

# Dr Cunningham and Partners

## Quality Report

The Vallance Centre, Manchester, M13 9UJ  
Tel: 0161 272 9616  
Website: [www.thevallancecentre.co.uk](http://www.thevallancecentre.co.uk)

Date of inspection visit: 25 August 2016  
Date of publication: 10/11/2016

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

### Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr Cunningham and Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Cunningham and Partners on 25 August 2016. Overall the practice is rated as good.

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

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

- 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.

We saw one area of outstanding practice:

- The practice was responsible for a 60 bedded care home. The home had a bypass number to call the surgery and one of the GPs' home and mobile number. The practice had installed a terminal at the home to access resident's records when visiting. As well as ad hoc visits, a GP had a full morning at the care home each Thursday.

There were areas of practice where the provider should make improvements:

# Summary of findings

- Ensure the recruitment folders of all staff, including locum staff, include all the necessary pre-employment checks and records are kept of these.
  - Consider the need for comprehensive complaint records to be maintained to support learning and improvement.
  - Consider the privacy needs of the patients as some patient conversations could be overheard at the reception counter and in the shared administration area.
- Consider a system to monitor the storage and usage of prescription pads and paper.

**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.

Good



- The system for reporting and recording significant events was effective.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were 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.
- The practice recruitment procedures and pre-employment checks for staff were not always fully completed.
- Prescription pads and prescription paper were stored in a filing cabinet that was open during the daytime in a shared administration area with another practice. There were no systems in place to check the prescription numbers or monitor their use.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. However, some patient conversations could be overheard at the reception counter and in the shared administration area.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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.
- 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. However, the evidence in the folder was not always complete and the practice had not undertaken a comprehensive analysis of the complaints to identify and share learning opportunities and trends.

## Are services well-led?

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

Good



- The practice had 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.
- The provider 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.

# 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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All elderly patients had been informed of their named GP.
- The practice offered same day appointments as well as telephone and face to face consultations.
- The practice was responsible for a 60 bedded care home. The home had the bypass number to call the surgery and one of the GPs' home and mobile number. The practice had installed a terminal at the home to access resident's records when visiting. As well as ad hoc visits, a GP had a full morning at the care home each Thursday.

Outstanding



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for one of the five diabetes related indicators was above the national average, three indicators were in line with the national average and one indicator was below the national average:
- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 86% compared to the national average of 78%.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 82% compared to the national average of 81%.
- 93% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 78% compared to the national average of 78%.
- A record of foot examination was present for 68% of patients compared to the national average of 88%.

Good



# Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There was a “one stop shop” to reduce the number of times patients had to attend for review.
- The practice worked with the home treatment teams for chronic obstructive pulmonary disease (COPD) and antibiotics to try to reduce unnecessary admissions.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 86%, which was in-line with the national average of 82%. The practice had produced a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 94% and five year olds from 90% to 99%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



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

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

Good



# Summary of findings

- 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.
- Telephone appointments were available if patients wished to discuss test results and urgent concerns and for those who may have difficulty attending surgery due to work commitments.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and had attended training in how to recognise domestic abuse.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good





# Summary of findings

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 80%, compared to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 87% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 83% compared to the national average of 84%.
- Staff had a good understanding of how to support patients 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 2016 showed the practice was performing above the local and national averages in many areas (371 survey forms were distributed and 76 (20%) were returned):

- 84% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 74% and a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 82% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs and nursing staff as well as a helpful and polite service from the receptionists and the practice manager.

We spoke with three patients during the inspection. All the patients said they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

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

- Ensure the recruitment folders of all staff, including locum staff, include all the necessary pre-employment checks and records are kept of these.
- Consider the need for comprehensive complaint records to be maintained to support learning and improvement.
- Consider the privacy needs of the patients as some patient conversations could be overheard at the reception counter and in the shared administration area.
- Consider a system to monitor the storage and usage of prescription pads and paper.

## Outstanding practice

- The practice was responsible for a 60 bedded care home. The home had a bypass number to call the surgery and one of the GPs' home and mobile number.

The practice had installed a terminal at the home to access resident's records when visiting. As well as ad hoc visits, a GP had a full morning at the care home each Thursday.

# Dr Cunningham and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

## Background to Dr Cunningham and Partners

Dr Cunningham and Partners (The Vallance Centre, Manchester, M13 9UJ) is based in the Ardwick area of Manchester. It is part of the NHS Central Manchester Clinical Commissioning Group (CCG) and provides services to approximately 6850 patients under a General Medical Services contract, with NHS England.

Ardwick is a deprived, inner city ward in Manchester which is undergoing significant regeneration. Information published by Public Health England rates the level of deprivation within the practice population group as level one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Male and female life expectancy in the practice geographical area is 72 years for males and 80 years for females, both of which are below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register were generally similar to the average GP practices in England with the exception of having a greater number of patients aged 20 to 24 years.

The practice has a higher percentage (72%) of its population with a long-standing health condition when compared to the England average (54%). The practice percentage (46%) of its population with a working status of

being in paid work or in full-time education is below the England average (62%). The practice has a higher percentage (19%) of its population with an unemployed status than the England average of (5%).

Services are provided from a purpose built building, maintained by NHS Property Services, with disabled access and some parking. The practice has a number of consulting and treatment rooms used by the GPs and nursing staff as well as visiting professionals such as health visitors. The building also has other GP practices and community services based within it.

The service is led by four GP partners (two male and two female) who are supported by a team of nurses, two practice managers as well as an administration team who also cover other duties such as drafting prescriptions.

The practice is open from 8.30am to 6pm on Mondays, Tuesdays, Thursdays and Fridays and from 8.30am to 4.30pm on Wednesdays. The practice is also a part of a federation of GP practices who provide extended hours cover for a number of practices in the area between 6pm and 8pm, Monday to Friday, as well as on Saturday and Sunday mornings. Patients are also able to attend appointments at a small number of local health centres as part of this arrangement. Out of hours cover is provided by the NHS 111 service and Go to Doc.

## Why we carried out this inspection

We inspected this service as part of our 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 August 2016.

During our visit we:

- Spoke with a range of staff including the GPs, the practice manager as well as staff from the administration team.
- Observed how staff interacted with patients and spoke with patients, carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- There were four significant events recorded between June 2015 and March 2016. The practice had carried out a thorough analysis of the significant events including a yearly review.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, in March 2016, there was an event where a GP went to visit a patient after surgery but went to the wrong address. As there was no reply the GP put a note through the letterbox and the person at the wrong address contacted the patient at the correct address. The GP apologised and a staff meeting was held to discuss the seriousness of possible consequences of a breach of confidentiality. To reduce the risk of reoccurrence the practice put a system in place to ensure this would not reoccur.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- 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 GP lead for safeguarding adults and children. Staff demonstrated

they understood their responsibilities and all had received training relevant to their role. Clinical staff were all trained to child protection or child Safeguarding level 3.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead. There was an infection control protocol in place and annual infection control audits were undertaken.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Prescription pads and prescription paper were stored in a filing cabinet that was open during the daytime in a shared administration area with another practice. There were no systems in place to check the prescription numbers or monitor their use.
- Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked in the practice were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- A notice in the waiting room and in the treatment rooms advised patients that chaperones were available if required. Staff who carried out chaperone duties had received an appropriate Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There was some confusion as to who could chaperone, following our inspection, the practice manager informed us that all staff had been informed who was chaperone trained and had received the relevant DBS checks and that only these members of staff were to carry out chaperone duties. This information was also added to the locum pack.
- The practice had a recruitment policy that detailed the process to follow that included the appropriate checks to conduct during the recruitment process. We reviewed

## Are services safe?

five personnel files and two locum GP files. We found that appropriate recruitment checks had been undertaken prior to employment for permanent staff, however, the files were not always complete. For example, evidence was not always available for proof of identification, references, qualifications and registration checks (such as the Nursing and Midwifery Council).

- The practice utilised locum nurses and GPs who covered any leave. We looked at two locum GP files and one locum nurse file and saw evidence was not always available to satisfy the practice had conducted appropriate checks. For example, evidence of training, such as safeguarding, were not always present and the copy of the liability insurance in the folder for the nurse had expired in February 2016. The practice located an updated copy of the medical liability insurance on the day of the inspection. We noted the DBS checks for the locum GPs and the nurse had been conducted at their previous work places and not with the locum agency they were employed with.

### Monitoring risks to patients

There was an up to date fire risk assessment with yearly fire drills monitored by the NHS building management company. 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 building had an assessment in place for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). Systems were in place to ensure the Control of Substances Hazardous to Health (COSHH) regulations were being adhered to.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was a four week wait for an appointment with the nursing team. The nursing staff told us the population was increasing and they worked together to ensure they could work effectively but felt additional nursing hours and clinical meetings would benefit the team.

### 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 as well as alarm buttons which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice utilised the shared defibrillator and an oxygen cylinder with adult and children's masks in the reception area of the centre.
- A first aid kit and accident book was 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) were 94.7% of the total number of points available, with 10.5% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed;

- Performance for one of the five diabetes related indicators was above the national average, three indicators were in line with the national average and one indicator was below the national average:
- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 86% compared to the national average of 78%.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 82% compared to the national average of 81%.
- 93% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 78% compared to the national average of 78%.
- A record of foot examination was present for 68% of patients compared to the national average of 88%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 80%, compared to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 87% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 83% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. In addition, the practice carried out medication audits aided by the CCG pharmacist and we saw evidence of improvements in practice prescribing.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included better identification and management of patients on Warfarin. However, we noted some audits could be more focussed.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking



# Are services effective?

## (for example, treatment is effective)

samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- Staff received on-going training that included: safeguarding, fire procedures and basic life support.
- Staff told us their learning needs were identified through a system of appraisals, meetings and reviews of practice development needs.

### 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, 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 people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, 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.

The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 86%, which was in-line with the national average of 82%. The practice had produced a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

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 80% to 94% and five year olds from 90% to 99%.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us they knew when patients wanted to discuss sensitive issues or appeared distressed and could offer them a private room to discuss their needs. However, we noted that the reception area was shared between three organisations and patients waiting in line could overhear private conversations from the patients at the counter. The practice manager told us this had been discussed with the building owners and any changes had to be confirmed by them.
- Staff from three practices worked together in one administration room. Staff from the other practice could overhear conversations staff from this practice were having with each other and with patients on the telephone. There was no confidentiality agreement between all the practices to ensure staff did not convey any information outside of the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs and nursing staff as well as a helpful and polite service from the receptionists and the practice manager.

We spoke with three patients during the inspection. All the patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Results from the national GP patient survey (July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice performance was in line with the local and national averages in many areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 85%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 99% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 91%).
- 88% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

The CQC comment cards had positive comments in relation to how the patients were treated. All the patients we spoke with felt the doctors listened to them and empowered them to make positive decisions about their healthcare. Patients on the day confirmed they were satisfied with the service.

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

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

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

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 96% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%).

## Are services caring?

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 so they could direct them towards the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent a card if it was deemed appropriate. 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

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked with the other practices in the area to provide urgent appointments via the local federation. Members of the local federation had use of a common clinical system that ensured all GPs had access to the medical records.

- 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 appointments were available for children and those with serious medical conditions.
- The practice had access to interpreters and telephone translation services were available.
- Access for disabled persons was provided by a ramp at the front entrance.
- The practice offered appointments from 8.30am to 6pm to working people. They had two surgeries on Wednesday afternoon to cater for the needs of students.
- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice was part of a local scheme which provided same day appointments at other nearby practices as part of a federation.
- Patients were able to receive travel vaccinations that were available on the NHS.
- Patients could order repeat prescriptions and book appointments on-line.

### Access to the service

The practice was open from 8.30am to 6pm on Mondays, Tuesdays, Thursdays and Fridays and from 8.30am to 4.30pm on Wednesdays. The practice was also a part of a

federation of GP practices who provided extended hours cover for a number of practices in the area between 6pm and 8pm, Monday to Friday, as well as on Saturday and Sunday mornings. Patients were also able to attend appointments at a small number of local health centres as part of this arrangement. Out of hours cover was provided by the NHS 111 service and Go to Doc.

Results from the national GP patient survey (July 2016) showed that patient's satisfaction with how they could access care and treatment was above the local and national averages for three areas:

- 84% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 68% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).
- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.

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

### 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. There was a lead GP to handle any clinical complaints.

We saw information was available to help patients understand the complaints system such as posters and leaflets in the reception area.

- The practice had received 17 complaints between May 2015 and August 2016. We looked at four of these and found they had been dealt with in a timely and open manner. However, the associated complaint records held by the practice were not always complete to support learning and improvement.

# 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 aims and objectives were “We will always aim to deliver high quality health care from a professional well trained motivated team in a happy and friendly atmosphere”, “Personal care is the key to our Philosophy and therefore each patient is assessed as an individual” and “To maintain a high standard of care we need to keep up to date with all developments in health care, so all members of the Practice Team receive regular training and updating”.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The staff told us they had a strong sense of belonging. The GPs and the practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Staff told us the GPs were visible in the practice and the management team were approachable and always took the time to listen.

The provider 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.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through surveys and complaints received and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through staff meetings and clinical sessions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

- The practice had plans in place to start a clinic for Hep C alongside the drug clinic.