

Dr Amos Ramon- The New Coningsby Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Amos Ramon-The New Coningsby Surgery on 27 October 2015. Overall the practice is rated as 'Requires Improvement.'

Our key findings across all the areas we inspected 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, appropriately reviewed and addressed. There was little evidence that learning from significant events was cascaded to relevant staff.
- We saw no evidence that audit cycles had been completed and therefore were not driving improvement in performance to improve patient outcomes.

- The process for handling medicines, including controlled drugs was generally well managed although staff were unaware of the cold chain policy for those drugs that required refrigeration.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. However not all staff had received training appropriate to their roles .
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs, albeit clinical rooms were being used to maximum capacity.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must ;

Summary of findings

- Ensure that learning from significant events is cascaded to relevant staff.
- Ensure that the practice undertakes completed cycles of clinical audit.
- Ensure that staff are brought up to date in their training in infection prevention and control.
- Ensure that effective processes are in place to ensure the safe storage of medicines.

In addition the provider should:

- Add the contact details of external agencies to the practice whistleblowing policy.
- Ensure that patients subject to safeguarding concerns were discussed and appropriately identified on their patient record.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However lessons learned were not communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and managed. However we found that staff, including dispensary staff, were unaware of any cold chain policy for drugs that required refrigeration.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were generally below average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. However there were no recent completed audits of patient outcomes. We saw no evidence that clinical audit was driving improvement in performance to improve patient outcomes. Staff had not all received training appropriate to their roles. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice lower than others for several aspects of care but patients who had completed CQC comments cards said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about

Good



Summary of findings

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.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. Staff and locum GPs had received inductions. The practice had a number of policies and procedures to govern activity and held regular meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.

Good



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 requires improvement for the care of older people. The practice was rated as requires improvement for providing safe care and for effective care. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as requires improvement for providing safe care and for effective care. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for providing safe care and for effective care. The concerns which led to these ratings apply to everyone using the practice, including this population group. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice was rated as requires improvement for providing safe care and for effective care. The concerns which led to these ratings apply to everyone using the practice, including this population group. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered, include on-line booking of appointments and repeat prescriptions to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for providing safe care and for effective care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health. The practice was rated as requires improvement for providing safe care and for effective care. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

Requires improvement



Summary of findings

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed that in people's opinions, the practice was generally performing below local and national averages. There were 151 responses from 282 surveys that were sent out. This represents a response rate of 48%.

- 47% found it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 73%.
- 71% found the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 50% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 53% and a national average of 60%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 79% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 51% described their experience of making an appointment as good compared with a CCG average of 67% and a national average of 73%.

- 74% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 58% felt they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.
- 56% said they would recommend this surgery to someone new to the area, compared with a CCG average of 72% and a national average of 78%.

A patient questionnaire was conducted by the patient participation group. Eight hundred forms were given to patients, of which 58 were returned. This represented a response rate of 7%. The results highlighted a general dissatisfaction with the appointments system and the wait to get an appointment. Respondents were generally happy with the staff.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards in which respondents expressed their satisfaction about the standard of care received.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that learning from significant events is cascaded to relevant staff.
- Ensure that the practice undertakes completed cycles of clinical audit.
- Ensure that staff are brought up to date in their training in infection prevention and control.

- Ensure that effective processes are in place to ensure the safe storage of medicines.

Action the service **SHOULD** take to improve

- Add the contact details of external agencies to the practice whistleblowing policy.
- Ensure that patients subject to safeguarding concerns were discussed and appropriately identified on their patient record.

Dr Amos Ramon- The New Coningsby 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, a practice manager specialist advisor and a practice nurse specialist advisor.

Background to Dr Amos Ramon- The New Coningsby Surgery

Dr Amos Ramon- The New Coningsby Surgery provides primary medical care for approximately 7,900 patients living in Coningsby and the neighbouring villages.

The service is provided under a General Medical Services contract with Lincolnshire East Clinical Commissioning Group.

It is a dispensing practice to approximately 3,500 eligible patients.

The area is less deprived than the national average, but there are isolated pockets of deprivation particularly in some of the outlying rural communities. The village has a large Royal Air Force base, RAF Coningsby. Many of the service personnel's dependents, particularly women and children are patients of the practice. The practice serves a community with a higher than national average of patients over the age of 65.

The practice is owned by a male GP and is staffed by four additional salaried GPs of whom two are female. There is one nurse practitioner, three nurses and one health care assistant. They are supported by dispensers, receptionists and administration staff.

The practice is open between 8am and 6.30pm Monday to Friday, excepting Thursday when the surgery is open until 8pm. Appointments are from 8.30am to 1pm and 1.30pm to 6.30pm daily, excepting Thursday when appointments are available until 8pm.

When the surgery is closed GP out-of hours services are provided by Lincolnshire Community Health Services NHS Trust which is accessed via NHS111.

Why we carried out this inspection

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

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

Detailed findings

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?
- 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, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 October 2015. During our visit we spoke with a range of staff including GPs, nurses, dispensers and administration and reception staff. We spoke with patients who used the service and a member of the patient participation group. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

- There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents. We looked at the records of the six significant events that had occurred in the period April 2015 to June 2015. Five had learning outcomes identified but there was limited evidence that it had been cascaded to relevant staff and GPs through meetings and minutes of meetings.
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements 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. A GP was the lead for safeguarding. Staff demonstrated they understood their responsibilities and had received training relevant to their role. There was no evidence of meetings where patients subject to safeguarding concerns were discussed and such patients did not have an icon on their patient record.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There was a 'Whistleblowing' policy in place and staff we spoke with were aware of it but were not aware of

how to report concerns to outside agencies had they felt unable to express their concerns internally. We noted that the policy did not contain contact numbers for external agencies.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and a fire drill had recently been carried out.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- We observed the premises to be clean and tidy. There was an infection control protocol in place. We saw a copy of the latest infection prevention and control audit and the measures taken to address some minor issues identified.
- We could not be assured that the arrangements for managing medicines, including drugs and vaccinations, always kept people safe as neither a practice nurse or the dispensary staff were unaware of a cold chain policy.
- The process for obtaining, prescribing, recording, handling, disposal and security of medicines including controlled drugs was well documented and provided assurance that patients were adequately protected. Unwanted medicines, including controlled drugs were disposed of correctly.
- There were processes in place to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. A GP attended the local prescribing forum and feedback at the practice meeting. There were systems in place to monitor their use the use of prescription pads. Dispensary staff were appropriately trained and their competency assessed.
- Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw evidence that action had been taken to ensure there was always sufficient staff by limiting annual leave to one person per department at any one time following an incident where reception were left chronically short staffed.

Are services safe?

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms

which alerted staff to any emergency. All staff received basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure relevant staff were kept up to date and we saw evidence that this was the case.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 87.2% of the total number of points available, This was 8% below the CCG average and 6.3% below the national average. Exception reporting was 9.9%. Results were mixed, for example;

- Performance for diabetes related indicators was significantly lower than both the CCG and national average in every one of the 16 indicators. For example, the percentage of patients with diabetes, on the register, who had a record of an albumin: creatinine ratio test in the preceding 12 months was 67.9% . This was 24.81% below the CCG average and 12.9% below the national average. Overall the performance for diabetes related indicators was 83.9%, compared to a CCG average of 92.1% and the national average of 90.1%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less (01/04/2013 to 31/03/2014) was 62.5% compared to the national average of 83.11%. Overall the percentage scores for the three indicators for this area were 34%. That was 62.5% below the CCG and 54.4% below the national average.
- The QOF scores for patients with chronic obstructive pulmonary disease was 100% which was 4.6 % above the CCG average and 4.8% above the national average.
- For patients with epilepsy the practice achieved 100%, 2% better than the CCG average and 10.6% better than the national average.

- Performance for mental health related indicators were in line with CCG and national averages.

We asked the practice to show us any clinical audits that had been undertaken. We were shown four audit documents which had been carried out in 2011 to 2014. One related to another practice. The remaining three lacked supporting evidence of data collection, lacked detail and had not been subject to a second cycle of re-audit. This meant that there was no identification of any changes to treatment or care required or learning from the information gained. In failing to have a system in place for completing clinical audit cycles the practice had missed an important opportunity to review the care and treatment provided by the team and seek ways to improve patient outcomes.

There had been no audit of minor surgery.

Nurses, with the support of GPs, led on the management of patients with long term conditions and held clinics for patients with diabetes, chronic obstructive pulmonary disease, cardiovascular disease and asthma.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- GPs had a varied mix of special interests including family planning, women's and children's health, dermatology, surgery and brittle bone disease.
- The learning needs of staff were identified through a system of reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. However we noted that there was no record that some members of staff, including six clinical members of staff having completed infection prevention and control training.
- Staff received regular supervision and annual appraisal.
- Staff had access to on-line training modules. We saw evidence that staff had completed training that included: safeguarding, fire procedures, basic life support equality and diversity and health and safety.

Are services effective?

(for example, treatment is effective)

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Incoming mail and pathology results was all dealt with by a GP.
- Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary meetings took place every and included GPs, community nurses and Macmillan nurses..

Consent to care and treatment

- Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. We saw that an external speaker had been into the practice to inform staff about the Act and the deprivation of liberty safeguards.

- We saw examples of how patients consent for minor surgery was recorded.

Health promotion and prevention

- Patients who may be in need of extra support were identified by the practice. These included patients in palliative care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78.4% which was 2% above the CCG average and 1.5% above the national average . The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 95% and five year olds from 83% to 93%.
- Flu vaccination rates for the over 65s were 66.2% and at risk groups 42.4% These were comparable to CCG and national averages.
- The practice did not offer health checks for new patients and NHS health checks for people aged 40–74. We were told this was as result of pressure on services and all clinical rooms being used to their maximum capacity.

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 both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew that when patients wanted to discuss sensitive issues they could offer them a private space to discuss their needs.
- The ten patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with a one member of the patient participation group (PPG) on the day of our inspection. A PPG is a group of patients who belong to a GP practice and meet regularly to share information about health services locally; how these are provided and how these can be improved. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.
- The practice supported the local food bank. It had a collection point which was advertised on their website and in the waiting room and they delivered food parcels to the collection point. Clinicians can refer patients in need to this facility.
- Results from the national GP patient survey showed how patients rated the practice for how they were treated. The practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:
 - 73% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
 - 76% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.

- 87% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 70% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 71% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

Care planning and involvement in decisions about care and treatment

- Patients who had completed CQC comments cards were without exception positive about their experiences.
- Results from the national GP patient survey showed patients that responded to questions about their involvement in planning and making decisions about their care and treatment rated the practice significantly lower than local and national averages. For example:
 - 68% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
 - 64% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.
- Translation services were available for patients who did not have English as a first language. We saw notices in the reception areas and on the practice website informing patients this service was available.
- The practice registered homeless people by using the practice address.

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- The practice's computer system alerted staff if a patient was also a carer. Of the 94 carers listed, 11 had been diagnosed with dementia. Carers were invited in for a

Are services caring?

health check and were offered influenza vaccinations. Written information was available for carers to ensure they understood the various avenues of support available to them.

- GPs told us that they followed the Gold Standard Framework guidelines for palliative care and held palliative care meetings with nurses and other healthcare professionals. Records of meetings showed this to be the case.

- Staff and GPs told us that if families had suffered bereavement, a condolence card was sent where the next of kin was known. GPs also vested bereaved families to provide support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice had a number of elderly patients who were in two local residential homes. One home in particular had a number of patients who were psychogeriatric. A nurse practitioner routinely visited the home to meet the needs of this particular patient group.
- The practice provided two 'high chairs' in the waiting area to assist those who experienced difficulty in rising from conventional height seating.

Access to the service

- The surgery was open between 8am and 6.30pm Monday to Friday, excepting Thursday when the surgery was open from 8am to 8pm. Surgery times were from 8.30am to 1pm and 1.30p to 6.30pm, daily excepting Thursday when consultations were available until 8pm.
- Minor surgery was offered on Saturday mornings.
- Urgent appointments were available for people that needed them. 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 47% patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 73%.
- 51% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 74% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.

The practice had responded to low satisfaction scores in this area by conducting an audit of appointments and missed appointments which resulted;

- Making patients aware of the number of missed appointments on the electronic information board.
- introducing 'patient partner' to enable patients to cancel appointments by telephone 24hrs/day.
- Sending SMS messages to remind patients of some clinic appointments, especially longer appointments.
- The PPG produced posters to display in the village
- The PPG produced a flow chart 'So you want to make an appointment' to display in the waiting room.
- The PPG produced leaflets to be inserted into the local paper.

A second audit conducted between March and August 2015 showed a significant decrease in the number of missed appointments compared with the same period in the previous year.

In addition the practice had adjusted the type of appointments available which had resulted in more availability on Wednesdays and a more even spread of demand across the week.

Listening and learning from concerns and complaints

- The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. 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 e.g. posters displayed and the practice information leaflet. Complaints information was available on the practice website.
- We looked at the 23 complaints received in the period April 2014 to March 2015 and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency with dealing with the complainant. None had needed to be referred to the Parliamentary and Health Service Ombudsman. The practice manager undertook analysis to identify any trends from complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice had submitted a bid to NHS England for new premises, which would enable us to make some significant changes. The plans included larger areas for car parking, automated doors with better disabled and wheelchair access and more consulting rooms with extra space for allied professions, for example podiatrists and a physiotherapist.

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.

However we found;

- There was no programme of continuous clinical audit which was used to monitor quality and to make improvements.

Leadership, openness and transparency

Staff told us and we saw evidence that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. They said they felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had a patient participation group. We met a member of the group who told us they had met every quarter. They told us how the group had been influential in getting extended hours on Thursday evenings and minor surgery on Saturday mornings.

A patient questionnaire had been conducted by the patient participation group. Eight hundred forms were given to patients, of which 58 were returned. The main concerns highlighted by patients were delays in getting appointments and the lack of opportunity to speak to a GP or nurse on the telephone.

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 Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 (2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>We found that the registered person had not protected people, or others who may be at risk against the risks of inappropriate or unsafe care and treatment because they did not;</p> <p>assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity;</p> <ol style="list-style-type: none">1. through a process of clinical audit2. did not have in place systems to ensure that learning from significant events was cascaded to relevant staff.3. Have systems in place to ensure the proper and safe management of medicines through the implementation of a cold chain policy.4. Have systems in place to ensure staff received such training as is necessary to enable them to carry out the duties they are employed to perform.