

# Dr Jedrzejewski and partners

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Jedrzejewski and partners on 28 July 2015. The overall rating for the practice was requires improvement. Specifically it was good for providing effective, responsive and caring services but required improvement for providing safe and well led.

The full comprehensive report on the 28 July 2015 inspection can be found by selecting the 'all reports' link for Dr Jedrzejewski and partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The areas where the provider must make improvement were:

- Ensure a systematic approach to reporting, recording and monitoring significant events, incidents and accidents.
- Ensure there are formal governance arrangements and staff are aware how these operate, including maintaining the cleanliness and fabric of the building.

The areas where the provider should make improvement were:

- Review staff training to link this to personal development plans and practice's needs.
- Review staff files to ensure that all contain the required.

This inspection was an announced comprehensive inspection carried out on 30 May 2017 to confirm that the provider had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 28 July 2015. This report covers our findings in relation to those requirements. We found that the concerns identified at the previous inspection had been rectified. Overall the practice is rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.

# Summary of findings

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

The area where the provider should make improvements is:

- The practice should review the provision of health checks for learning disability patients to help ensure that these are offered annually.
- Review the new protocol for managing medicines alerts to ensure it is effective.
- Should continue to develop systems for support patients who are caring for others.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were above the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed and the CQC comment cards showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example by providing a mass screening clinic in response to the needs of its Nepali community.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- There was continuity of care, with urgent appointments available the same day. Some comment cards and some patients indicated that it was difficult to see a GP of choice although in the national GP survey the practice was only marginally, eight percentage points, below the local average
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the complaints reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We saw evidence that the practice complied with these requirements.

# Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

# 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

Good



The practice is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice was coordinating efforts with the Age UK Personalised Care Programme particularly for older patients with the greatest need.
- The practice employed a home visiting nurse who proactively engaged with patients over 75 years to support and review patients to improve and better manage their health for example in relation to falls, stroke and other health conditions.

### People with long term conditions

Good



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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were above the local and national average. For example, 100% of patients with diabetes, on the register, had an IFCHbA1c of 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months compared to the clinical commissioning group (CCG) average of 92% and national average of 90%.

# Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP. There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. The practice employed a clinical administrator to support the chronic disease nurse to maintain this function.
- 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. Additionally these patients were offered a single longer appointment to cover multiple conditions to help avoid patients having to re-attend, to reduce potential patient DNAs (Did Not Attends) and better utilise clinical time.

## Families, children and young people

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

- There were systems 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 Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice participated in the C-Card Scheme providing free condoms to young people and helping to provide integrated contraception and sexual health services.

Good



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

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

Good





# Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and “catch up” immunisation programmes for those unable to attend during the working week
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice cooperated with other local practices in providing a shared GP appointment clinic from 8am to 8pm at the local hospital. Staff working there had access to the patients’ notes.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. For example patients who were “sofa surfers” (a homeless person in the habit of staying temporarily with various friends and relatives) were not asked to re-register if their current address fell outside the practice boundary.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability. However it had not proactively offered learning disability patients an annual health check during the last year (to 31 March 2017). During the previous year it had carried out annual health checks for all its patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had identified a number of patients who were at risk because of acquired controlled drug dependency. The practice was working with the clinical commissioning group in delivering planned reduction regimes for them.

Good



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

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

Good



# Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- Eighty eight percent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- In overall mental health indicators the practice was below the CCG and national averages, by 30 percentage points. However some indicators were in line with national and CCG performance. Mental health data were difficult to reconcile. The practice was aware of the discrepancies and had discussed them, but could identify no single comprehensive explanation. The practice felt that it was related to the patient demographics.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and nineteen survey forms were distributed and 111 were returned. This represented 1% of the practice's patient list.

- 86% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%

As part of our inspection process, we asked patients to complete CQC comment cards prior to our inspection. We received 23 comment cards. Twenty one comments were very positive about the practice. Patients found the staff helpful, caring and polite and all described their care as very good. Two comments were positive about the staff and standard of care but said that it could be difficult to get an appointment with a GP of choice.

We spoke with four patients during the inspection. They said that they were listened to by GPs and nurses. They were appreciative of the walk in service which made it was easy to see a clinician. They found reception staff helpful and respectful and said that all staff were approachable.

## Areas for improvement

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

The areas where the provider should make improvements are:

- The practice should review the provision of health checks for learning disability patients to help ensure that these are offered annually.

- Review the new protocol for managing medicines alerts to ensure it is effective.
- Should continue to develop systems for support patients who are caring for others.

# Dr Jedrzejewski and partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP specialist advisor. A GP specialist advisor in training observed the inspection.

## Background to Dr Jedrzejewski and partners

Dr Jedrzejewski and partners is a GP practice in an urban area of Folkestone. The demographics of the practice population are very similar to the national average, with the exception that about a fifth of the practice's patients are of Nepali origin. This arises from the areas traditional links with the Ghurkha servicemen who are barracked nearby.

The practice has approximately 10,000 patients. There are three partner GPs, two of whom are practising (one male and one female) and one of whom is retired. There is one salaried GP (male) and the practice employs regular locum GPs. There are male and female GPs available. The practice employs six nurses and a healthcare assistant (all female). The practice is open 8.30am – 6.30pm Monday to Friday. There are extended surgery hours until 8.15pm on Mondays and Tuesdays.

The practice has a GMS (General Medical Services) contract. The practice is not a training practice for doctors but does carry out training for students of nursing.

Patients requiring a GP outside of normal working hours are advised to contact an external out of hour's service that is provided by Nestor Primecare. The number of this service is clearly displayed in the reception area and on the practice website.

We last inspected this practice on 28 July 2015. We rated the practice as requires improvement overall. We found that it required improvement for providing safe and well led services. These related to the management of significant events and to the over governance arrangements. At this inspection we found that the practice had addressed the issues of concern.

Regulated activities are provided from:

Dr Jedrzejewski and partners

The White House Surgery,

1 Cheriton High Street,

Folkestone,

Kent,

CT19 4PU.

## 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.

# Detailed findings

## How we carried out this inspection

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 30 May 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, healthcare assistants, administrators, and practice managers. We spoke with patients.
- Observed how patients were being cared for in the reception area and talked with carers
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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

At our previous inspection we rated the practice as requires improvement for providing safe services as the practice did not have a systematic approach to reporting, recording and monitoring significant events, incidents and accidents.

These arrangements had significantly improved when we undertook this inspection (on 30 May) 2017. The practice is now rated as good for providing safe service.

### Safe track record and learning

There was a system 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).
- There had been 16 documented significant events since January 2016. We saw from these that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- Patient safety alerts were received at the practice. Relevant alerts were circulated to the clinical staff, however there was no system for checking that any actions, required as a result of the alerts had been taken. We found one alert, for Valproate (a medicine used to treat epilepsy and bipolar disorder and to prevent migraine headaches), had been missed. It was believed because of staff absence. The alert had been issued in March 2016. We did not find any evidence that patients were at risk. Since the inspection we were provided with evidence which showed that: the missed check had been carried out and that there was a new protocol to help ensure the error would not be repeated.

- This was an area where we had found in our inspection of July 2015 that the practice needed to improve and there was clear evidence that it had done so.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw an incident where an incorrect combined immunisation injection had been administered. It was quickly picked up. The patient was informed and asked to remain on the premises. A GP attended the patient and advised that the patient should remain under observation until it was clear that no harm had been done. The matter was recorded and investigated. A revised storage and signage system was introduced. The incident was discussed at a clinical meeting and the outcome circulated to all staff, so that those who had not been able to attend the meeting were included in the learning.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. We looked at the minutes of meetings where safeguarding issues were discussed and saw that matters of concern were correctly reported to the appropriate local services.
- Staff we spoke with understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Administrative staff had been trained to level three where the practice felt that this would enhance their ability to carry out specific responsibilities.
- A notice in the waiting room advised patients that chaperones were available if required. There were also notices in all of the consulting and treatment rooms. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS)

## Are services safe?

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 saw that the premises were clean and tidy. There were cleaning schedules and these were monitored.
- A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example the audit had identified that certain waste bins needed to be replaced with foot operated bins and had received estimates for these prior to purchasing. This was an area where we had determined that the practice must carry out improvements and these had been carried out.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Several nurses were qualified independent prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. This was an area where we had recommended that the practice should carry out improvements and these had been carried out.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- There was a rolling programme of refurbishment to the clinical rooms and to maintaining the fabric of the building. This was an area where we had determined that the practice must carry out improvements and these had been carried out.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.

## Are services safe?

- 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. We found one instance where medicines were out date. This was corrected before we left the premises and a new process had been initiated to help prevent a recurrence.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. On the day of the inspection there was a failure of the telephone system and we saw that the contingency plan, which included contacting a specialist telephony consultant had been effectively mobilised. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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. We saw that guidance and new local referral pathways were discussed at clinical meetings.
- 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 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 93%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2016 showed that performance across the range of long term conditions was exceptional:

- There are eleven indicators for management of diabetes these can be aggregated. Performance for the aggregated indicators was 100% which was eight percent higher than the CCG average and 10% than the national average.
- Performance for diabetes related indicators were above the local and national average. For example, 100% of patients with diabetes, on the register, had an IFCCbA1c of 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months compared to the clinical commissioning group (CCG) average of 92% and national average of 90%.
- Similarly there are four asthma related indicators. Performance for these was 100% which was three percent higher than the CCG and national average.

- Similarly there are six Chronic Obstructive Pulmonary Disease (COPD) related indicators. Performance for these was 100% which was three percent higher than the CCG and four points above the national average.
- Similarly there are three dementia related indicators. Performance for these was 100% which was three percent higher than the CCG and national average.
- Only in mental health indicators was the practice below, by 30 percentage points, the CCG and national averages. Only about 50% of patients had a care plan which had been agreed between themselves, the patient and a carer, if appropriate. This compared with a CCG figure of 84%. However 93% of mental health patients had had their blood pressure recorded in the last 12 months which showed that the practice was seeing patients on the mental health register for their annual reviews. The practice had no one comprehensive explanation for this, despite having discussed the issue in clinical meetings but the felt that it was related to the patient demographics.

There was evidence of quality improvement including clinical audit:

- There had been two completed clinical audits during the last year, where audits comprised at least two cycles and where the improvements made had been monitored.
- Findings were used by the practice to improve services. For example, an audit of the use of sulphonylureas. Sulphonylureas are a class of oral medication that controls blood sugar levels in patients with type 2 diabetes. These medicines can produce hypoglycaemia (abnormally low blood sugar), a dangerous condition. In the first cycle 105 patients were identified prescribed sulphonylureas and of those 15 (14%) were deemed to be at risk of hypoglycaemia. The patients were contacted, their condition and medication reviewed with them and alternative medicines (or reduced doses) recommended where appropriate. After the remedial action the second cycle identified 55 patients prescribed sulphonylureas and of those five (9%) were deemed to be at risk of hypoglycaemia. The audit had therefore reduced the number of patients at risk from using the medication and reduced the risk to those still taking the medication.

# Are services effective?

## (for example, treatment is effective)

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- 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 used a number of locums and had a structured induction process specifically for them
- 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. For example staff had been supported to qualify and Advanced nurse practitioner and nurse prescribers. Other staff had been supported to qualify in the taking of cervical smears.
- 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 and nurses. All staff had received an appraisal within the last 12 months. In our previous report we recommended that staff training should be linked to the practice and staff's needs. We saw on this inspection that this had been achieved. Staff had been trained as mentors and were about to have training as nurse appraisers. A member of the reception staff had been trained as a healthcare assistant and was carrying out NHS health checks.
- Staff received training that included: safeguarding, fire safety awareness, 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.
- We saw that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We saw from meeting minutes that a range of external healthcare staff were invited to the meetings and that the patients under discussion were relevant to the skills and remit of the attendees.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

The practice was coordinating efforts with the Age UK Personalised Care Programme particularly for older patients with the greatest need.

### 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.

# Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through patient records audits. We looked at the records of minor surgery and saw that the consent forms followed a standardised approved format

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- Practice employs a home visiting nurse who proactively engaged with patients over 75 years to support and review patients in this age group to improve and better manage their health for example in relation to falls, stroke and other health conditions.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 81% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Childhood immunisation rates for the vaccinations given to under two

year olds were comparable to CCG/national averages. For example, vaccinations are measured across four categories with a target to achieve 90% in each category. The practice achieved over 90% in three categories and 87% in the fourth.

Patients who did not attend r their cervical screening test were contacted to remind them of its importance. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were systems 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.

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

During our inspection we saw that members of staff were courteous and very helpful to patients and treated them with dignity and respect. There was a substantial Nepali community within the practice, about 20% of the practice list, and we saw staff supporting these patients by explaining procedures, such as routine check-ups and specialist referrals, so that the patients understood the concepts and to educate them in the benefits.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 23 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, caring and treated them with dignity and respect. Many cards singled out the reception staff for particular praise

We spoke with five patients including four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 the national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 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 and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Patients received appropriate information and support regarding their care or treatment through a range of informative leaflets. The patient record system used by the practice enabled GPs and the nurse to print out relevant information for the patient at the time of the consultation.

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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.

## Are services caring?

- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The service had access to a language service to support those patients whose first language was not English. Staff we spoke with told us they used this service as needed but often the Nepali community, who were very self-supportive, brought their own interpreters with them.
- Information leaflets were available in easy read format.

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 87 patients as carers (one percent of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. We saw various notices and leaflets informing patients of local carer services.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We spoke with one patient who had received a bereavement card from their GP at the practice and had been touched by empathy expressed in the card.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. Approximately 20% (2000 patients) of the practice population were of Nepali origin. There signs in reception in Nepali and translation services for those patients who needed them.

- There were extended surgery hours until 8.15pm on Mondays and Tuesdays, primarily for patients who were not able to get to the practice during standard working hours. There were longer appointments available 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. There was a triage system where trained nurses assessed the patients' needs on the telephone and decided which appointment was suitable. We were told, and patients we spoke with confirmed, that patients responded well to this.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop and signs directing patients through the surgery building were subtitled in braille.
- The practice was innovative and flexible in its response to patients' needs. The large Nepali community comprised the families of Ghurkha soldiers who were in barracks nearby. The practice had been informed, at short notice, that there was a change in deployment that meant a large number of patients needed pressing health checks and immunisations. The practice used its contacts within the community to arrange a "mass

screening "event, on a Saturday morning, where these tasks were carried out. There was a second event planned to accommodate those patients who had missed the first.

- The practice was part of a town initiative to provide a GP service (the hub) at the local hospital. This service was available from 8am to 8pm. GPs working at the hub had access to the patients' notes.

### Access to the service

The practice was open for surgery hours 8am – 6.30pm Monday to Friday. There were a number urgent on the day appointments available in each session that is mornings and afternoons. There were extended surgery hours until 8.15pm on Mondays and Tuesdays, primarily for patients who were not able to get to the practice during standard working hours.

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.

- 82% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 83% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 85%.
- 94% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 59% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 65% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency for medical attention.

# Are services responsive to people's needs?

(for example, to feedback?)

There was a triage system where trained nurses assessed the patients' needs on the telephone and decided if a home visit and its urgency was needed. In cases where the urgency was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. For example there were posters and leaflets on display. Information in Nepali was available to help patients understand the complaints system.

We looked at 13 complaints received since April 2016. These were satisfactorily handled and dealt with in a timely way. Complainants were invited to meeting with staff involved and the issues discussed. Most patients were satisfied with this. Where they were not the matter was referred on appropriately, for example to the Parliamentary and Health Service Ombudsman or the General Medical Council. Complaints were handled with openness and transparency. There was analysis of trends and action was taken to as a result to improve the quality of care. Lessons were learned from individual concerns and complaints. For example, we saw that staff communication and how this can be perceived was discussed in staff meetings.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection we found that leadership required improvement to ensure there were formal governance arrangements, that staff understood, and addressed issues including maintaining the cleanliness and fabric of the building. At this inspection we found that the practice had resolved these problems.

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example there was a GP lead for safeguarding, a GP lead for staffing and a nurse lead for infection prevention control.
- There were practice specific policies which were available to all staff. These were updated and reviewed regularly. We saw there a rolling programme to maintain the fabric of the building and that clinical rooms were being upgraded in accordance with this programme.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held regularly and these provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. That quality monitoring had raised the practice's Quality and Outcomes Framework (QOF) results from 95% in 2014/15 to 98% in 2015/16.
- There were appropriate arrangements for identifying, recording and managing risks, and implementing mitigating actions. For example there were legionella,

fire and inclement weather risk assessments. The practice was sensitive to new risks, for example following the recent NHS cyber-attack the practice updated their information technology risk assessment.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### 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 were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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. From the examination of a complaint we found that the practice had systems 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 and staff felt supported by management.

- The practice held, and kept records of, a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were



# Are services well-led?

Good 

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

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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, there had been upgrades to the decoration in the waiting room and a buffer had been installed to stop prams and wheel chairs from damaging the fabric of the walls in the waiting room. The PPG members we spoke with felt the practice listened to their comments and acted on them when it was possible to do so.
- The NHS Friends and Family test, complaints and compliments received
- 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. For example surveys of patients and staff had identified that nurses could contribute more to the

practice with more specialist training. Therefore the practice had pursued a policy of wider training including chronic disease management and child immunisations. It had supported a receptionist to become a healthcare assistant and that staff member was now holding clinics for NHS health checks which helped to identify earlier onset of disease.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Some nursing staff were trained mentors and others were receiving training in appraisal and mentorship. The practice was supporting nurses in training, with the specific objective of recruiting nurses in general practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area for example it was part of the town “hub” which provided a GP service from 8am to 8pm from the local hospital.

One of the practice’s nurse practitioners and other administrative staff were organising a team of volunteers, to go to Nepal next year to provide healthcare. The practice supported this because it would help to build cross community ties with the Nepali community. This in turn would make it easier for practice staff to persuade the Nepali patients within the practice itself of the benefits of long term proactive health care.