

# Lowmoor Road Surgery

## Quality Report

The Surgery,  
Nottingham,  
Nottinghamshire  
NG17 7BG

Tel: 01623 759447

Date of inspection visit: 8 August 2016

Website: [www.doctorswhitebarishkarunaratne.co.uk](http://www.doctorswhitebarishkarunaratne.co.uk) Date of publication: 27/09/2016

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?

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lowmoor Road Surgery on 8 August 2016. Overall the practice is rated as good.

- There was an effective system in place for reporting and recording clinical significant events however non clinical events were not recorded.
- Lessons learnt were recorded as a result of incidents and discussed at practice meetings.
- The practice was visibly clean, however there was no schedule of completed cleaning available on the day of inspection.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- We observed staff members were courteous and very helpful to patients and treated them with dignity and respect.
- Feedback from residential homes was positive and staff at the care homes said that the practice were responsive and always attended when required.
- The practice offered extended hours on a Saturday for working patients who could not attend during normal opening hours.
- Lessons were learnt from complaints and discussed with staff however information on how to complain was not readily available.
- There was a leadership structure in place. Staff told us they felt supported by management.

# Summary of findings

- The practice had a governance framework which supported the delivery of the strategy and quality care. However, we found some of the policies needed updating to reflect recent staff changes
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice encouraged and valued feedback from patients, the public and staff.
- There was a focus on continuous learning and improvement at all levels.
- Monitoring of some long term conditions and excepting those that were not eligible needed attention.
- The practice worked in collaboration with eight local practices (also referred to as JAKS federation) to improve access for patients with a weekly walk in service for patients on Wednesday (6.30pm to 8pm) and Saturday (9am and 12pm). This service was accessible to all patients registered with the eight local practices.

The areas where the provider must make improvement are:

- Ensure that there are appropriate systems in place to properly assess and mitigate against risks including risks associated with fire and managing emergency situations.
- Ensure a risk assessment is carried out and rationale documented for not ensuring a DBS check is in place for non-clinical members of staff.
- Ensure recruitment arrangements include all necessary employment checks for all staff
- Ensure patients' medical records are stored securely at all times.
- Ensure the registration of the practice is updated to include all regulated activities.

The areas where the provider should make improvement are:

- Review performance and monitoring of long term conditions.
- Improve the identification of carers.

**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

**Requires improvement**



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However non clinical incidents were not recorded as significant events although we saw from minutes that these were discussed and actions were taken to prevent reoccurrence.
- Action was taken to improve safety in the practice and new processes and policies implemented.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. However on the day of the inspection the practice were unable to find any schedule of the cleaning that had been provided.
- The practice had not completed DBS checks for non clinical staff, however this had not been documented as a risk assessment.
- Patient's paper medical records were stored behind reception on shelves. The access to the reception area was through a door that was permanently open and could easily be accessed. This posed a risk that patients' medical records could have been accessed or stolen by anyone visiting the practice and also put staff working at risk.
- The practice did not have up to date fire risk assessment nor had they carried out regular fire drills
- The practice had a business continuity plan in place for major incidents such as power failure or building damage however the plan did not state what to do in such situations and who to contact.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly in line with CCG and national averages although some were lower which the practice were aware of. There had been improvement since 2014/15 data.
- Staff assessed needs and delivered care in line with current evidence based guidance.

# Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals 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



- We observed staff members were courteous and helpful to patients and treated them with dignity and respect.
- Feedback from residential homes was positive and staff at the care homes said that the practice were responsive and always attended when required.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care
- Patients comments said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff were knowledgeable about the support to provide to patient if they wished to raise a complaint or concern. Information about how to complain was not available to patients however evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered extended on a Saturday for working patients who could not attend during normal opening hours.

## Are services well-led?

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

Good



- The practice had a vision and strategy to deliver quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

# Summary of findings

- 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 meetings.
- The practice had a governance framework which supported the delivery of the strategy and quality care. However, we found some of the policies needed updating as a staff member had recently left and was still named in the policy.
- 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 encouraged and valued feedback from patients, the public and staff.
- There was a focus on continuous learning and improvement at all levels.

# 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.

Good



- 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 patients over 75 years of age had a named GP for continuity of care.
- The practice met with other services such as district nurse, respiratory nurse and palliative nurse regularly to identify patients who are at high risk.
- Patients are reviewed in practice however home visits could be made were patients are housebound or in residential care.

### People with long term conditions

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

Requires improvement



- Performance for diabetes related indicators was 61% which was worse than the CCG average of 82% and the national average of 89%.
- Performance for chronic obstructive pulmonary disease related indicators was 75% which was worse than the CCG average of 94% and the national average 96%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority however the nurse practitioner had recently left and the practice were using locum nurses.
- 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.

### Families, children and young people

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

Good



# Summary of findings

- 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 relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 79% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day appointments were available for children who needed an urgent appointment.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

The practice is rated as good for the care of working-age 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.
- Appointments were available on a Saturday morning and there was the option of attending a walk in service on a Wednesday evening or Saturday morning.
- Telephone appointments were available.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group.

**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 held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Good**





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- There was a lead GP for patients with drug and alcohol problems.

## 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).

- Performance dementia related indicators was 87% which was lower than the CCG average of 91% and the national average of 95%.
- Performance for mental health related indicators was 100% which was better than the CCG average of 91% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice provided emergency same day appointments for patients with mental health problems.
- The practice maintained a register of patients with mental health problems and provided annual reviews and medication reviews.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 255 survey forms were distributed and 117 were returned.

This represented 2% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average and the national average of 85%.

- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. Comments said that the staff were respectful and helpful and that the GPs were approachable and took time to listen and explain things.

We spoke with staff at local residential homes where residents were patients of this practice. Staff said that the practice were responsive and always attended when required. They commented that reviews were always arranged and completed and that all the staff were friendly and helpful. They said that they had a good relationship with the practice.

## Areas for improvement

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

- Ensure that there are appropriate systems in place to properly assess and mitigate against risks including risks associated with fire and managing emergency situations.
- Ensure a risk assessment is carried out and rationale documented for not ensuring a DBS check is in place for non-clinical members of staff.
- Ensure recruitment arrangements include all necessary employment checks for all staff

- Ensure patients' medical records are stored securely at all times.
- Ensure the registration of the practice is updated to include all regulated activities.

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

- Review performance and monitoring of long term conditions.
- Improve the identification of carers.

# Lowmoor Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Lowmoor Road Surgery

Lowmoor Road Surgery is in a purpose built building in the centre of Kirkby-in-Ashfield. The area is a former mining community and has a higher level of deprivation than the national average.

All services are provided from The Surgery, Kirkby-in-Ashfield, Nottinghamshire, NG17 7BG. There are car parking facilities at the practice and also in nearby car parks.

- The practice holds a General Medical Services (GMS) contract.
- The practice consists of three partners (two male and one female).
- The all female nursing team consists of a practice nurse and a health care assistant (HCA). The practice had employed a nurse practitioner however they had left recently and the practice had not been able to recruit at the time of the inspection. Support was provided by locum nurses.
- The practice has a practice manager and an assistant practice manager who are supported by five clerical and administrative staff to support the day to day running of the practice.

- The practice is open between 8.30am and 6pm Monday to Friday and Saturday 8.30am to 11.30am. The practice is closed between 12.15pm to 1.30pm daily.
- The practice list size is approximately 5350 patients with a lower than average number of patients that are aged between 20 – 39 years of age compared with local and national averages and higher than average number of patients aged between 45 - 79 years of age.
- The practice has high deprivation and sits in the 4th most deprived centile.
- The practice is registered to provide the following regulated activities; diagnostic and screening procedures and treatment of disease, disorder or injury. The practice were aware that there had been an error at registration and had began the process to add surgical procedures, maternity and midwifery services and family planning.
- The practice has opted out of providing out-of-hours services to their own patients. This service is provided by Nottingham Emergency Medical Service (NEMS) when the practice is closed. Walk in clinics are hosted by a practice nearby on a Wednesday evening and a Saturday morning. These can be used by patients who are registered with a practice within the locality group.
- The practice lies within the NHS Mansfield and Ashfield Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

# Detailed findings

## Why we carried out this inspection

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 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 8 August 2016. During our visit we:

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

- Spoke to staff at local residential homes.

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. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Non clinical incidents were not recorded as significant events although we saw from minutes that these were discussed and actions were taken to prevent reoccurrence.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the clinical significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident of mislabelling showed duty of candour as the practice had contacted and informed the patient of the error and this had resulted in a change of practice. We also saw other learning such as staff training identified.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 with nursing staff trained to level 2 appropriate to their role.

- There were no notices in the waiting room to advise patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a contract cleaning company and on the day of the inspection were unable to find any schedule of the cleaning that had been provided although we did see that the practice had audited the cleaning provided and alerted the company to the areas that needed attention. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The policy listed the lead as the nurse that had recently left and needed updating, the practice were aware of this. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example the practice had contracted a new cleaning company following the audit results.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

## Are services safe?

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed two recently recruited personnel files and found that appropriate recruitment checks had not been undertaken prior to employment. For example references had not been recorded for one of the staff members although the practice manager said that they had received verbal references and interview records had not been held. The practice had checked qualifications and registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had not completed DBS checks for non clinical staff as the staff had no direct contact with patients and were not on their own with patients, however this had not been documented as a risk assessment.
- Patients paper medical records were stored behind reception on shelves. The access to the reception area was through a door that was permanently open and could easily be accessed. This posed a risk that patients' medical records could have been accessed or stolen by anyone visiting the practice. The practice managers office was also through reception and the practice had close relations with the patients and wanted them to feel they could access management at any time. This was one of the reasons for the open door. However recently this had meant an unhappy patient had entered the managers office and verbally abused them.
- Smart cards used to access the practice electronic system were on occasion left unattended whilst rooms were unlocked and doors were open.

### Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice did not have up to date fire risk assessment nor had they carried out

regular fire drills. A detailed health and safety audit had been completed in 2015 however the actions suggested and recommended had not been completed, such as fire risk assessment. 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 had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 enough staff were on duty and the practice manager assessed requests for leave to enable cover.

### Arrangements to deal with emergencies and major incidents

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

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

The practice had a business continuity plan in place for major incidents such as power failure or building damage however the plan did not state what to do in such situations and who to contact. The plan did include emergency contact numbers for staff or contact numbers for suppliers such as gas, water and electricity.

# 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 patients' needs.
- Templates on the practice electronic system followed NICE guidance.
- 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 were 86% of the total number of points available. Exception reporting for the practice was lower than CCG and national averages. Overall exception reporting was 7.7% which was lower than 9.5% CCG average and national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 61% which was worse than the CCG average of 82% and the national average of 89%.

In 2014/15 the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 49% compared with the CCG average of 75% and national average of 78% however the data we saw that had been submitted for 2015/16 showed an improvement with the

practice percentage of 58%. The practice had identified this as an area for improvement. A specialist nurse had been working in the practice from the CCG to improve on this area however that had now ended and the practice were identifying ways they could continue to improve. Exception reporting for diabetes indicators was low at 3% compared with 15% CCG average and 12% national. Had the practice excepted patients correctly there figure would have improved.

- Performance for chronic obstructive pulmonary disease related indicators was 75% which was worse than the CCG average of 94% and the national average 96%.

However

- Performance for mental health related indicators was 100% which was better than the CCG average of 91% and the national average of 93%.
- Performance for Stroke and transient ischaemic attack indicators was 100% which was better than the CCG average of 95% and the national average of 97%.

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed in the last two years, we looked at two that were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included training need identified, meet with neighbouring practice to look at referrals.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice was part of a local federation and the practice were benchmarking against other practices to look at referral rates and prescribing.

Information about patients' outcomes was used to make improvements such as: increased monitoring of patients.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and 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. Training was provided at four protected learning events throughout the year. GPs had study leave allocated to them each year.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients

moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 79% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to



## Are services effective?

(for example, treatment is effective)

under two year olds ranged from 90% to 100%, which was comparable to the CCG average of 93% to 97% and five year olds from 83% to 98%, which was comparable to the CCG average of 90% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, respectful and treated them with dignity and respect.

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

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

Patients feedback from the comment cards we received 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. They said that staff were approachable and took time to explain. We also saw that care plans were personalised.

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

## Are services caring?

- The practice did not have a hearing loop. This had been looked into however the practice said that they did not have any patients that this would currently assist.
- The practice could contact sign language services for translation.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 88 patients as carers (1.6% of the practice list). Patients that were carers were given flexibility in relation to pre booking appointments and support and guidance to social services was provided where applicable. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, there was no set system in place however for patients that were known to the surgery their usual GP contacted them. End of life services also supported the bereaved.

# 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 its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice worked in collaboration with eight local practices (also referred to as JAKS federation) to improve access for patients with a weekly walk in service for patients on Wednesday (6.30pm to 8pm) and Saturday (9am and 12pm). This service was accessible to all patients registered with the eight local practices.
- The practice provided a range of in house services including family planning and sexual health.
- Maternity services and antenatal clinics for pregnant women were hosted weekly with the community midwife.
- Ultrasound service for patients to be referred into so that patients did not have to wait and attend the hospital.
- There were longer appointments available if patients requested a double appointment and for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open between 08:30 and 18:30 Monday to Friday; 08:30 and 11:30 on a Saturday. Appointments were from 8.30am to 11.30am every morning and 2pm to 6pm daily. Extended hours appointments were offered at the following times on Saturday 8.30am to 11.30am Saturday. In addition to pre-bookable appointments that could be

booked up to four weeks in advance, urgent appointments were also available for people that needed them. The majority of appointments were bookable on the day. The morning appointments would be released at 8.30am and the afternoon at 12pm. On the day of inspection we saw that there were patients waiting in the practice before 12pm to obtain an afternoon appointment.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

From the comment cards received the comments were positive about the practice but two of the cards also mentioned that there was sometimes a wait to have a routine appointment with a preferred GP.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- The practice did not have any information available to help patients understand the complaints system e.g. posters displayed, or leaflet available.

We looked at eight complaints received in the last 12 months, seven of which were verbal and found these were satisfactorily handled and dealt with in a timely way. Some verbal complaints had then resulted in a compliment about the practice and the way the issue had been handled. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, staff training in conflict resolution.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

The practice had identified clear objectives for development and staff were aware of them.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff however due to a recent staff change some policies required updating.
- 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

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and management 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 the patient participation group (PPG) and through complaints received. The PPG met regularly and discussed proposals for improvements with the practice manager. For example, the practice looked at the accident and emergency attendances and how they could look to reduce the ones that attended when the practice was open and the appointment system was revised following suggestion from the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff suggestions had meant changes in processes by the GPs to assist the administrative staff.

# Are services well-led?

Good 

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

- Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. One of the partners had recently set up a pessary clinic which meant that patients could attend the practice instead of going to the hospital. The federation were also looking at ways to work together and improve services.

## 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 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>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>Ensure that there are appropriate systems in place to properly assess and mitigate against risks including risks associated with fire and managing emergency situations.</p> <p>Ensure a risk assessment is carried out and rationale documented for not ensuring a DBS check is in place for non-clinical members of staff.</p> <p>Ensure recruitment arrangements include all necessary employment checks for all staff</p> <p>Ensure patients' medical records are stored securely at all times.</p> <p>Ensure the registration of the practice is updated to include all regulated activities.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>