

# Dr Susan Mathew

## Quality Report

42 Kings Way  
South Woodham Ferrers  
Chelmsford  
Essex  
CM3 5QH

Tel: 01245 321391

Website: <http://www.kingswaysurgery.net>

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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 Dr Susan Mathew	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	21

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at 25 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients praised the kind, sensitive attitude of all staff and the treatment they had received from the GPs and nurses.
- Information about services and how to complain was available and easy to understand.
- Feedback from the GP survey was positive, with patients indicating that their experience of making an appointment was good.

- The practice had an active Patient Participation Group which had been involved in implementing improvements.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

- Ensure the safe and proper use of patient group directions.
- Assess the risk of legionella by a suitably qualified person.

The areas where the provider should make improvement are:

- Complete and review relevant risk assessments for the general health and safety of people who use the premises.

# Summary of findings

- Include emergency contact numbers for staff or relevant agencies in the business continuity plan.

**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.

- There was an effective system in place for reporting and recording significant events. When there were unintended or unexpected safety incidents, patients received an explanation, apology and were told how improvements had been made.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.

Some risks to patients were assessed and managed although a legionella risk assessment was yet to be completed.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were in most cases, above average for the locality when compared with the national average. For example, all patients with diabetes had received a flu vaccination in the last year. This was better than the national average of 94%.
- Staff assessed needs and delivered care in line with current evidence based guidance, and clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and support to deliver effective care and treatment. There was evidence of appraisals for all staff.

Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care. For example, 97% of patients said the GP was good at listening to them. This was better than the CCG average of 86% and national average of 87%.
- Patients praised the kind, sensitive attitude of all staff and the treatment they had received from the GPs and nurses.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations.

**Good**



# Summary of findings

When families had experienced bereavement, there were sensitive, considered processes in place to help the family come to terms with their loss.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood and was responsive to the needs of their practice population.
- Data from the National GP Patient Survey was positive and patients said that they found it easy to get through to the surgery by telephone and to get an appointment at a time that was convenient.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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 proactively sought feedback from staff and patients, which it acted on.

The patient participation group was committed, active and had influenced change.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- 72% of patients over 65 had received a seasonal flu vaccination. This was comparable to the national average of 73%.
- Patients who were frail were identified by the practice, and a care plan put in place. There were regular meetings with other professionals to manage the health of older patients when a need was identified.
- There were home visits and urgent appointments for those patients with enhanced needs.
- Senior health checks were offered to patients over 75.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with COPD who had received a review together with an assessment of breathlessness was 94%, which was better than the national average of 90%.
- The practice worked with community nurse specialists in the ongoing management of patients with long-term conditions, and reviewed these patients regularly.
- The percentage of patients with diabetes who had a foot examination and risk classification in the preceding 12 months was 95% which was better than the national average of 88%.
- 82% of patients diagnosed with asthma had an asthma review in the last 12 months. This was better than the national average of 75%.

### Families, children and young people

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

Good



- There were systems in place to identify and follow up children who may be at risk of abuse.

# Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations. For children under two years, these were between 98% to 100% compared to local averages of 33% to 100%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked closely with midwives and health visitors.

## 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 practice was proactive in offering online services, such as the Electronic Prescribing Service (EPS) whereby prescriptions could be sent electronically to a pharmacy of the patient's choice.
- 84% of women aged 25-64 had received a cervical screening test that had been performed in the preceding 5 years. This was better than the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by offering flexible appointments.
- The practice was in the process of developing a text message reminder service.
- There was a full range of health promotion and screening that reflected the needs for this age group.
- Appointments were available outside of working hours. There were later appointments with a GP or nurse on a Thursday evening, until 7:30pm.

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 longer appointments for patients with a learning disability.
- Patients with a learning disability were identified and their needs were reviewed annually. Last year, the practice reviewed 7 out of the 8 patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Good



# Summary of findings

## 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).

- All patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 89%.
- All patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in place, compared to a national average of 88%.
- All patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded.

Good





# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published on 02 July 2015. This related to information collected from patients during July-September 2014 and January to March 2015. The results showed the practice was performing in line with or better than local and national averages. 280 survey forms were distributed and 110 were returned. This is a response rate of 39.3%.

- 90% found it easy to get through to this surgery by phone compared to a CCG average of 65% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86% and a national average of 85%.
- 96% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 83% and a national average of 85%.
- 92% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 75% and a national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 49 comment cards which were all positive about the standard of care received. Patients praised the kind, sensitive attitude of all staff as well as the treatment they had received from the GPs and nurses.

We spoke with five patients during the inspection. All of the patients we spoke with said that they had no trouble in making an appointment. They said that they received reminder letters when checks were due, and that they received a timely diagnosis.

We also spoke with three members of the Patient Participation Group. They told us that they met regularly, and their meetings were attended by the practice manager or the GP to promote involvement and transparency. The Patient Participation Group was consulted regarding relevant changes at the practice and their views were sought. They gave examples of how they had influenced change at the practice.

Patients that had completed the NHS Friends and Family test for the month of December 2015 indicated that they were either likely or extremely likely to recommend the practice.

## Areas for improvement

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

- Ensure care and treatment is provided in a safe way by ensuring the safe and proper use of patient group directions
- Assess the risk of legionella by a suitably qualified person.

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

- Complete and review relevant risk assessments for the general health and safety of people who use the premises.
- Include emergency contact numbers for staff or relevant agencies in the business continuity plan.

# Dr Susan Mathew

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Dr Susan Mathew

Dr Susan Mathew, also known as Kingsway Surgery is situated in South Woodham Ferrers, in Chelmsford, Essex. It provides GP services to approximately 4400 patients living in South Woodham Ferrers. There is also a branch surgery located at Anson Close Surgery, 3 Anson Close, South Woodham Ferrers, Chelmsford CM3 5YJ. This surgery was not visited as part of this inspection.

The practice holds a General Medical Services contract (GMS) with the NHS.

The practice population has a slightly lower number of children aged 0 to 18 years than the England average. It has a comparable number of patients aged over 65 years and fewer patients over 75 years. Economic deprivation levels affecting children and older people are much lower than average, as are unemployment levels. The life expectancies of men and women are higher than national averages. There are a comparable number of patients on the practice's list who have long standing health conditions and fewer patients with health-related problems in daily life than the England average.

The practice is registered as a sole provider with the Care Quality Commission. The provider is supported by one male GP who is a long-term locum. The practice also employs one practice nurse and a nurse prescriber. A nurse

prescriber has undertaken additional training so that they can write prescriptions for a range of medicines. The practice manager is also a nurse prescriber and holds weekly clinics in addition to her practice manager role.

Administrative support consists of a part-time practice manager and an audit clerk, as well a number of reception and administrative staff.

The main practice, Kingsway Surgery is open from 8am until 6.30pm every weekday except Thursday, when it is open until 7:30pm. The branch surgery at Anson Close is open from 08:30am until 12:30pm on a Tuesday and Wednesday.

Appointments are available with a GP or nurse from 9:00am to 11:30am in the morning and from 4:00pm to 6:30 Monday to Friday. The practice offers later appointments with a GP or nurse on a Thursday evening, until 7:30pm.

The practice has opted out of providing 'out of hours' services which is now provided by Adastra, another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before our visit to Dr Susan Mathew – Kingsway Surgery, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 25 January 2016 and during our visit we spoke with two GPs, a nurse prescriber, four reception/administrative staff and the practice manager. We also spoke with five patients who used the service and three members of the Patient Participation Group (PPG).

We reviewed 49 CQC comment cards where patients and members of the public shared their views and experiences of the service, as well as the results of the NHS Friends and Family test. We viewed a number of documents including policies and procedures, audits and risk assessments.

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. We found that these were recorded, investigated and discussed at relevant meetings.

Staff told us they would inform the practice manager of any significant events and write these in the incident book which was held at reception. Staff were informed of significant events that had occurred and how practice had changed as a result.

The practice carried out a thorough analysis of the significant events. When there were unintended or unexpected safety incidents, patients received an explanation, apology and were told how improvements had been made.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, action was taken to identify and contact relevant patients when an alert identified a risk with testing strips used to monitor blood glucose levels.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff had received training relevant to their role. GPs were trained to an appropriate level to manage safeguarding concerns.
- Only nurses at the practice acted as chaperones. A notice in the waiting room advised patients that chaperones were available if required. Chaperones had received a Disclosure and Barring Service check (DBS

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

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Monthly infection control audits were undertaken as well as an annual infection control report which gave an overall picture of the effectiveness of the procedures in place and identified actions required.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses and the practice manager who was also a nurse, had qualified as an Independent Prescriber and could therefore prescribe medicines.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We found that some of these had not been signed or photocopied signatures had been used. The practice manager took immediate steps to rectify this issue.
- We reviewed three personnel files and found 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.

### Monitoring risks to patients

Most risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. A lead for health and safety had been identified and this was one of the GPs. There were general risk assessments in place which considered specific hazards around the premises, such as slips and falls, but some of these were incomplete and had not been reviewed. The practice had a fire risk assessment

## Are services safe?

completed in 2013 and we saw that regular ongoing checks had been undertaken. The practice had risk assessments in place to for the control of substances hazardous to health, and improvements required in relation to this had been identified in the most recent infection control report.

Electrical and clinical equipment was tested and calibrated to ensure that it was safe to use and working correctly. There was an infection control policy in place. A legionella risk assessment by an external company had been arranged to take place in the week following our inspection, although this had yet to be completed. 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 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 there were enough staff on duty. Staff worked flexibly to cover short-term absence.

### **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 was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However, the plan did not include emergency contact numbers for staff or relevant agencies.

# 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 through regular meetings and information cascade. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through regular audits and patient review.

### 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. For the year 2014/15, the practice achieved 99% of the total number of points available, with 9% exception reporting. This is 1% above the national average. 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 not an outlier for any QOF (or other national) clinical targets. Many of the results were better than national averages. Data from 2013/2014 showed;

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95%, compared to a national average of 88%.
- The percentage of patients with hypertension having a last blood pressure reading measured in the preceding 12 months of 150/90mmHg or less was 87% which was better than the national average of 84%.
- Performance for mental health related indicators was better than the national average. For example, all

patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to the national average of 88%. Further, all patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan compared to a national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits undertaken in the last two years, five of these related to completed audits where the improvements made were implemented and monitored. The practice employed an audit clerk to assist in the process.
- Findings were used by the practice to improve services. Results were fed back at clinical meetings which sought to identify where improvements could be made, or in the case of re-audit, where changes had secured improvement. For example, an audit was conducted to ascertain the effectiveness of three day antibiotic therapy in urinary tract infections. The most recent audit had identified this was effective as fewer patients were presenting with persistent infection.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff.
- Staff received training such as safeguarding, infection prevention and control and fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by ongoing training.
- 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 during sessions, one-to-one review, appraisals, mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.

# Are services effective?

(for example, treatment is effective)

## Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available and communicated to relevant staff in a timely and accessible way, through the practice's patient record system, emails and regular meetings. Information such as NHS patient information leaflets were also available.

The practice shared relevant information with other services effectively, for example when referring patients to other services. Referrals were monitored to ensure an effective pathway. Patients were contacted and reviewed when they were discharged from hospital.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place on a monthly basis. Multi-disciplinary meetings discussed admissions avoidance, frail and elderly patients and those receiving end of life. Care plans were routinely reviewed and updated.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

A blood pressure monitor was available in the waiting room for patients to use.

84% of women aged 25-64 had had a cervical screening test that had been performed in the preceding 5 years. This was better than the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme offering flexible appointments.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 91% to 98%.

Flu vaccination rates for the over 65s were 72%, which was comparable to the national average of 73%. Flu vaccination rates for at risk groups were 45%, which was in line with the national average of 45%.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Discrete music was played in the waiting room which sought to avoid discussions at the reception desk being overheard. A notice was displayed at reception requesting privacy for the person ahead in the queue.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments, and 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were all positive about the standard of care received. Patients praised the kind, sensitive attitude of all staff and the treatment they had received from the GPs and nurses.

The feedback from the NHS Friends and Family test was positive. For the month of December 2015, there were five responses received. These indicated that patients were either likely or extremely likely to recommend the practice to their friends and family.

We spoke with five patients during the inspection. All of the patients we spoke with said that they had no trouble in making an appointment. They said that they received reminder letters when checks were due, and that they received a timely diagnosis. We also spoke with three members of the Patient Participation Group. The Patient Participation Group comprises of patients from the practice who work with the practice to improve services and the quality of care. They told us that they were happy with the care provided by the practice

Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. These results are from the most recent survey

published in January 2016. The surveys were completed in January - March 2015 and July - September 2015. The practice was above average for its satisfaction scores on consultations with GPs and a little below average for its satisfaction scores on consultations with nurses. For example:

- 97% said the GP was good at listening to them compared to the CCG average of 86% and national average of 87%.
- 94% said the GP gave them enough time (CCG average 86%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 95% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff.

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:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%)
- 75% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)



## Are services caring?

Staff told us that one of the GPs was able to speak Urdu (Indian dialect) and that translation services were available for patients who did not have English as a first language.

### **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 further information about support organisations was displayed in the waiting room. There were 36 carers identified on the practice's list.

When families had experienced bereavement, they were invited to meet with their GP to discuss the circumstances of the bereavement and if appropriate, the practice would carry out further investigations to help the family come to terms with their loss.

The practice would also refer bereaved families to a local bereavement service, or provide contact numbers for counselling.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood and was responsive to the needs of their practice population. They demonstrated this as follows:

- The practice had appointments until 7.30pm on a Thursday evening for patients who could not attend during normal opening hours.
- There were longer appointments available for any patients who requested them.
- A phlebotomy (blood test) clinic was offered on a Monday, Tuesday, Thursday and Friday morning between 9am and 10am.
- INR (International Normalised Ratio) blood testing was available for patients taking Warfarin. This is a blood test used to monitor the effects of Warfarin and checks how long it takes for blood to clot.
- Home visits were available for older patients, at care homes and for patients who would benefit from these, as well as telephone consultation.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for the disabled, a hearing loop and translation services available.
- Appointments could be made online or over the phone.
- The Electronic Prescribing System (EPS) was available to patients who wished to order prescriptions online and have these sent to a pharmacy of their choice.

### Access to the service

The main practice, Kingsway Surgery was open from 08.30 am until 6.30pm every weekday except Thursday, when it is open until 7.30pm. The branch surgery at Anson Close was open from 08.30am until 12.30pm on a Tuesday and Wednesday.

Appointments were available with a GP or nurse from 9.00am to 11.30am in the morning and from 4.00pm to 6.30

Monday to Friday. The practice provided an enhanced service to enable patients to consult a health care professional at times other than during core hours. An enhanced service is an additional service beyond its core contractual duties with the NHS. The practice offered later appointments with a GP or nurse on a Thursday evening, until 7.30pm.

75% of appointments could be booked up to six months in advance and 25% could be booked on the day.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 92% of patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%).
- 88% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

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

### Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system. This was detailed in the practice information leaflet and also in the waiting room.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled. Patients received a prompt and detailed response, which was open and honest. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw that where there had been a prescription error, systems were reinforced and learning was shared.

# 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. In their statement of purpose, the practice advocated 'healthcare which was available to a whole population and created a partnership between patient and health profession which ensured mutual respect, holistic care and continuous learning and training.' This was displayed on the practice's website and evidenced in the feedback from staff and patients.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The lead GP had a comprehensive understanding of the performance of the practice which involved and was cascaded to staff.

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 who knew where to locate these. Staff were aware of lead roles within the practice.

A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. Clinical staff were supported by an audit clerk which sought to ensure effective delivery.

### Leadership and culture

The principal GP had the experience, capacity and capability to run the practice and prioritise high quality and compassionate care. They were visible in the practice and staff told us they were approachable, open and honest.

When there were unexpected or unintended safety incidents the practice gave affected people an explanation as to the incident, an apology as appropriate, and they were proactive in providing an appropriate solution.

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 in doing so and felt supported if they did.
- All staff were involved in discussions about how to run and develop the practice, and the management team 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.

- There was an active Patient Participation Group (PPG) which met regularly. The PPG comprises of patients from the practice who work with the practice to improve services and the quality of care. Their meetings were attended by the practice manager or the lead GP to promote openness and honesty. The PPG were aware of future proposals for the practice and they were asked for their feedback. The members of the PPG were skilled and committed to making improvements at the practice. They met with other PPGs within the Clinical Commissioning Group to promote wider shared learning.
- The PPG had secured funds to purchase a hearing loop and a defibrillator for the practice and were involved in the continued implementation of the text message service. This reminded patients to attend for their appointments to reduce the amount of missed appointments at the practice.
- The practice gathered feedback from patients through the PPG and through surveys and complaints received. We saw that actions were taken as a result of the feedback received. For example, in response to concerns raised over waiting times, the practice added additional catch-up slots into clinician's diaries to minimise appointment times over-running.

There was a focus on continuous learning and improvement within the practice. The provider was

## Are services well-led?

Good 

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

considering opportunities to improve facilities that were available to patients, as well as developing and training staff at all levels. The telephone system was due to be upgraded in order to improve telephone access.

## 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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>The provider did not ensure safe and proper care in the management of medicines by the use of patient group directions.</b>  Regulation 12(1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control  <b>The provider did not ensure safe and proper care by assessing the risk of legionella.</b>  Regulation 12(1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.