

Dr Olajide Ijaola

Quality Report

Riverside Surgery
41-42 Balfour,
Tamworth
B79 7BH
Tel: 01827 66676
Website: www.riverside.surgery@nhs.net

Date of inspection visit: 15 February 2016
Date of publication: This is auto-populated when the report is published

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Olajide Ijaola	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Riverside Surgery on 15 February 2016. Overall the practice is rated as Good.

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 Care Quality Commission (CQC) at that time.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed.
- A risk assessment had not been completed for legionella (legionella is a bacterium which can contaminate water systems in buildings).

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with 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.
- Patients told us they could get an appointment when they needed one. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff understood their roles and responsibilities.

The Practice must:

- Complete a risk assessment to minimise the risk of legionella

Summary of findings

We saw a number of areas where the practice should make improvements.

The practice should:

- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.

- Have a robust system to account for prescription pads and forms within the practice.

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.

Requires improvement



- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, the practice recorded, reviewed and held a meeting for all staff where learning could be shared.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from the risk of abuse.
- The practice had facilities and equipment that was well maintained and regular infection prevention control audits were carried out and benchmarked against nationally recognised guidelines.
- The practice had not undertaken a formal risk assessment for minimising the risk of Legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- Prescription pads and forms were stored securely but a robust system was not in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud).

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed that the practice was comparable to practices nationally and in the Clinical Commissioning Group (CCG).
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Regular clinical audits were completed and repeated cycles 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 had regular one to one contact with other healthcare professionals but no regular formal meetings with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

- The practice's recruitment policy did not include health screening or an induction programme for all staff.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice comparable to local and national averages in aspects of care.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice had identified if patients were also carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they could get an urgent appointment on the same day.
- Same day appointments were available for children and those with serious medical conditions.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice showed an awareness of health problems specific to the local population.
- There was no active patient participation group and no evidence of how patient feedback influenced practice development.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality holistic care and promote good outcomes for patients and their families. Staff were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Regular informal discussion took place but multi-disciplinary team meetings had lapsed since July 2015.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

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

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Every patient over the age of 75 years had a named GP and all hospital admissions were reviewed. This included patients that resided in nursing and care homes. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, risk profiling and case management. All over 75 year olds had a completed care plan. The practice was responsive to the needs of older people and offered home visits and longer appointments as required. The practice had identified if patients were also carers.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Patients were reviewed in nurse led chronic disease management clinics. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed and reviews were coordinated to minimise the required number of patient visits. Written management plans had been developed for patients with long term conditions and those at risk of hospital admissions. For those people with the most complex needs, the GPs worked informally with relevant health and social care professionals to deliver a multidisciplinary package of care. Minutes of the last meeting were July 2015 and there was a meeting scheduled for 17 February 2016. The practice used the gold standards framework (GSF) to provide end of life care. The practice had a palliative care register but told us that there were no palliative patients at the time of the inspection. A robust system to recall patients with a long term condition for a review had recently been implemented.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk, for example, children and young people who had protection plans in place. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children. There were screening and vaccination programmes in place and the child immunisation rates were comparable with the

Good



Summary of findings

local Clinical Commissioning Group averages. The practice worked with the health visiting team to encourage attendance. New mothers were offered post-natal checks and development checks for their babies.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. A range of on-line services were available, including medication requests and booking appointments. Access to health medical records is planned for implementation at the end of March 2016. The practice had up to date summaries for 95% of their patients. The practice offered all patients aged 40 to 75 years old a health check with the nursing team. The practice offered a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. We found that the practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties. There was no translation service but the practice told us that there had not been any patient requirement for this. The ethnicity data showed the practice to have a 97.3% white British patient population.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. Out of 26 patients on the learning disabilities, 21 had received an annual health check for the year ending 31 March 2016. Longer appointments were offered for patients with a learning disability.

The practice had a register of vulnerable patients and informed patients about how to access various support groups and voluntary organisations. For example the Carnegie centre in Tamworth, a centre which hosted a number of charitable and voluntary organisations such as Age UK. 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients who presented with an acute mental health crisis were offered same day appointments. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. It carried out advance care planning for patients with dementia.

The practice had regular communication with other health professionals in the case management of patients with mental health needs. No formal multi-disciplinary team meeting had been held since July 2015. There were 12 patients on the mental health register and regular informal communication with the community mental health team ensured care was coordinated. The practiced waiting room had information to signpost patients to local support services, for example, the Samaritans.

The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations and signposted patients to support groups where appropriate.

Summary of findings

What people who use the service say

We collected 35 Care Quality Commission (CQC) comment cards. The comment cards highlighted a high level of patient satisfaction. Comments were very positive about the staff and said they experienced a friendly, caring service. A number of comments mentioned that appointments could be made easily and were available on the same day when urgent. Patients said the nurses and GP listened and responded to their needs and they provided a personal service that involved the patient in decisions about their care.

The national GP patient survey results published on 2 July 2015 suggested that the practice performance was above local and national averages in general levels of patient satisfaction. For example:

- 98% of respondents said the last appointment they got was convenient compared with the Clinical Commissioning Group (CCG) average of 92% and national average of 91%.
- 94% of respondents described their experience of making an appointment as good compared with the CCG average of 73% and national average of 73%.
- 85% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 80% and national average of 77%.
- 96% of respondents said they found it easy to get through to the surgery by telephone compared to the CCG average of 71% and national average of 73%.

There were 102 responses and a response rate of 29.2%.

Areas for improvement

Action the service **MUST** take to improve

- Complete a risk assessment to minimise the risk of legionella

Action the service **SHOULD** take to improve

- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- Have a robust system to account for prescription pads and forms within the practice.

Dr Olajide Ijaola

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor.

Background to Dr Olajide Ijaola

Riverside Medical Practice is situated in the town centre of Tamworth. The practice was established in 1968 and operates from a converted building previously used as two residential properties. Tamworth is one of the largest towns in Staffordshire with a population of approximately 77,000. The area has pockets of deprivation but overall is in line with the national average. There is a large variation in the life expectancy dependent on the area in which patients live with the most deprived areas having a life expectancy of seven years less than the less deprived areas. The practice has a list size of 1554 patients which has been static for the past three years. The age profile is typical of a town centre practice with the percentage of patients under 65 years being higher and the percentage over 65 years lower than the national averages.

The practice has one full time GP working nine sessions per week. The GP is assisted by a clinical team consisting of an advanced nurse practitioner and a practice nurse. The administration team consists of a practice manager and one receptionist.

The practice is open from 8am to 6pm on a Monday, Tuesday, Wednesday and Friday and offers extended hours between 7am and 8am on a Wednesday morning. The practice is open from 8am to 2pm on a Thursday. Appointments times with the GP are available from 9am to

11.30am and 3pm to 5pm. The practice closes between 1pm and 2pm on a Monday, Tuesday, Wednesday and Friday. When the practice is closed patients are signposted to the NHS 111 service using a telephone message, leaflets and a poster in the waiting room. The GP provides patients with a mobile telephone number to be used on a Thursday afternoon after the practice has closed. The practice opted out of providing an out of hours service choosing instead to use a third party provider (NDUC). The nearest hospitals with A&E units are situated at Good Hope Hospital, Sutton Coldfield and Queen's Hospital in Burton-Upon-Trent. There is a minor injury unit at the Sir Robert Peel Hospital in Tamworth.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Detailed findings

- Is it well-led?

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

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

- People experiencing poor mental health (including people with dementia)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 15 February 2016.

We spoke with a range of staff including the GP, nurses, practice manager and receptionist during our visit. We sought the views from patients through comment cards completed in the two weeks leading up to the inspection. Information was reviewed from the NHS England GP patient survey published 2 July 2015

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. There had been seven events recorded in the preceding 12 months.

- Staff told us that the GP was responsible for significant events and any incidents were recorded on a form available on the practice's computer system. A summary was produced of the previous 12 months events.
- The practice carried out individual analysis of significant events. The GP said that regular informal communication took place to share learning.

We reviewed safety records, incident reports and national patient safety alerts. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident when the main door had been left unlocked, a protocol was implemented for the safe opening and closing of the building. Significant events meetings held were attended by all staff.

When there were unintended or unexpected safety incidents the practice evidenced a robust system for recording, reviewing and learning. All clinicians were engaged with the process and information was shared informally and through a central store of electronic documents available to all staff. A culture to encourage Duty of Candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing information and an apology when things go wrong.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Contact details for local safeguarding teams and 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. Clinical staff had received role

appropriate training to nationally recognised standards. For example, the GP and nurses had attended level three training in safeguarding. The GP was identified as the safeguarding lead within the practice and demonstrated they had the oversight of patients, knowledge and experience to fulfil this role.

- Notices at the reception and in the clinical rooms advised patients that staff would act as chaperones, if required. Staff who acted as chaperones had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). No formal chaperone training had been given to administration staff but they demonstrated the knowledge required to undertake the role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a nominated infection control lead. There was an infection control policy in place and staff had received training in handwashing and specimen handling.
- Arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice had a procedure for vaccination fridge failure.
- Prescription pads and forms were stored securely but a robust system was not in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud).
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed two personnel files and found that all appropriate recruitment checks had not been undertaken prior to employment. For example, there was no health screening completed for new staff and no formal induction programme. A DBS check for a clinical member of staff who commenced employment on 13 April 2015 was done by a previous employer on 29 January 2015. The practice confirmed that a check had been completed within one week of the inspection.

Are services safe?

Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- The fire service inspected the practice in 2012 and all actions from their report had been completed. Regular fire drills were carried out. The last fire drill had been performed on 4 January 2016. Firefighting equipment was serviced annually.
- Regular electrical checks ensured equipment was safe to use and clinical equipment was checked annually.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. An agreement with a nearby surgery provided a contingency should the GP be off work.
- Infection prevention control audits were undertaken in line with National Institute for Health and Care Excellence (NICE) guidelines. The most recent audit had been completed in January 2016.
- Staff had received appropriate vaccinations that protected them from exposure to health care associated infections.
- The practice had not undertaken a formal risk assessment for minimising the risk of Legionella (Legionella is a bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm system which alerted staff to any emergency.
- All staff had received annual update training in basic life support.
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available in every clinical room.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- There was a first aid kit and accident book and staff knew where they were located.
- The practice did have a written business continuity plan in place for major incidents such as power failure or building damage. There was an informal agreement in place with a neighbouring practice to share facilities in the event of an emergency.

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 staff we spoke with demonstrated a thorough knowledge of guidelines and care pathways relevant to the care they provided.

The practice was aware of the local needs of the population and engaged with the local clinical commissioning group (CCG). For example, the practice participated in a service to review unplanned hospital admissions.

The practice had a register of 26 patients with learning disabilities. Annual reviews had been completed on 21 of the 26 patients for the year ending 31 March 2016.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). QOF results from 2014/15 showed:

- The practice achieved 74.2% of the total number of points available in 2014/15. This was lower than the CCG average of 92.7% and the national average of 93.5%. It was also less than in 2013/14 when the practice achieved 81.9% of the total number of points available.
- Clinical exception reporting was 4.4%. This was lower than the CCG average of 9.9% and the national average of 9.2%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine. Practice staff told us that patients are not excepted without authorisation by a clinician.

We spoke with the GP and practice manager about this performance. The practice told us that they experienced difficulties with the administration of QOF that followed the retirement of the QOF lead. The practice manager enlisted the help of the CCG QOF lead to support staff training and understanding. We saw evidence that suggested an improvement would be made in the year ending 31 March 2016. For example, smoking advice given to patients had not been recorded on the system and was equivalent to a 3% increase in the total number of points available from the previous year. The clinical management of patients with heart failure, depression and dementia was reviewed on the day as performance levels in these QOF indicators were low. The GP was able to evidence that appropriate treatment was being given to this cohort of patients. The evidence suggested that performance levels would be increased when the electronic coding system had been updated.

There had been two clinical audits in the last year. These were cyclical audits where the improvements made were implemented and monitored. The audits included an assessment of stroke risk in patients with atrial fibrillation (AF). AF is a heart condition that causes an irregular and often abnormally fast heart rate. The review led to an increased number of patients being given medication to reduce the risk of blood clots.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer.

Ante-natal care by community midwives was provided at the practice via an appointment basis.

Effective staffing

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

- The nursing team had the required training and experience to manage patients with long-term conditions.
- The GP had undertaken additional training in minor surgery.
- The practice provided training for all the staff. It covered such topics as safeguarding, infection prevention and control and confidentiality.

Are services effective?

(for example, treatment is effective)

- All staff felt supported to develop and had received at least annual appraisals. For example, the practice had developed the role of the receptionist to be the coordinator for a planned patient participation group and the information governance lead.
- There was no formal induction programme for new staff.

Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

A number of information processes operated to ensure information about patients' care and treatment was shared appropriately:

- The GP told us that regular reviews were done for all patients who had care plans. Outcomes and follow up were coordinated informally. The nurses followed up hospital attendances by a telephone call to patients with a care plan.
- The practice team had informal discussions on a regular basis with other professionals, including palliative care and community nurses. This was to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

- The process for seeking consent was monitored through records' audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

Health promotion and prevention

Practice staff identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs.

- Older patients were offered a comprehensive assessment.
- Patients aged 40 – 74 years of age were invited to attend for a NHS Health Check with the practice healthcare assistant. Any concerns were followed up in a consultation with a GP.
- Health promotion measures were provided by the practice nurses. For example, a smoking cessation service was provided to patients.

Data from QOF in 2014/15 showed that the practice had identified 24.39% of patients with hypertension (high blood pressure). This was higher than the CCG average of 14.97% and national average of 14.06%.

The practice's uptake for the cervical screening programme was 80.8% which was comparable with the CCG average of 81.2% and the national average of 81.8%.

Data from 2014, published by Public Health England showed that the number of patients who engaged with national screening programmes was comparable with local and national averages.

- 71.5% of eligible females aged 50-70 attended screening to detect breast cancer. This was broadly in line with the CCG average of 73.2% and national average of 72.2%.
- 56.7% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was slightly lower than the CCG average of 61.7% and the national average of 58.3%.

The practice provided childhood immunisations and rates were comparable with CCG and national averages.

Are services effective?

(for example, treatment is effective)

Vaccination rates for uptake of the seasonal flu vaccination were higher than average. In the latest vaccination programme, and as of the 22 February 2016, data showed:

- 73% of patients aged 65 and over had received the vaccinations. This was higher than the national average of 68.8%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that patients were treated with dignity and respect.

We spoke with three patients during the inspection and collected 35 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. They said the nurses and GP listened and responded to their needs and they were involved in decisions about their care. Comment cards highlighted that the practice staff provided a personal service.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in GP's consulting rooms and in nurse treatment rooms. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Staff told us that patients would be advised that a confidential room was available if they wanted to discuss sensitive issues or appeared distressed but there was no notice in the waiting room.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2015. The survey invited 349 patients to submit their views on the practice, a total of 102 forms were returned. This gave a return rate of 29.2%.

The results from the GP national patient survey showed patients were satisfied with how they were treated by the GP and nurses. The practice had satisfaction rates comparable with both local and national averages. For example:

- 88% said the last GP they saw or spoke to was good at giving them enough time compared to the Clinical Commissioning Group (CCG) average of 88.9% and national average of 86.6%.

- 94.8% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 93.9% and national average of 91.9%.

The patient feedback on the receptionists was higher than both local and national averages:

- 95.7% said they found the receptionists at the surgery helpful compared to the CCG average of 88.1% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed patients were satisfied when asked questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in July 2015 showed:

- 80.2% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 83.1% and national average of 81.4%.
- 88.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.2% and national average of 86%.
- 89% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 87.1% and national average of 84.8%.
- 91.5% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 89.6%.

All of the comments we received from patients were positive about their own involvement in their care and treatment.

Patient/carer support to cope emotionally with care and treatment

The practice had a carer's policy that promoted the care of patients who were carers whenever possible. The policy included the offer of annual flu immunisation to all carers. There was a carer's register that numbered 30 patients.

Patients gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received. For example, an elderly patient with bad eyesight telephoned the practice prior to her appointment time and was met by a receptionist to escort her to the surgery.

Are services caring?

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff.

If a patient experienced bereavement, practice staff told us that they were signposted to services and were supported by a GP visit or telephone call when appropriate.

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. The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and all treatment rooms were located on the ground floor of the building.
- No translation services were available but the practice stated that a request had never been made. The ethnicity data on the practice patient list supported this statement, 97.3% of the patient population were white British.
- There was a hearing loop at the reception desk.
- Baby changing facilities were available and well signposted.

The practice regularly communicated with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. Regular formal multidisciplinary team meetings had not been held since July 2015. We discussed this with the GP who explained that the number of patients discussed in such meetings was low and explained that regular informal communication with health professionals ensured coordinate care was provided. We saw a traffic light system used for patients at the end of life. This system monitored the condition of individual patients and increased support was provided when appropriate.

Access to the service

The practice was open from 8am to 1pm and 2pm to 6pm Monday to Friday with the exception of Thursdays when the

practice closed at 2pm. GP appointment times were available from 9am to 11.30am and from 3pm to 5pm. On a Thursday the GP remained on call until 6.30pm for urgent requests. When closed the phone lines were switched to an answering machine and patients were directed to the NHS 111 service. The practice provided extended hours appointments on a Wednesday morning when appointments were available with the nurse from 7am. The practice opted out of providing out of hours care and instead used a third party provider.

Pre-bookable appointments could be booked up to six weeks in advance and same day urgent appointments were offered each day. Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice offered telephone consultations each day. We saw that there were bookable appointments available with the GP within one week and with nurses the next working day. We saw that urgent appointments were available on the day of inspection.

Results from the national GP patient survey published in July 2015 showed higher rates of satisfaction for most indicators when compared to local and national averages.

- 83.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.5% and national average of 74.9%.
- 98% of patients said the last appointment they made was convenient compared to the CCG average of 92.6% and national average 91.8%.
- 96.6% of patients said they found it easy to get through to the surgery by telephone compared to the CCG average of 71.1% and national average of 73.3%.
- 90.5% of patients were able to secure an appointment the last time they tried compared to the CCG average of 86% and national average of 85.2%.

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. There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Information was available to help patients understand the complaints system and the complaints process was detailed in the practice booklet and on the practice website.

The practice had received one complaint in the last 12 months. This complaint had been investigated and responded to in line with the practice complaints policy. Complaints were discussed individually with staff and at practice meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice did not have a formalised business plan, although the staff we spoke with told us that the quarterly practice meetings for all staff provided an opportunity for regular communication on practice strategy. All of the staff we spoke with demonstrated an open culture existed and all staff positioned high quality individualised care of patients at the heart of their work. For example, the practice reception staff said that clinicians told them to still offer appointments to patients after their appointment slots had been filled.

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 that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The performance of the practice was not always understood. This was evident from the practice not being aware of their overall Quality Outcomes Framework (QOF) achievement. We reviewed a number of indicators with the GP and practice manager and saw that appropriate care and treatment was being given but the clinical software system was not always completed. The GP and practice manager were aware of this problem and arranged support from the local Clinical Commissioning Group (CCG).

Leadership, openness and transparency

The leadership team within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high

quality and compassionate care. The GP and practice manager were visible in the practice and staff told us they were approachable and always encouraged a team ethos.

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

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place and staff felt supported by the 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

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

The practice was aware of patient feedback through the results of the GP Patient Survey published in July 2015. There was no Patient Participation Group (PPG) although we were told that attempts had been made to establish both a face to face and a virtual group. A member of the team had recently been tasked with setting up a group.

Staff told us that their opinions were sought and valued by both the GP and the practice manager.

Continuous improvement

The staff we spoke with told us they felt supported to develop professionally and all had received recent appraisals. For example, a member of the administration team's role had been enhanced to include being the lead on information governance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (2) (h) The provider did not assess and mitigate the risks to patients, staff and visitors of legionella.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	