

# Crown Wood Medical Centre

## 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

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crown Wood Medical Centre on 2 March 2016. Overall the practice is rated as good.

Specifically, we found the practice good for providing safe, effective, responsive, caring and well led services.

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. The majority of information about safety was recorded, monitored and reviewed.
- Risks to patients were assessed and well managed.
- We found that completed clinical audits cycles were driving positive outcomes for patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain were available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- Review and improve the systems in place to effectively monitor vaccine fridge temperatures readings.
- Review and improve the systems in place to effectively monitor outcomes of diabetic patients.

# Summary of findings

- Review and improve the system in place to promote the benefits of cervical, bowel and breast screening in order to increase patient uptake.
- Ensure that within response to complaints patients are given the necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.

**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.

Good



- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Fridge temperatures were recorded daily.
- There was an infection control protocol in place and infection control audits were undertaken regularly.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed need and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were slightly below average for the local Clinical Commissioning Group (CCG) and compared to the national average. For example, the practice had achieved 86% of the total Quality and Outcomes Framework (QOF) points available for diabetes, compared to 95% locally and 89% nationally.
- However, we witnessed the practice had implemented diabetic management plans and demonstrated improvements in

# Summary of findings

diabetic patient's outcomes. The practice was planning to roll out a 'year of care' initiative for diabetes patients to increase compliance with treatments and the improved management of their conditions.

- The practice's uptake of the national screening programme for cervical, bowel and breast cancer screening were below national average. For example, breast screening uptake was 66%, which was below the national average of 72%.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patient outcomes were mixed compared to others in locality for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also 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 NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had developed an extension plan to build an additional two consulting rooms with additional admin space in the current premises. The practice had secured the funding, planning permission had been granted and building work was due to start in March 2016.
- Patients said they found it easy to make an appointment with a named GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. However, the practice had not always included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.

## Are services well-led?

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

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

**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 good for the care of older patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was higher (80%) than the national average (73%).
- There was a register to manage end of life care.
- There were good working relationships with external services such as district nurses.

Good



### People with long term conditions

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

- There were clinical leads for 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 patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances.
- Immunisation rates were comparable for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 80%, which was lower than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

## Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available every Monday evening from 6:30pm to 7:30pm. In addition, the practice offered extended hours appointments as a part of clinical commissioning group (CCG) overflow service arrangements from 6:30pm to 8:30pm (Monday to Friday) and 8am to 4pm (every Saturday).

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for all three patients on the learning disability register.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Good





# Summary of findings

- 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.

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

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

- Performance for dementia face to face review was better than the CCG and national average. The practice had achieved 94% of the total number of points available, compared to 83% locally and 84% nationally.
- 92% of patients experiencing poor mental health were involved in developing their care plan in last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of 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 published on 7 January 2016 showed the practice was performing better than the local and the national averages. There were 110 responses and a response rate of 32%.

- 91% find it easy to get through to this practice by phone compared with a CCG average of 72% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 91% described the overall experience of their GP practice as good compared with a CCG average of 82% and a national average of 85%.

- 83% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 74% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were all positive about the standard of care received. We spoke with nine patients and five patient participation group (PPG) members during the inspection. Patients we spoke with and comments we received were all positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review and improve the systems in place to effectively monitor vaccine fridge temperatures readings.
- Review and improve the systems in place to effectively monitor outcomes of diabetic patients.
- Review and improve the system in place to promote the benefits of cervical, bowel and breast screening in order to increase patient uptake.
- Ensure that within response to complaints patients are given the necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.

# Crown Wood Medical Centre

## 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 advisor and a practice nurse specialist advisor.

## Background to Crown Wood Medical Centre

The Crown Wood Medical Centre is situated in Bracknell. The practice is a purpose built premises with car parking for patients and staff. Premises is accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground floor. The practice comprises of two consulting rooms, one treatment room, a patient waiting area, administrative and management office and a meeting room.

The practice has core opening hours from 8am to 6:30pm Monday to Friday. The practice has offered range of scheduled appointments to patients every weekday from 9am to 5:30pm including open access appointments with a duty GP throughout the day. Extended hours appointments are available every Monday evening from 6:30pm to 7:30pm. In addition, the practice has offered extended hours appointments as a part of clinical commissioning group (CCG) overflow service arrangements from 6:30pm to 8:30pm (Monday to Friday) and 8am to 4pm (every Saturday).

The practice had a patient population of approximately 5,050 registered patients. The practice population of patients aged between 0 to 4 and 25 to 44 years are higher than national average and there are a lower number of patients over 60 years old compared to national average.

There are two GP partners at the practice. One GP is male and one female. The practice employs a practice nurse prescriber, a practice nurse and a health care assistant. The practice manager is supported by an assistant practice manager, a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

Services are provided from following location:

4A Crown Row

Crown Wood

Bracknell

RG12 0TH

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time by East Berkshire Primary Care service or after 6:30pm, weekends and bank holidays by calling NHS 111.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Prior to the inspection we contacted the Bracknell and Ascot Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by Crown Wood Medical Centre. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 2 March 2016. During our visit we:

- Spoke with nine staff and 13 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 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 are provided for specific groups of patients 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).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- We reviewed records of eight significant events and incidents that had occurred during the last two years. There was evidence that the practice had learned from significant events and implementing change was clearly planned. For example, a patient identified as having deteriorating vision had missed eye screening appointments reminder because the practice did not notify eye screening service about patient's change of address. The practice had investigated this as a significant event. The practice had revised their protocol, advised all staff to follow the action plan and proposed an audit of all patients who had changed their address.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Significant events were a standing item on the practice meeting agenda.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs were trained to Safeguarding children level three, nurses were trained to Safeguarding children level two and both GPs and nurses had completed adult safeguarding training.
- A notice was displayed in the waiting room and consulting rooms, advising patients that clinical staff would act as a chaperone, if required. All staff who acted as a chaperone 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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We checked medicines kept in the treatment rooms, medicine refrigerators and found they were stored securely (including obtaining, prescribing, recording, handling, storing and security). Processes were in place to check medicines were within their expiry date and suitable for use. Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines.
- There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed fridge temperature checks were carried out daily. However, we noticed from records that two fridges were recorded as having high temperatures over the recommended limit (up to 12 degree Celsius few times during previous three months).
- On the day of inspection the practice had contacted the manufacturer for further advice. The practice informed us they had been advised by the manufacturer that vaccine were safe to use. We had advised the practice to take immediate action to improve the management of vaccines. The practice was proactive, developed a written action plan and reviewed their cold chain

## Are services safe?

protocol. The practice had already ordered data sticks before the inspection day and was in the process of implementing an action plan to ensure effective monitoring of vaccine fridge temperatures.

- Recruitment checks were carried out and the four staff files we reviewed showed that recruitment checks had been undertaken prior to employment. For example, Disclosure and Barring Service (DBS) checks, proof of identification, references, qualifications and registration with the appropriate professional body.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had an up to date fire risk assessment in place and they were carrying out fire safety checks.
- All electrical and clinical equipment was checked to ensure it was safe. 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 (a bacterium which can contaminate water systems in buildings).
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were

always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult mask. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). In 2014-15, the practice had achieved 97% of the total number of points available, compared to 97% locally and 94% nationally, with 4% exception reporting. The level of exception reporting was lower than the CCG average (7%) and the national average (9%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

Data from 2014-15 showed;

- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 96% locally and 93% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice had achieved 89% of the total number of points available, compared to 83% locally and 84% nationally.

- Performance for diabetes related indicators was worse than the CCG and national average. The practice had achieved 86% of the total number of points available, compared to 95% locally and 89% nationally.

The practice was aware of their low QOF score in diabetes related indicators. We noted that the practice level of exception reporting for diabetes related indicator was (4%) lower than the CCG average (11%) and the national average (14%).

The practice understood the challenge and recognised that they were required to improve the outcomes for diabetic patients. The practice had a nurse prescriber with a specialist interest in diabetes and a secondary care diabetic specialist was reviewing complex cases to achieve better diabetic control. The practice had implemented diabetes management plan and on the day of inspection the practice had demonstrated improvements in diabetic patient's outcomes. The practice was further planning to roll out a 'year of care' initiative for diabetes patients to increase compliance with treatments and the improved management of their conditions.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.

- The practice had carried out number of repeated clinical audits cycles. We checked five clinical audits completed in the last two years, where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, we saw evidence of repeated audit cycle of patients taking medicine used to treat function of an organ responsible of the body's growth and development system.
- The aim of the audit was to identify and ensure all patients prescribed this medicine had blood tests carried out in the last 12 months. The first audit demonstrated that 70% patients taking this medicine had carried out blood tests. The practice reviewed their protocol and invited patients for blood tests. We saw evidence that the practice had carried out follow up audit after three months which demonstrated improvements in patient outcomes and found 86% patients had carried out blood tests.



# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding children and adults, fire safety, basic life support, health and safety and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were completed for more complex procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

### Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering opportunistic smoking cessation advice and patients were signposted to a local support group. For example, information from Public Health England showed 90% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 24 months. This was below to the CCG average (91%) and above the national average (86%).

The practice's uptake for the cervical screening programme was 80%, which was below the national average of 82%. There was a policy to offer text message reminders for patients about appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In total



# Are services effective?

(for example, treatment is effective)

47% of patients eligible had undertaken bowel cancer screening and 66% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

Childhood immunisation rates for the vaccinations given were higher than the CCG averages. For example:

- Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 91% to 99%, these were comparable to the CCG averages which ranged from 85% to 95%.

- Childhood immunisation rates for vaccinations given in 2014/15 to five year olds ranged from 89% to 97%, these were lower than the CCG averages which ranged from 87% to 95%.

Flu vaccination rates for the over 65s were 80%, and at risk groups 66%, compared to national averages of 73% and 52% respectively.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 48 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 five members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 81% 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%.
- 85% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 87% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.

In addition, the result was above the CCG average and the national average for:

- 94% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

However, the result were slightly below the CCG average and the national average for:

- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.

The five PPG members and nine patients we spoke to on the day informed us that they were satisfied with both clinical and non-clinical staff at the practice.

We saw friends and family test (FFT) results for last seven months and 100% patients were likely or extremely likely recommending this practice.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed mostly patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment and results were below to the CCG average and the national average. For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 78% 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 82%.
- 81% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

The practice had carried out an internal survey to monitor patient satisfaction in February 2016. Results from the survey showed patients were satisfied with their involvement in planning and making decisions about their care. For example:

## Are services caring?

- 89% of patients said the last GP they saw was good at involving them in decisions about their care.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care.

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

### **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 GPs if a patient was also a carer. There was a practice register of 35 patients

(0.70% of the practice patient population list size) who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and a family planning clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. 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 patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day and urgent access appointments were available for children and those with serious medical conditions.
- The practice was offering regular weekly visits to a local nursing home.
- Patients were able to receive travel vaccinations.
- There were disabled facilities and translation services available. However, a hearing induction loop was not available.
- The provider was forward thinking and developed an extension plan to build an additional two consulting rooms with additional admin space in the current premises. The practice had secured the funding, planning permission had been granted and building work was due to start in March 2016.

### Access to the service

The practice was open from 8am to 6:30pm Monday to Friday. The practice was closed on bank and public holidays and patients were advised to call NHS111 for assistance during this time. The practice offered range of scheduled appointments to patients every weekday from 9am to 5:30pm including open access appointments with a duty GP throughout the day. The practice opened for extended hours appointments every Monday evening from 6:30pm to 7:30pm. In addition to pre-bookable

appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. The practice offered extended hours appointments as a part of clinical commissioning group (CCG) overflow service arrangements from 6:30pm to 8:30pm (Monday to Friday) and 8am to 4pm (every Saturday). In addition, the practice was also assisting patients to book emergency children appointments at a local urgent children care centre (Brants Bridge) from 6:30pm to 8:30pm (Monday to Friday).

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above to the CCG average and the national average. For example:

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 82% of patients said they always or almost always see or speak to the GP their preferred GP compared to the CCG average of 59% and national average of 59%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and national average of 73%.

### Listening and learning from concerns and complaints

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

- The 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. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at five complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open

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

in offering complainants the opportunity to meet with either the manager or one of the GPs. We saw the practice had not always included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. However, the Ombudsman details were included in complaints policy, on the practice website and a practice leaflet.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# 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.

- We found details of the aims and objectives were part of the practice's statement of purpose and strategy. The practice aims and objectives included to provide the high quality primary care services to local population with a proud emphasis on delivering patient centred healthcare. This also included treating patients with dignity and respect.
- The practice had a robust strategy and supporting strategic business plans which reflected the vision and values and were regularly monitored.

### 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.
- Staff had a comprehensive understanding of the performance of the practice.
- Audits were undertaken and we saw five completed audit cycles, which were used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

All staff we spoke with had a comprehensive understanding of the governance arrangements and performance of the practice.

### Leadership and culture

The partners in the practice prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for

discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

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

When there were significant safety incidents:

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

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis, supported patient surveys and submitted proposals for improvements to the practice management team. For example, the practice appointment system had been reviewed, online appointments were introduced and self check-in machine was installed in the waiting area following feedback from the PPG.

# Are services well-led?

Good 

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

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. Staff told us they felt involved and engaged to improve how the practice was run.
- There was a strong focus on continuous learning and improvement at all levels within the practice. For example, we saw a practice nurse prescriber was due to start a advance nurse prescriber course. The practice nurse prescriber had completed three day minor injury course.

## Continuous improvement