registration with the relevant professional body.

The training schedule did not reflect mandatory training completed.

Scheduled meetings did not take place in line with the planned meeting schedule, specifically for the whole practice and administrative team.

This was in breach of regulation 17(1)(2)(d)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.