

Crusader Surgery

Quality Report

7-8 Crusader Business Park
Stephenson Road West
Clacton-on-Sea
Essex,
CO15 4TN

Tel: 01255 688805

Website: <http://www.crusadersurgery.com>

Date of inspection visit: 03 March 2017

Date of publication: 14/06/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

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 Crusader Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

We carried out an announced comprehensive inspection at Crusader Surgery on 28 October 2015 returning five days later on 02 November 2015 to speak with a GP not available at the initial inspection. The practice was rated as inadequate overall and placed in special measures for a period of six months. We took enforcement action against the provider and issued a warning notice to be complied with by March 2016.

We then carried out a follow up inspection on 12 April 2016 to check for compliance with the warning notice. We found that that the practice had complied with the warning notice.

The comprehensive report for 28 October 2015 and 02 November 2015 inspection and the follow up report 12 April 2016 can be found by selecting the 'all reports' link for Crusader Surgery on our website at www.cqc.org.uk.

This comprehensive follow-up inspection was carried out on 03 March 2017 following the period of special measures. Overall, the practice is now rated good.

Our key findings were as follows:

- There was an effective system in place for reporting and recording safety incidents.
- Risks to patients were documented assessed and well managed.
- Staff members assessed patients' needs and delivered care in line with current clinical guidance.
- Information about how to complain was available at the practice and on their website.
- We saw staff members had been trained with the skills, knowledge and experience to deliver effective quality care and treatment.
- Patients told us they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff members felt supported by the GP and practice manager. Since the last inspection, there had been a change of leadership and improvements had been made.
- The practice 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 practice asked the members of their virtual patient participation group to comment on proposed developments at the practice.

The areas where the provider should make improvement are:

- The areas where the provider should make improvement are:
- Promote and encourage a more active patient participation group. Improve cervical screening uptake.
- Review the accessibility to the practice by telephone and in person to ensure this meets patients needed.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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.

- An effective safety incidents system was in place to report and record incidents.
- Lessons learned from safety incidents were shared with staff members to embed improved safety at the practice.
- Patients received reasonable support, truthful information, and a written apology when things went, wrong. They were told about any actions undertaken to prevent the same incident happening again.
- Patients were kept safe, and safeguarded from abuse with the arrangements, processes and procedures embedded at the practice.
- Risks to patients were documented, assessed, and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Quality and Outcomes Framework (QOF) data showed patient outcomes were at or above average compared to local and national practice averages.
- Staff members assessed patients and delivered care in line with current evidence based guidance.
- Clinical audits performed, demonstrated the practice monitored patient outcome quality, and improvements.
- Staff members had the skills, knowledge and experience to deliver effective care and treatment.
- Appraisals and personal development plans for all staff members were seen in personnel files.
- Patients with complex and multiple conditions were discussed with other health care professionals to understand and meet their needs.
- The uptake of patients for cervical screening needed improving.

Good



Are services caring?

The practice is rated as good for providing caring services.

- National GP patient survey data, published in July 2016, showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and involved in decisions about their care and treatment.
- Information about the practice services available was easy to understand and readily accessible for patients.
- Staff members were seen to treat patients with kindness and respect, whilst maintaining patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The needs of the local population were reviewed by practice clinical staff members. The practice engaged with the NHS England Area Team and the Clinical Commissioning Group to secure improvements to services where they were identified. For example, investigating the benefits for patients of merging with other practices.
- Patients said they could make an appointment with a GP and had continuity of care. Urgent appointments were available on the day requested. However, national GP survey data reflected that patients were less satisfied than other practices locally and nationally in relation to contacting the practice by phone.
- Facilities and equipment at the practice met the needs of patients. Information to support people complain was easy to understand and accessible. A review of complaints showed us the practice responded quickly to issues raised and lessons learnt were shared with staff members and those affected by concerns.

Good



Are services well-led?

The practice is rated as good for being well led.

- The practice is rated as good for being well led.
- The practice had a clear vision and strategy to deliver quality care and promote good outcomes for patients. Staff members were clear and understood their responsibilities.
- There was a clear leadership structure and staff felt supported by the GP and the practice manager.
- The practice had a number of policies and procedures to govern its service.
- The overarching governance framework supported the delivery of the practice strategy, vision and quality of care. This included monitoring and improving quality and identifying risk.

Good



Summary of findings

- The practice complied with the requirements of the duty of candour, seen in the way they dealt with complaints and safety incidents. The GP encouraged a culture of openness and honesty. Notifiable safety incidents were shared with staff members and actions taken were recorded and reviewed.
- Feedback was sought from staff members and patients, there was evidence seen that feedback was acted on.
- There was a keen focus on continuous learning and improvement at all levels within the practice.

Summary of findings

The six population groups and what we found

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

Older people

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

- Personalised care was offered to meet older people's needs for example urgent appointments or home visits for those with enhanced needs.
- All older people had a named GP.
- Patients identified as frail or at risk of deteriorating health, were discussed during multidisciplinary/palliative care meetings quarterly.
- Senior health checks were offered, on an ad hoc basis to maximise their uptake.
- Uptake for shingles and flu vaccinations was higher than local and national averages. The practice actively campaigned across a variety of media, for example; prescription repeat forms, posters and information on the television screen in the waiting room, on their website, and opportunistically during routine appointments.
- A GP care advisor visited the practice weekly to assist patients seeking support to access benefits or equipment.

Good



People with long term conditions

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

- Chronic disease management was managed by the nursing team with lead roles in chronic disease management. Patients at risk of hospital admission were identified and prioritised.
- Personalised care plans were used to ensure patients received care and treatment to meet their needs.
- Diabetic quality data from 2015 to 2016 showed they were comparable with the local CCG and national practice averages.

Other services provided by the practice for this population group were:

- Longer appointments and home visits when needed.
- A named GP and structured annual review.
- Working with other relevant health and social care professionals to deliver a package of care, aimed at reducing the need for hospital visits.

Good



Summary of findings

Families, children and young people

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

- Children living in disadvantaged circumstances or at risk were followed up, for example, those who had a high number of A&E attendances.
- Immunisation rates were higher than local CCG and national practice averages for standard childhood immunisations.
- There was a GP designated safeguarding lead. Staff told us they would speak to the lead if they recognised any signs of abuse.
- Cervical screening data showed the practice was comparable with other local CCG and national practice data.
- Appointments were available outside of school hours and college hours, and the premises were suitable for children and babies.
- On-line appointments were available in advance and on the day.

Good



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).

- Services offered had been adjusted for the needs of the working age population, those recently retired and students.
- Online to access practice services were provided.
- A full range of health promotion and screening services were offered that reflected the needs of this population group.
- Appointments were available for working between 6.30pm and 7.30pm on Wednesday evenings.

Good



People whose circumstances may make them vulnerable

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

- The practice had identified people living in vulnerable circumstances including homeless people, travellers and those with a learning disability. This ensured staff members could offer service to support their needs.
- 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 displayed information in the practice and on their website and told vulnerable patients how to access various support and voluntary organisations.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with mental health professionals in the case management of patients experiencing poor mental health, including those with dementia.
- Patients with dementia had care plans designed to help clinicians support their needs.
- The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice followed up patients who had attended accident and emergency, for those experiencing poor mental health.
- Staff members understood how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 258 survey forms were distributed and 107 were returned. This represented 41% of the practice's patient list.

- 94% of respondents say the last GP they saw or spoke to was good at listening to them compared with the local CCG average of 87% and the national average of 87%.
- 90% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared with the local CCG average of 85% and the national average of 86%.
- 91% of respondents say the last GP they saw or spoke to was good at giving them enough time compared with the local CCG average of 86% and the national average of 87%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards, these were all positive about the standard of care and treatment received at the practice. There were many comments on the cards and from three of the patients we spoke with comments were made about the improvements seen at the practice over the last six months.

We spoke with six patients during the inspection. All six patients said the staff members were approachable, polite, helpful, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- The areas where the provider should make improvement are:
 - Promote and encourage a more active patient participation group .Improve cervical screening uptake.
 - Review the accessibility to the practice by telephone and in person to ensure this meets patients needed.

Crusader Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Crusader Surgery

Crusader Surgery is situated on the outskirts of Clacton-on-Sea, Essex. The practice is one of 39 practices in the North East Essex Clinical Commissioning Group. The practice holds a Personal Medical Services contract with the NHS. There are approximately 5200 patients registered at the practice. People living in this area tend to have greater need for health services due to the higher percentage of older and deprived people, living in the practice area.

Since our last inspection, there has been a change in the clinical leadership at the practice and this had led to a considerable number of improvements being made.

Crusader Surgery is a training practice, however currently there are no registrars receiving training. Since our previous inspection, the practice has changed from a two-partner GP practice to a single-handed GP provider who is a male GP. The GP is supported by two part-time regular locum GPs, a nurse prescriber, two practice nurses, three healthcare assistants, a practice manager, a secretary, and nine administrative and reception members of staff. Clinical and administrative staff members at the practice work a range of hours including full and part-time.

The practice was open between:

Monday 8.30am – 1pm, 2pm - 6.30pm

Tuesday 8.30am – 1pm, 2pm - 6.30pm

Wednesday 8.30am – 1pm, 2pm - 6.30pm

Thursday 8.30am – 1pm, 2pm - 6.30pm

Friday 8.30am – 1pm, 2pm - 6.30pm

GP appointments were available between:

Monday 9am - 11.30am, 2pm - 6.30pm

Tuesday 9am - 11.30am, 2pm - 6.30pm

Wednesday 9am - 11.30am, 2pm - 6.30pm 6.30pm - 7.30pm (Workers Clinic)

Thursday 9am - 11.30am, 4pm - 6.30pm

Friday 9am - 11.30am, 2pm - 6.30pm

During the hour between 1pm and 2pm when the practice was closed, patients had access to the GP on call using the practice telephone number.

They have opted out of providing GP ‘out of hour’s services’. Patients calling the practice outside normal practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment are advised to contact the out of hour’s service, which is provided by Care UK.

We carried out an announced comprehensive inspection at Crusader Surgery on 28 October 2015 returning five days later on 02 November 2015 to speak with a GP not available at the initial inspection. The practice was rated as inadequate overall, and placed in special measures for a period of six months. We issued enforcement action and a warning notice to be complied with by March 2016.

Detailed findings

We carried out a follow-up inspection on 12 April 2016 to check for compliance with the warning notice. This inspection showed we were satisfied that the practice had complied with the warning notice in relation to the three domains inspected.

Why we carried out this inspection

We carried out an announced comprehensive inspection at Crusader Surgery on 28 October 2015 returning five days later on 02 November 2015 to speak with a GP not available at the initial inspection. The practice was rated as inadequate overall and placed in special measures for a period of six months. We issued enforcement action and a warning notice to be complied with by March 2016. In response we carried out a follow up inspection on 12 April 2016 to check for compliance with the warning notice. This inspection showed we were satisfied that the practice had complied with the warning notice in relation to the three domains inspected.

This comprehensive follow-up inspection was carried out on 03 March 2017 following the period of special measures. Overall, the practice is now rated good. We carried out this comprehensive follow up inspection of Crusader Surgery 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The comprehensive report for 28 October 2015 and 02 November 2015 inspection and the follow up report 12 April 2016 can be found by selecting the 'all reports' link for Crusader Surgery on our website at www.cqc.org.uk.

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 03 March 2017. During our visit we:

- Spoke with a range of staff (practice manager, nurse practitioners, registered GP) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

What we found at our previous inspection on 28 October 2015 and 2 November 2015.

The practice was rated as inadequate for providing safe services. We found there were no arrangements to manage patient and environmental risks. The system to manage patient safety and medicines alerts was not effective or analysed to ensure new patients at the practice were affected. Significant events were not analysed to identify themes or trends and there was an absence of disclosure and barring service checks for staff members acting as chaperones and no risk assessment was in place. Staff members had not received recent safeguarding training and the infection control policy did not meet current guidance, or have local infection control contact details. The cleaning processes were not being checked and cleaning was insufficient to keep patients safe.

What we found at this inspection in March 2017.

Safe track record and learning

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

- Staff said they would tell the practice manager if an incident occurred and knew there was a form to record incidents on the computer system. The form to record incidents supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw 18 incidents recorded relating to issues dealt with at the practice. When things went wrong with care or treatment, patients received reasonable support, truthful information, a written apology and were told about any actions or processes made to prevent a similar thing happening again.
- The practice reviewed significant events annually.

We reviewed safety records and incident reports; we found these were discussed during practice meetings. Where an incident had affected patient(s) we saw changes were made accordingly. For example, when a set of patient records was transferred to a new practice with a discharge letter belonging to another patient. The practice reviewed

their scanning and document linking procedures to patient records. They also reviewed their record summarising procedures, and ensured staff members received refresher training in data protection.

The practice had a system in place to receive patient safety and medicine alerts, we saw they were distributed to the relevant staff members to action. Actions were recorded and where alerts affected patients treatment or medicine dosage, we saw changes had been made accordingly. The practice had been supported by the local medicines management team to ensure the safety of these arrangements.

We saw evidence that lessons were shared and actions taken to improve safety in the practice.

Overview of safety systems and processes

The practice had defined, embedded systems, processes and procedures to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. The practice policies reflected relevant legislation and local requirements and contacts. Policies were available to all staff members on the computer desktop. The policies clearly outlined whom to contact for guidance if staff members had concerns about a patient's welfare. The GP was the safeguarding lead at the practice and attended safeguarding meetings when possible providing reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We saw on the practice training record, GPs and nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the premises was clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection

Are services safe?

prevention teams to keep up to date with best practice. There was an infection control policy in place and staff members had received up to date training. Annual infection control audits were had been undertaken and we saw actions were taken to address identified issues or improvements needed 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). Procedures were in place to handle repeat prescriptions, which included the review of high risk medicines. A monitoring process for high risk medicines that require regular phlebotomy or health checks kept people safe. The practice carried out regular audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there a system to monitor their use. 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 sets of personnel files and found they all had appropriate recruitment checks that 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 well managed.

- There was a system in place to monitor and manage risks to patients and staff members' safety. There was a

health and safety policy available with a poster in the reception office, which identified local health and safety representatives. The practice held up to date fire risk assessments and had carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment had been checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control, and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- A rota planned and monitored the number of staff members needed to meet patients' needs.

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 members 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 safe area of the practice and all staff knew the location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff members.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection on 28 October 2015 and 2 November 2015.

The practice was rated as requires improvement for providing effective services. Practice data showed patient monitoring was low in comparison with other local and national practice achievements. Multidisciplinary meetings did not take place and when communication had taken place decisions or discussions were not recorded. We found staff members personnel records had not been kept up to date and recruitment and induction documentation could not be seen for those recently recruited. Staff members had not received regular appraisals or have the opportunity to set role related goals and objectives. We found inconsistencies between the practice held patient records and the patient records held at a residential care facility visited by the GPs twice a week.

What we found at this inspection in March 2017.

Effective needs assessment

The practice considered patient 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 members had access to guidelines from NICE and used this information to deliver care and treatment to meet patients' needs.
- The practice monitored that these guidelines were monitored through reviews, and audits.

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 from 2015 - 2016 reflected that the practice achieved 93% of the total number of points available.

The practice QOF performance showed high exception rates for:

- Coronary heart disease of 14% compared with the local CCG average of 8% and the national average of 8%.
- Heart failure rates of 16.7% compared with the local CCG average of 8% and the national average of 9%.
- Peripheral arterial disease of 9% compared with the local CCG average of 5% and national average of 6%.
- Stroke and transient ischaemic attack of 18 years and over compared with the local CCG average of 9% and the national average of 10%.
- Cancer exception rates of 60% compared with the local CCG average of 29% and the national average of 25%.

We compared the most recent published data for 2015/16 with unverified data for 2016-2017 that showed these averages were much improved and comparable to other local practices.

- Coronary heart disease of 0%.
- Heart failure rates of 0%.
- Peripheral arterial disease of 0%.
- Stroke and transient ischaemic attack of 18 years and over 1%.
- Cancer exception rates of 24 %. (Not an outlier for Essex).
- These changes had been achieved with the support of the local medicines management team and a new procedure at the practice to contact patients requiring a review.

The practice QOF performance for 2015-16 showed:

- Performance for diabetes related indicators was 61% compared with the local CCG average of 76% and the national average of 78%. The practice was focussing on improving these averages and the work done with the local medicines management team showed unverified data that these averages were much improved and comparable to other local practices.
- Performance for mental health related indicators was 96% compared with the local CCG average of 89% and national average of 93%)
- There was evidence of quality improvement including clinical audit.
- There had been nine clinical audits in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, medicine management reviews, accreditation, peer review and research.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services, for example improvements to specifically monitor housebound diabetic patients. Initially it was found that some housebound patients had missed their annual health and medicine review. This meant the practice was able to ensure 100% of their patients with diabetes received a review of their health condition annually, and had done so for the last three years.

Effective staffing

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

- The practice had an effective induction programme for newly appointed staff members. Induction covered many topics for example safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice manager had an effective system to monitor staff training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. We saw three monthly competency checks had been completed for these staff members. Those administering vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, they had access to on line resources and discussed these during clinical meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of their development needs. Staff members 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 and nurses. All staff members had received an appraisal within the last 12 months.
- Staff members had received regular training that included safeguarding, fire safety awareness, and basic life support and information governance. They 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 format through the practice patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records, 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 various patient needs to assess, and plan ongoing care and treatment. This included when patients moved between services, when they were referred or after discharge from hospital. Meetings took place with other health care professionals on a quarterly basis where care plans were reviewed and updated for patients with complex, or life limiting needs.

Consent to care and treatment

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

- We found staff members 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 current 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 those requiring advice on their diet, smoking and alcohol cessation.

Patients were signposted to services to support them via the television in the waiting room, the notice boards, leaflet stands, and the practice website.

Are services effective?

(for example, treatment is effective)

- The practice uptake for cervical screening was 76%, which was lower than the local CCG average of 83% and the national average of 81%.
- There was a system in place to ensure results were received for all samples sent to the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. There was also a procedure to offer telephone reminders for patients who did not attend for their cervical screening test.
- The practice showed us how they encouraged uptake of screening programmes including bowel and breast cancer screening. There were notices in the waiting room, messages on the television screen and on the practice website.
- 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 90% to 95 % and five year olds from 75% to 93%.
- 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, when abnormalities or risk factors were identified.

Are services caring?

Our findings

What we found at our previous inspection on 28 October 2015 and 2 November 2015.

At our previous inspection on 28 October 2015 and 02 November 2015 we rated the practice as good for caring services.

What we found at this inspection in March 2017.

Kindness, dignity, respect and compassion

We saw members of staff being courteous and helpful to patients, treating them with dignity and respect.

- Curtains or screens 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 heard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and offered them a private room to discuss their needs.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff members were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff members responded compassionately when they needed help and provided support when required. They also spoke about the improvements seen in the practice over the last six months.

Results from the national GP patient survey published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared with the local CCG average of 87% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared with the local CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared with the local CCG average of 95% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared with the local CCG average of 86% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the local CCG average of 91% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared with the local CCG average of 87% 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. We were also told they felt listened to and supported by staff members and had sufficient time during consultations to make informed decisions about the choice of treatment available to them.

Patient feedback from the 21 comment cards we received were very positive and mirrored these views. We also saw care plans were personalised and patient specific.

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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared with the local CCG average of 85% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared with the local CCG average of 81% and national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the local CCG average of 85% with the national average of 85%.

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

- Reception staff members 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.

Are services caring?

- Information leaflets were available in easy read format.
- The website could be translated into all the main languages used across the world.

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 56 patients as

carers (1.1% of the practice list). These patients were offered support with appointment times and longer appointments to meet their needs. 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 and they were sent them a practice designed sympathy card. This call was followed either by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find support services with the sympathy card.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection on 28 October 2015 and 2 November 2015.

At our previous inspection on 28 October 2015 and 02 November 2015, we rated the practice as good for responsive services.

What we found at this inspection in March 2017.

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 offered a 'Workers Clinic' on a Wednesday evening until 8.30pm for working patients who found it difficult to attend the practice during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between:

Monday	8.30am – 1pm, 2pm - 6.30pm
Tuesday	8.30am – 1pm, 2pm - 6.30pm
Wednesday	8.30am – 1pm, 2pm - 7.30pm
Thursday	8.30am – 1pm, 2pm - 6.30pm
Friday	8.30am – 1pm, 2pm - 6.30pm

GP appointments were available between:

Monday	9am - 11.30am, 2pm - 6.30pm
Tuesday	9am - 11.30am, 2pm - 6.30pm

Wednesday 9am - 11.30am, 2pm - 6.30pm 6.30pm - 7.30pm (Workers Clinic)

Thursday 9am - 11.30am, 4pm - 6.30pm

Friday 9am - 11.30am, 2pm - 6.30pm

During the hour between 1pm and 2pm, patients had access to the practice GP on call using the practice telephone number.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them on the same day they requested one.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared with the local CCG average of 76% and the national average of 76%.
- 59% of patients said they could get through easily to the practice by phone compared with the local CCG average of 73% and the national average of 73%. This data and patient comments had led to the practice purchasing a new telephone system for the practice.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised local and national guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a notice displayed on the television screen, and on the practice website.

We looked at 22 complaints received in the last 18 months and found these were suitably handled and dealt with in a timely manner. The practice was open and honest when dealing with complaints. Lessons learnt from individual concerns and complaints were analysed and reviewed six monthly to check for trends and action was taken as a

Are services responsive to people's needs? (for example, to feedback?)

result to improve the quality of care. For example: A medicine history request emailed from another healthcare provider to the surgery used an email account that was not regularly monitored. Due to this lack of email account monitoring the requested medicine history was not

received promptly and led to the patient's appointment offer being delayed. A review of the various practice email accounts was undertaken and staff members were assigned responsibilities for monitoring these accounts.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection on 28 October 2015 and 2 November 2015.

At our previous inspection on 28 October 2015 and 02 November 2015, we rated the practice as inadequate for providing well-led services.

We found the practice policies, and processes had not been reviewed to ensure their guidance was current. Staff members were not clear about their work role or responsibilities, and many did not have a job description or a signed contract. The staff member's personnel records had not been kept up to day and newly recruited staff members records did not include recruitment or induction documentation. Safety/significant incidents and complaints had not been analysed to check for trends or themes. The practice did not hold regular staff meetings where lessons learnt from complaints and significant incidents could be discussed. There was no risk assessment process for practice equipment or environment.

During the inspection on 03 March 2017, we checked to ensure that previous improvements made were being maintained, and fully embedded at the practice

What we found at this inspection in March 2017.

Vision and strategy

The practice had made considerable improvements since our last inspection but were aware that these needed to be maintained over the long term in order to achieve a sustainable future. The inspection findings revealed that the practice was on an upward trend of improvement due to the vision and strategy created by the new leadership at the practice.

Since the changes to the clinical leadership at the practice an open ethos and culture to deliver quality care and promote good patient outcomes for the future was evident and this had been shared with staff that were aware of the improvement path the practice was taking.

- The practice mission statement was available to read in the waiting area. Staff members knew and understood the values, aims and ethos at the practice.

- The practice had a future strategy with a supporting business plan, which reflected the vision and values to meet the building and development in the local area.

Governance arrangements

The practice had an overarching 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 comprehensive understanding of the performance of the practice was maintained
- Continuous clinical and internal audit monitored practice quality and ensured they understood improvements needed.
- An effective risk assessment system was in place to manage and monitor risks to patients, environmental factors and staff.

Leadership and culture

On the day of inspection, the lead GP at the practice demonstrated their new management capability to provide improved primary care services for the future. We were told safety, quality, and compassionate care, was prioritised. Staff members told us that all the GPs working at the practice were approachable, and took the time to listen to them.

The practice was aware, and had arrangements 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). This was seen in the way complaints and significant events were managed in an open and honest manner. The new clinical leadership encouraged a culture of openness and encouraged staff members to be honest and speak up if and when things went wrong:

- The practice gave people affected reasonable support, truthful information, and a verbal and written apology if things went wrong.
- Written records of verbal interactions as well as written correspondence were kept to ensure they did not miss the opportunity to learn from incidents.

Are services well-led?

Good 

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

- There was a clear leadership structure in place and staff felt supported by the GP and practice manager.
- Staff members told us the practice held regular team meetings.
- They told us there was an open culture within the practice and had the opportunity to raise any issues at team meetings with confidence and support to do so.
- Staff members said they felt respected, valued and supported, particularly by the GP and practice manager. All staff members were involved in discussions regarding the development of the practice, and the GP encouraged all staff members to identify opportunities to improve the service provided by the practice.
- National GP surveys, complaints, comments, and thanks received provided the practice with feedback about their services along with survey feedback collected on the practice website.
- Feedback was gathered from staff members through staff meetings, appraisals and discussions. Staff members told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the practice manager. Staff told us they felt involved and engaged to improve the way the practice was run.

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

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

- The practice asked the members of their virtual patient participation group to comment on proposed developments at the practice.

Continuous improvement

There was a focus on continuous learning and improvement within the practice at all levels. The practice team was forward thinking and had started negotiation with another local practice to collaborate on governance and other practice procedures and processes. They were also aware of the new homes being built on land close to the practice and the need to expand their practice to ensure sustainability, to meet the growing local population needs.