

# Farnham Dene Medical Practice

## 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?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	10
Background to Farnham Dene Medical Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	22

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Farnham Dene Medical Practice. Overall the practice is rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- 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.
- Urgent appointments were available on the day they were requested. However, some patients told us that

they sometimes had to wait for non-urgent appointments. The practice had conducted patient surveys in relation to appointments and was investigating how it could improve its service to patients in this area.

- 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.

However there were areas of practice where the provider must make improvements:

- Ensure all staff working under Patient Group Directions (PGDs) are authorised to administer in line with national requirements (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

# Summary of findings

- Ensure that nurses have cleaning schedules in place for recording and signing when equipment is cleaned within treatment rooms.

Additionally the provider should:

- Develop consistent systems to ensure that documentation is recorded, updated and stored effectively. For example, ensure that all training that staff have undertaken is recorded in the training log

and the training schedule is updated, that complaints are centrally recorded and evidence of doctors GMC checks and indemnity insurance are correctly stored.

- Ensure that a written policy is created for which staff are required a DBS Check

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe. Emergency procedures were in place to respond to medical emergencies. The practice had policies and procedures in place to help with continued running of the service in the event of an emergency. The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained. However practice nurses did not operate a cleaning schedule for equipment and therefore there was no recorded evidence to demonstrate that the practice policy was being followed. We also found that instruction for nurses to administer vaccinations did not always have an authorising signature.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. However, the practice needed to ensure that the training schedule contained the most up to date information to identify any training gaps. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. 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

Good



# Summary of findings

with kindness and respect. The waiting and reception areas were combined therefore the practice used practical ways of maintaining confidentiality, including the use of an automated booking in screen and asking patients if they wished to talk in a separate room.

## 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 (CCG) to secure improvements to services where these were identified. Patients told us they could get urgent appointments available the same day but sometimes had to wait to get routine appointments with the GP of their choice. The practice had conducted patient surveys in relation to appointments and was investigating how it could improve its service to patients in this area. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. However, the practice needed to develop further consistent systems to ensure that some documentation was recorded, updated and stored effectively. For example, ensuring the training schedule was up to date and that there was a central record of all complaints received due to the different ways in which complaints were stored. The practice proactively sought feedback from staff and patients, which it acted on. The practice had a virtual patient participation group (VPPG) and was actively trying to recruit new members by advertising and asking patients to consider joining. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered continuity of care with a named GP. Elderly patients with complex care needs and those at risk of hospital admission all had personalised care plans that were shared with local organisations to facilitate the continuity of care. For example, dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice worked closely with Farnham Connections (which is a charity working with older people) which staff could refer to. Many of the staff had been trained as dementia friends and the practice held sessions for staff, patients and family members to attend. A practice nurse was responsible for elderly and dementia care, providing health checks and dementia reviews in the surgery or in the patient's home.

Good



### 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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice had trained nurses in diabetes and asthma and ran dedicated clinics.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were good for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments

Good



# Summary of findings

were available outside of school hours and the premises were suitable for children and babies. The practice held dedicated children's flu clinics and had a nurse trained for children's phlebotomy.

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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. GPs and nurses offered advice by telephone each day for those patients who had difficulty in attending the practice. Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice offered continuity of care with a named GP. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments and carried out annual health checks for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 offered continuity of care with a named GP. Patients with severe mental health needs had care plans and received annual physical health checks. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Many of the staff had been trained as dementia friends and the practice held

Good



## Summary of findings

information sessions for staff, patients and family members to attend. A practice nurse was responsible for elderly and dementia care, providing health checks and dementia reviews in the surgery or in the patient's home.



# Summary of findings

## What people who use the service say

Patients told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views of the practice. We received 32 comment cards which contained positive comments about the practice. We also spoke with five patients on the day of the inspection.

Patients told us that they were respected, well cared for and treated with compassion. Patients described the GPs and nurses as caring, and told us that they were listened. Patients told us they were given advice about their care and treatment which they understood and which met their needs. They told us they always had enough time to discuss their medical concerns and felt confident in their treatment.

The national GP patient survey results published in July 2015 showed the practice was performing on a par with or above the local and national averages, with the exception of seeing their preferred GP which was below average. There were 118 responses with a response rate of 45%.

- 71% found it easy to get through to this practice by phone compared with a CCG average of 75% and a national average of 73%.
- 89% found the receptionists at this practice helpful compared with a CCG average of 89% and a national average of 87%.
- 42% with a preferred GP usually got to see or speak to that GP, with a CCG average of 71% and a national average of 60%.
- 87% were able to get an appointment to see or speak to someone the last time they tried, with a CCG average of 89% and a national average of 85%.
- 92% of patients said the last appointment they got was convenient, with a CCG average of 92% and a national average of 92%.

The practice had conducted its own survey in 2015 and had received 155 responses from patients. In this survey 58% of patients had responded that they got to see the GP of their choice which was more on a par with the national average of 60%. The results were discussed at the Productive General Practice steering group meeting and with staff at practice workshops in order to develop ideas to help improve the patient experience.

## Areas for improvement

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

#### Action the provider **MUST** take to improve:

- Ensure all staff working under Patient Group Directions (PGDs) are authorised to administer in line with national requirements (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Ensure that nurses have cleaning schedules in place for recording and signing when equipment is cleaned within treatment rooms.

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

- Develop consistent systems to ensure that documentation is recorded, updated and stored effectively. For example, ensure that all training that staff have undertaken is recorded in the training log and the training schedule is updated, that complaints are centrally recorded and evidence of doctors GMC checks and indemnity insurance are correctly stored.
- Ensure that a written policy is created for which staff are required a DBS Check

# Farnham Dene Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Farnham Dene Medical Practice

Farnham Dene Medical Practice offers personal medical services to the population of Farnham. There are approximately 11,800 registered patients to two locations – one being a branch surgery. We did not inspect the practice's branch surgery.

Farnham Dene Medical Practice is run by six partner GPs. The practice is also supported by four salaried GPs, two GP Registrars (GPs in training), four practice nurses, one healthcare assistant, a phlebotomist, a team of receptionists, administrative staff, a reception manager, an assistant practice manager and a practice manager. There are three male and nine female GPs. At the time of the inspection, one of the GPs was leaving the practice as a partner and a salaried GP was being registered as a new partner. We saw evidence to this effect.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks and holiday vaccinations and advice.

Services are provided from two locations:

Farnham Dene Medical Practice,

Farnham Centre For Health, Hale Road, Farnham, Surrey, GU9 9QS

Opening hours are Monday to Friday 8am to 6:30pm.

And

Lower Bourne Surgery Lodge Hill Road, Lower Bourne, Farnham, Surrey, GU10 3RB

Opening hours are Monday to Friday 8am to 6:30pm

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider.

The practice population has a higher number of patients between 14 and 35 years of age than the national and local CCG average. The practice population also shows a lower number of 15-34 and 70-74 year olds than the national and local CCG average, with a significantly lower proportion of 24-34 year olds. There is a slightly lower number of patients with a long standing health condition and also a lower than average number of patients with caring responsibilities or with a health care problem in daily life. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out this comprehensive inspection of the practice, on 24

# Detailed findings

September 2015, under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The practice had not been inspected before and that was why we included them.

## How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS North East Hampshire and Farnham Clinical Commissioning Group (CCG). We carried out an announced visit on 24 September 2015. During our visit we spoke with a range of staff, including GPs, practice nurses, administration and reception staff, the reception manager and the practice manager.

We observed staff and patients interaction and talked with five patients. We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed 32 comment cards completed by patients, who shared their views and experiences of the service, in the two weeks prior to our visit.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- 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 (QOF) 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 open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely apology and were told about actions taken to improve care where appropriate. 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. The GPs held weekly and monthly meetings where complaints or significant events could be discussed. We looked at several significant events and saw that appropriate action was noted.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve procedures or safety in the practice.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding children and vulnerable adults. 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 or were booked on future training relevant to their role.
- A notice was displayed in the treatment rooms, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained

for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster situated in the staff area. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. Practice nurses explained that all equipment was cleaned after use with patients and could explain how equipment was cleaned in line with guidance. However, practice nurses did not operate a cleaning schedule for equipment and therefore there was no recorded evidence to demonstrate that the practice policy was being followed. Staff could therefore be uncertain as to when equipment was last cleaned. We observed the premises to be clean and tidy. One of the nurses was the infection control clinical lead who ensured they were up to date with best practice and training. There was an infection control protocol in place and 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.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local CCG pharmacy teams 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. The nurses administered vaccinations using directions that had been produced in line with legal requirements and

## Are services safe?

national guidance. However, we reviewed six directions and found that two had been authorised by the practice manager and four did not have an authorising signature for nurses to administer vaccinations.

- Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). We saw evidence that a risk assessment was discussed at a partners meeting as to which staff within the practice did and did not require a DBS check. However, we noted this had not been written as a policy.
- 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.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 89.7% or 807 points out of the total of 900 points for 2013 /14.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013 /14 showed;

- Performance for diabetes related indicators were on a par with the clinical commissioning group (CCG) and national average. For example, the practice QOF score was 91% with the CCG and England average at 92%.
  - The performance for chronic kidney disease related indicators were slightly below the CCG and national average. For example the practice QOF score was 90% with the CCG at 96% and England average at 95%
  - Performance for mental health related indicators were at 95% which was above the CCG average of 93% and the national average of 91%
  - Performance for dementia related indicators were slightly higher at 98.5% and the CCG average being 95% and national average being 93%
  - Performance for chronic obstructive pulmonary disease (COPD) indicators was slightly lower than the CCG and national average at 90%, which was 7% below the CCG average, and 5% above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We reviewed eight clinical audits which had been completed in the last two years. We noted several audits where improvements had been implemented. There were also several audits that had been repeated to ensure continued improvement. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice had completed an audit for the two week rule in relation to cancer referrals. The results of the audit and how the practice could improve were discussed at a practice meeting.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff. New members of staff shadowed other staff members and had a buddy that they could refer to for any questions. New staff underwent a probationary period in which their competencies were reviewed. The practice had recently required staff to complete training for a Care Certificate in the form of training called 'Key Skills for Key People' (The Care Certificate has been created to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours' of staff). We also noted that this training was open to other members of the workforce and not just new starters. Training covered such topics as safeguarding, fire safety, health and safety and confidentiality. However, we noted that the staff training excel spread sheets did not always show the most up to date training that staff had received. Staff files we reviewed contained training certificates which evidence that they had taken part in training that was not reflected in the training schedule. The practice was able to send us a most up to date copy of the training schedule after the inspection.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw that staff had access to appropriate training to meet these learning needs and to cover the scope of their work. Records seen showed



# Are services effective?

## (for example, treatment is effective)

that staff had received an appraisal within the last 12 months. Staff we spoke with told us that they felt the appraisals were useful and felt well supported by the practice.

### 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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. For patients who were referred to hospital in an emergency there was a policy of providing a printed copy of a summary record for the patient to take with them to Accident and Emergency (A&E). We saw evidence that multi-disciplinary team meetings took place on a weekly basis and palliative care meetings with district nurses and health visitors took place quarterly. These meetings were used to discuss patients with complex and palliative care needs and ensured that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment

was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The practice had guidance available to staff on the Mental Capacity Act 2005, Assessing Capacity, Best Interests and Consent. This included detailed key considerations as well as the different ways in which consent could be obtained. The practice ensured it met its responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those with learning disabilities, poor mental health or long-term conditions. Patients were then supported by the practice as well as signposted to external services. The practice nurses could support patients with diabetes, heart disease, asthma, chronic obstructive pulmonary disease (COPD) and hypertension and had been trained to take on these duties.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average at 83% and National average of 82%. There was a policy to follow up patients who did not attend for their cervical screening test by telephone call or letter.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. Flu vaccination rates for the over 65s were 66% and at risk groups 39%. These were comparable to CCG and national averages.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The reception desk and waiting area were in one room and it was recognised that patients could potentially over hear conversations taking place. Reception staff informed us that it was policy not to discuss patients at the desk and to ensure that paperwork was not left on display. They also told us that if a patient wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We noted that the practice had installed an electronic booking in system and played music in the waiting room to help with confidentiality.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was average or above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 97% said the GP was good at listening to them which was above the CCG average of 90% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 96% said the last GP they spoke to was good at treating them with care and concern which was above the CCG average of 88% and national average of 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 89% of patients said they found the receptionists at the practice helpful which was on a par with the CCG average of 89% and national average of 87%.

We received 32 patient CQC comment cards. All were positive about the service experienced. Patients said they felt the practice offered a good service and GPs and nurses were helpful, caring and treated them with dignity and respect. We also spoke with five patients on the day of our inspection. 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.

### 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 aligned with these views.

Results from the national GP patient survey we reviewed showed patients answered positively when asked to respond to questions about their involvement in planning and making decisions about their care and treatment. Some results were above or in line with local and national averages. For example:

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%

The practice participated in the avoidance of unplanned hospital admissions scheme. There were regular meetings to discuss patients on the scheme and care plans were regularly reviewed with the patients. We saw that care plans were in place for those patients with long term conditions, those most at risk, patients with learning disabilities and those with mental health conditions.

We noted that the practice's QOF performance of 97% was above the national average for the percentage of patients with schizophrenia, bipolar affective disorder and other



## Are services caring?

psychoses who had a documented comprehensive care plan on file, agreed between individuals, their family and/or carers as appropriate, with the national average being at 86%.

Staff told us that most patients had a first language of English but translation services were available for patients who did not.

### **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, and there was a practice register of all people who were carers. Carers were being supported, for example, by offering health checks, vaccinations and referrals to local support services for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was 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

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

- The practice opened from 8am till 6:30pm and patients could attend either of the two locations. Patients could book appointments via telephone, in person, on line or via a 24 hour automated telephone service.
- GPs often visited patients at home late in the evening outside of practice opening hours if required.
- Staff were aware of appointments which needed extended time. For example, patients with a learning disability or reviews of certain long term conditions.
- Home visits were available for older patients / patients who would benefit from these.
- The practice was accessible for patients with services located on the ground floor.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Two of the practice nurse had attended training in acute care within the community to support doctors with triage
- The practice had a dedicated nurse for those patients over 75 who was providing health checks and dementia reviews either in the surgery or at patients homes.
- The practice was dementia friendly and some staff were trained as dementia friends.

### Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments could be booked via telephone, on-line, in person or via a 24 hour automated telephone service. Appointments were released for the following day at the end of evening surgery. One patient told us how they had been able to use the automated telephone service to book an appointment for the following morning after feeling unwell during the night. Patients could also request urgent appointments, telephone consultations or home visits when appropriate. Patients could also attend either of the surgeries for appointments.

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

- 73% of patients were satisfied with the practice's opening hours which was on par to the CCG average of 75% and national average of 75%.
- 71% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 87% of patients said they were able to get an appointment to see or speak to someone the last time they tried which was similar to the CCG average of 89% and national average of 85%.
- 92% of patients said the last appointment they got was convenient which was the same as the CCG average and national average of 92%
- 71% of patients said they usually waited 15 minutes or less after their appointment time which was above the CCG average of 66% and national average of 65%.

Information was available to patients about appointments on the practice website and leaflet. This included how to arrange urgent appointments and home visits and how to book appointments through the website or automated service. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed.

### 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 complaints in the practice as well as a dedicated GP who dealt with any clinical complaints.

We saw that information was available to help patients understand the complaints system on the practices website and on a noticeboard in the patient waiting area. A suggestion box and a Friends and Family Test suggestion box were also available which invited patients to provide feedback on the service provided, including complaints. None of the patients we spoke with told us that they had ever made a complaint.

We looked a selection of complaints received in the last 12 months and found these were all discussed, reviewed and

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

learning points noted. We saw these were handled and dealt with in a timely way. Complaints were a standing agenda item on the partners monthly meetings and we saw evidence that lessons learned from individual complaints had been acted on. Complaints were stored electronically

and others kept as paper copies depending on how the complaint had been generated. However, we noted that there was no central record or log of complaints received or the actions taken. The practice therefore may be unable to easily identify trends or concerns over time.

# 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 values in their statement of purpose. The statement of purpose included the intention to provide good quality primary care services delivered in a clean, suitably equipped and safe environment, involving patients in discussions about their care and patients expecting to be safeguarded and protected from abuse and be treated with dignity and respect

We spoke with 15 members of staff and they all knew and understood the practice values and knew what their responsibilities were in relation to these. Staff spoke very positively about the practice.

### Governance arrangements

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

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

The practice had policies and procedures to support governance arrangements which were available to all staff on the practice's computer system. However, some of the processes to support the governance of the service provided were inconsistent, for example training that staff had undertaken was not always updated in the training schedule, there was no central record or log of complaints received or the actions taken and evidence of doctors GMC checks and indemnity insurance was not recorded in two staff files reviewed.

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

The practice was taking part in the programme Productive General Practice. The practice was using this programme to help improve productivity, to ensure the whole practice team was engaged, to help improve the working life of staff, and to support patient involvement.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at meetings, were 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. For example, through the Productive General Practice programme staff had taken part in an anonymous staff survey where they could indicate how they felt about different aspects of the practice, including team working and change and innovation.

### 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 surveys and complaints received. For example, the practice had completed a patient survey in relation to how patients accessed appointments. The results were discussed at the Productive General Practice steering group meeting and with staff at practice workshops in order to develop ideas to help improve the patient experience. The practice had a virtual patient participation group (VPPG) and was actively trying to recruit new members by advertising and asking patients to consider joining.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. For example, nurses

# Are services well-led?

Good 

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

had discussed with the practice employing a healthcare assistant. The healthcare assistant would be able to take over tasks the nurses were completing and would therefore give more time in clinics that the nurses ran. We noted that a healthcare assistant was in the process of starting at the practice and that one nurse was then able to change her role to predominately look after the elderly and those with dementia.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice. Staff we spoke with told us they would have no concerns in using the policy to protect patients if they thought it necessary.

## Innovation

The practice team was forward thinking and looked at creative ways to improve outcomes for patients in the area. For example:

- Taking part in Productive General Practice programme. This programme helps general practices operate more efficiently by helping them to review the way they work so that they can identify ways of improving their working processes.
- Actively asking staff for suggestions and idea to help with the patient experience and increase staff participation in helping to run the practice.
- Having facilities for patients to book appointments 24 hours a day including online and through the telephone automated service.
- Being a dementia friendly site and training staff to become dementia friends – including training a nurse to review the health of patients with dementia.
- Requiring new staff to complete training for a Care Certificate in the form of training called 'Key Skills for Key People'

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Patient Group Directions (PGDs) were not authorised to administer in line with national requirements due to forms not being signed.</p> <p>This was in breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p><b>Nurses did not operate a cleaning schedule for equipment used and therefore there was no recorded evidence to demonstrate equipment was cleaned. Staff would therefore be uncertain as to when equipment was last cleaned.</b></p> <p>This was in breach of regulation 15(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>