

Newbury Group Practice

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?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



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 Newbury Group Practice on 10 March 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it difficult to contact the surgery by phone to book appointments
- Patients found the urgent appointment system for same day appointments chaotic.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Review the telephone and booking system to ensure that patients are able to book appointments when needed. During our inspection carried out in October

Summary of findings

2013 we fed back to the practice that patients were dissatisfied with the appointment booking and telephone systems and note that these issues had still not been addressed.

The areas where the provider should make improvement are:

- Consider a more formal approach to sharing learning from incidents and ensure they are regularly analysed to identify themes to prevent the same things happening again.

- Consider increasing GP sessions as both staff and patients felt that there was not enough sessions to accommodate the increased patient list.
- Ensure that all patients receive a written apology when complaints are made.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were not shared amongst all staff in a formal way to make sure action was taken to improve safety in the practice.
- The practice had some processes and practices in place to keep patients safe.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Data showed patient outcomes were low compared to the national average. For example the practice scored 85% for their latest QOF points which was 8% below the CCG average and 9% below England average. The GPs told us they were aware of their QOF scores and an objective for the next twelve months was to develop consistencies in QOF standards

Good



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 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



Summary of findings

Are services responsive to people's needs?

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

- GP patient survey showed that patient's satisfaction with how they could access care and treatment was worse than local and national averages.
- Patients said they found it difficult to book appointment by phone and that the system for getting urgent appointments on the same day was chaotic.
- Patients told us they had to wait too long after appointment times. For example, we were told a patient had to wait two hours to be seen.
- 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. Learning from complaints was shared with staff.

Requires improvement



Are services well-led?

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

- The practice had a vision and strategy to deliver quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- They had achieved 85% of the total number of points available, which was 8% below CCG and 9% below the national averages.
- The practice sought feedback from staff and patients. The patient participation group was active. However, during our inspection carried out in October 2013 we fed back to the practice that patients were dissatisfied with the appointment booking and telephone systems and note that these issues had still not been appropriately addressed.
- The practice investigated all complaints, but we noted that patients did not always receive a written apology.

Requires 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 provider was rated as requires improvement for responsive and 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.
- GPs worked closely with the Intermediate Care Team (ICM) in relation to patients who were at risk of hospitalisation

Requires improvement



People with long term conditions

The provider was rated as requires improvement for responsive and 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 and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Performance for diabetes related indicators was 81% which was 1% below the CCG and 8% below the national average
- All these patients had a named GP and 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 responsive and 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 87%, which was above the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were offered at the practice on a Saturday morning.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for responsive and 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 homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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. 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.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 76% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is below the national average.
- The practice carried out advance care planning for patients with dementia.
- Staff had received training and had a good understanding of how to support patients with dementia.
- Performance for mental health related indicators was 75% which was 19% below the CCG and 18% below national averages.
- The practice did not have any specific arrangements in place to support people suffering from mental illness. They did not have a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Not all staff had received training on how to care for people with mental health needs.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing below or in line with local and national averages. Four hundred and four survey forms were distributed and 134 were returned. This represented a return rate of 33%..

- 42% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 59% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 56% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards, all were positive about the standard of care received, however, six commented on long wait times after appointments, rude attitude of some staff, difficulty booking by phone and the chaotic urgent appointment system.

We spoke with six patients during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, they also expressed concerns about the phones and urgent appointment system. The practices friends and families test results showed that out of 51 responses, 84% said they would recommend the practice.

Newbury Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist adviser and a second inspector.

Background to Newbury Group Practice

Newbury Group Practice provides GP primary care services to approximately 13000 people living in Ilford. The local area is a mixed community, however the practice population are from relatively deprived parts of the borough.

There are two partners and three salaried GPs. There is one male GP and four female GPs who work a combination of full and part time hours totalling 40 sessions. The practice is a training practice and employs two trainee GPs. Other staff included a nurse practitioner, a nurse, a health care assistant, a practice manager and 14 reception and administrative staff. The practice holds a General Medical Services (GMS) contract and was commissioned by NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

The practice was open between 8am and 6.30pm Monday to Friday, except on Thursdays, when they closed at 5pm. Appointments were from 9am to 12pm every morning and 2pm to 6pm daily. Extended hours appointments were offered at the practice on a Saturday morning.

Pre-bookable appointments that could be booked up to four weeks in advance, a number of urgent same day appointments were also available for people that needed them.

The practice provided a wide range of services including clinics for diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provided health promotion services including a flu vaccination programme and cervical screening.

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 10 March 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice manager and administrative staff. We also spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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 and there was a recording form available on the practice's computer system. However, we were told incidents were not discussed with the whole staff team in a formal way, it was shared with staff on an ad-hoc basis.
- The practice did not carry out a thorough analysis of the significant events to ensure that themes were identified and lessons learnt to prevent the same things happening again.

We reviewed incident reports and saw evidence that action was taken to improve safety in the practice. For example, we saw where there was an incident with a sharps injury the practice reviewed where the box was located and reminded staff to ensure they checked that all needles were correctly disposed of before leaving the room.

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 vulnerable adults from abuse. These arrangements 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding. GPs were trained to child protection level 3 and non-clinical staff to level 1.
- 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 and the practice had not formally risk assessed the need

for one. (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 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. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for a range of clinical conditions. 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.
- We reviewed five personnel 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.

Monitoring risks to patients

Risks to patients were assessed and 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

Are services safe?

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. We saw that Portable Appliance Testing (PAT) and equipment calibration had taken place in January 2016. 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).

- The practice was in the process of reviewing the number and mix of staff needed to meet patients' needs. The patient list had increased significantly in the past year and feedback from both staff and patients was that there were not enough GP sessions to meet the needs of all the patients. There was however a rota system in place for reception staff.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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 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 patients' needs.
- The practice monitored that these guidelines were followed through 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 85% of the total number of points available. Exception reporting was 3%. (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).

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

- Performance for diabetes related indicators was 81% which was 1% below the CCG and 8% below the national average.
- Performance for mental health related indicators was 75% which was 19% below the CCG and 18% below the national average.

We asked the GPs about their plans to address the large variation between their QOF mental health scores and that of the CCG and we were told they had not put in place any plans to improve these.

There was evidence of some quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included where an audit had shown that only 3% of children aged 6 months to 5 years had been prescribed vitamin D supplements, which was considerably lower than what is expected for an area with their local population demography. GPs at the practice were reminded of the high prevalence of vitamin D deficiency and the importance of prescribing these supplements. A target for vitamin D supplementation in children aged 6 months to 5 years was set and on re-audit the practice found the prescribing of vitamin D supplements had increased to 10%.
- The practice participated in local audits and benchmarking. They attended a monthly locality meeting.

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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a 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.
- 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. For example:

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

The practice's uptake for the cervical screening programme was 87%, which was above the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 93% and five year olds from 74% to 90%.

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

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 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.

We received 15 patient Care Quality Commission comment cards and nine were positive about the care and treatment. Patients 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) and four patients. They also told us that they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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 comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.

- 69% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% 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 and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 62% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% compared to the 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.
- A local charity sat in the waiting room two days a week and provided information about different health concerns, specific to the local community, in different languages.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 100 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them giving advice on support services if appropriate offering a face to face appointment if required.

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.

- Patients over 75 years had a named GP to co-ordinate their care. Longer appointments were available for these patients when required. GPs told us they worked closely with the Intermediate Care Team (ICM) in relation to patients who were at risk of hospitalisation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had clinical leads for a variety of long term conditions including diabetes, asthma and chronic obstructive pulmonary disease. The practice held registers for patients in receipt of palliative care, had complex needs or had long term conditions. GPs attended regular internal as well as multidisciplinary meetings with district nurses, social workers and palliative care nurses and consultants on occasions, to discuss patients and their family's care and support needs. Patients in these groups had a care plan and would be allocated longer appointment times when needed. Patients in this group were called in for reviews and monitored through QOF.
- The practice offered appointments on the day for all children under 5 when their parent requested the child be seen for urgent medical matters. The GPs demonstrated an understanding of Gillick competency and told us they promoted sexual health screening.
- The practice offered on-line services which included appointment management, repeat prescriptions and registration. They also offered telephone consultation where appropriate, which was useful for working patients.
- The GPs told us that patients whose circumstances may make them vulnerable such as people with learning disabilities were coded on appropriate registers. Learning Disability patients were given care plans that met their needs. They worked within a multi-disciplinary

team that met monthly to plan the care and management of vulnerable patients. There were longer appointments available for patients with a learning disability.

- The practice had achieved 76% of the latest QOF points for patients with Dementia which was below both CCG and national averages. However, all dementia patients had a care plan which both they and carers had been involved in drafting. Dementia friendly training had been given to all staff at the practice. Further, we saw the practice had recently started a monthly drop in session for patients with dementia and their carers called 'Forget Me Nots'.
- The practice did not have any specific arrangements in place to support people suffering from mental illness.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The premises were accessible to patients with disabilities and there was a hearing loop installed. The waiting area was large enough to accommodate patients with wheelchairs and allowed for easy access. Accessible toilet facilities were available for all patients attending the practice

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, except on Thursdays, where they closed at 12pm. Appointments were from 9am to 12pm every morning and 2pm to 6pm daily. Extended hours appointments were offered at the practice at the practice on a Saturday morning. Pre-bookable appointments that could be booked up to four weeks in advance, a number of urgent same day 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 worse than local and national averages.

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and the national average of 78%.
- 42% of patients said they could get through easily to the practice by phone compared to the CCG average of 53% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

Comments we received both on the day and on the CQC comment cards included difficulty booking an appointment by phone and dissatisfaction with the process of trying to get an appointment on the day. We were told that patients had to queue outside before the practice was opened, then when staff opened the doors, people had to rush in to the surgery to get a number from a machine, so that receptionists could book them in the order of the number presented. Patients described this process as being chaotic and staff said that on occasions patients could become quite aggressive. Patients also commented that they had to wait too long after appointment time and gave examples of having to wait more than two hours to see the triage nurse practitioner, who was responsible for seeing patients who booked urgent same day appointments.

The practice was also inspected by CQC in October 2013 where patients had also told us that they were dissatisfied with the appointment booking and telephone system. We discussed this with the practice who told us they were in the process of reviewing their appointment and phone systems.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager 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.

for example posters were displayed on notice boards and a summary leaflet was available and given to patients when they registered. Patients we spoke with were aware of the process to follow should they wish to make a complaint.

We looked at five complaints received in the last 12 months and found they were dealt with in a timely way. Lessons were learnt from complaints and action was taken as a result to improve the quality of care. For example, following a complaint that a patient had not received a home visit that was promised, the practice implemented a new system for receptionists to check with GPs every afternoon that all home visits were completed.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice manager told us their aim was to improve the patient experience by providing more onsite services including patient education sessions. Staff we spoke with understood the practice's vision to provide more services to patients.
- The practice had a strategy and supporting business plans which reflected the vision.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained. The GPs told us they were aware of their QOF score. They had achieved 85% of the total number of points available, which was 8% below CCG and 9% below the national averages. They said an objective for the next twelve months was to develop consistencies in QOF standards.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, they had not carried out DBS checks for staff who carried out chaperone duties. Further, there were no processes in place to ensure that information regarding action taken and lessons learnt from all incidents were circulated to all staff.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 gave affected people reasonable support, truthful information and a verbal apology. However, we noted that patients did not always receive a 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.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It 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), the friends and family survey and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, they had suggested that two windows at reception should be closed to allow the receptionist to take calls out of the view of the public.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us

Are services well-led?

Requires improvement 

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

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

However, during our inspection carried out in October 2013 we fed back to the practice that patients were dissatisfied with the appointment booking and telephone systems and note that these issues had still not been appropriately addressed.

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
Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The practice had not reviewed the telephone and booking system to ensure that patients are able to book appointments when needed, as highlighted in our inspection carried out in October 2013.</p> <p>This was in breach of regulation 17 (1)(2)(a)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>