

# The Finchampstead Surgery

## 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# 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 The Finchampstead Surgery on 16 February 2016. Overall the practice is rated as requires improvement.

Specifically we found the practice good for the provision of caring and responsive services. Although it is rated as requires improvement for the provision of safe, effective services and well led services and this led to the overall rating of requires improvement. The overall rating applies to all population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- Patients said they were treated with compassion, dignity and respect.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- Audits had been carried out and we saw evidence that audit was driving improvement in performance to improve patient outcomes.
- The practice had proactively sought feedback from patients and had an active patient participation group.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The provider had appointed a care coordinator who worked with patients who had been discharged from hospital. This member of staff assisted patients accessing voluntary and statutory support to help prevent further admission to hospital.

However;

# Summary of findings

- Systems to manage risks to patients were operated inconsistently. For example, actions identified from the practice fire risk assessment had not been completed.
- Data showed outcomes for patients with long term conditions were consistently low compared to the locality and nationally. The data showed the practice below average in 13 out of 19 monitored conditions.
- The practice had a number of policies and procedures to govern activity, but it was not clear when some were due for review.
- Consulting and treatment rooms were left unlocked and open during the day. Unauthorised access could have been gained leaving prescriptions and equipment vulnerable.

The areas where the provider must make improvements are:

- Ensure the immunisation status of clinical staff is recorded.

- Ensure the actions identified in the fire risk assessment are completed.
- Ensure the number of reviews for patients with long term conditions is increased and the outcomes of the reviews are appropriately and accurately recorded in the patient's medical records.
- Improve the security of clinical rooms during the working day to ensure prescriptions are kept safely.
- Maintain a programme of review of policies and procedures used to govern the activity of the practice.

The areas where the provider should make improvements are:

- Introduce a timetable for checking electrical equipment is safe for use.
- Promote the availability of chaperones.

**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.

- Although some risks to patients were assessed there were some assessments that had not been completed thoroughly. For example, the practice did not have an up to date fire risk assessment and fire drills were not carried out.
- Some pre-employment checks had not been completed and the practice did not record the immunisation status of clinical staff. The systems and processes to address risk were not implemented well enough to ensure patients were kept safe.
- Prescriptions were not kept securely during the working day because consulting and treatment rooms were left unlocked when not in use.

However, there were some examples of good practice for example:

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements must be made.

- Data showed patient outcomes were low compared to the locality and nationally. For example the practice was below local and national averages in 13 of the 19 long term conditions monitored as part of the national programme.
- Staff had the skills, knowledge and experience to deliver effective care and treatment but this was not demonstrated by the data relating to supporting patients with long term conditions.

However there were some examples of good practice;

Requires improvement



# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice had recognised their performance in monitoring the care of patients with long term medical conditions was below average. They had joined a pilot project to use a computerised system to ensure improved recall and follow up for patients in this group.

## 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had secured funds to build an extension which would provide additional consulting and treatment rooms. This would enable the practice to appoint another health care assistant to provide additional appointments for patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 and other stakeholders.

Good



# Summary of findings

- The appointment system was kept under weekly review to ensure sufficient appointments were offered and there were clinics held on two evenings every week and three Saturday's each month. These were helpful for patients who found it difficult to attend during the customary working day.

## Are services well-led?

The practice is rated as requires Improvement for being well-led.

- The practice had a clear vision to deliver high quality care. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, there were some policies which the practice had not identified for update and review.
- Governance systems designed to ensure patients were kept safe were operated inconsistently. For example some aspects of managing prescriptions and authorising administration of vaccines were not operated effectively.
- Policies in place to govern activity were available to all staff and staff knew where to find them.
- There was an overarching governance framework which supported the delivery of a responsive and caring service.
- An understanding of the performance of the practice was maintained. Management and GPs were aware of the practice performing below average in treating patients with long term medical conditions. They had instigated action to improve this by taking part in a pilot scheme trialling a computer software package designed to prompt reviews for this group. But it was too early to tell whether outcomes for patients had improved as a result.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

## Requires improvement



# 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 provider was rated as requires improvement for provision of safe, effective and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were mixed.

There were, however, examples of good practice

- Longer appointments and home visits were available for older patients when needed, and this was acknowledged positively in feedback from patients.
- GPs undertook weekly visits to patients living in two local care homes.
- 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.

Requires improvement



### People with long term conditions

The provider was rated as requires improvement for provision of safe, effective and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. However, data showed the practice performance in delivering structured reviews and recording the outcome of such reviews was lower than average in 13 out of 19 monitored conditions.
- The practice had achieved only 17% of the indicators for treating patients with rheumatoid arthritis compared to the local average of 92% and national average of 95%.
- Performance for diabetes related indicators was below the CCG and national average. The practice achieved 79% compared to the CCG average of 88% and national average of 89%.

There were, however, examples of good practice

- Longer appointments and home visits were available when needed.

Requires improvement



# Summary of findings

- All these patients had a named GP and structured annual reviews to check their health and medicines needs were being met were offered. The practice was unable to demonstrate whether the offer was taken up.
- 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.
- The practice had recognised they were below average in delivery of care for this group and had commenced work on a pilot scheme to improve their performance.

## Families, children and young people

The provider was rated as requires improvement for provision of safe, effective and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice

- The practice performance for the indicators of care for patients diagnosed with Asthma was 91% compared to the CCG average of 98% and national average of 97%.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was above the CCG average of 78% and matched the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



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

The provider was rated as requires improvement for provision of safe, effective and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

However, we saw some examples of good practice:

Requires improvement





# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Health promotion advice was offered and there was health promotion material available through the practice.
- Smoking cessation advice was available at the practice. Data showed that the practice had given smoking cessation advice to 96% of patients in at risk groups which matched the CCG average and was better than the national average of 94%.

## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for provision of safe, effective and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

However, we saw some examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and had completed 81 out of 113 annual health reviews for this group.
- The practice had patients registered from a local traveller community. The practice worked closely with this group of patients to promote the benefits of health screening and immunisation. We found Immunisation rates were relatively high
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



# Summary of findings

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

The provider was rated as requires improvement for provision of safe, effective and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- 70% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%. However, fewer patients were excepted from this monitoring.

There were, however, examples of good practice

- 94% of patients with a long term mental health problem had a care plan compared to the national average of 88%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results used were published in January 2016. The results showed the practice was performing well compared to local and national averages. Two hundred and seventy seven survey forms were distributed and 111 were returned. This represented a 40% return rate and equated to 0.7% of the practice's registered population.

- 90% of patients found it easy to get through to this surgery by phone compared to a CCG average of 80% and a national average of 73%.
  - 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 89% and a national average of 85%.
  - 94% of patients described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 88% and a national average of 85%.
- 92% of patients 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 83% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. Most patients said the practice had an efficient appointment system and that the GPs saw them promptly. They also said that the GPs, nurses and staff were kind and caring.

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

The practice had taken part in the friends and family recommendation test and results showed that 94% of those who responded in 2015 were either likely or very likely to recommend the practice to others.

## Areas for improvement

### Action the service MUST take to improve

- Ensure the immunisation status of clinical staff is recorded.
- Ensure actions identified in the fire risk assessment are completed.
- Ensure the number of reviews for patients with long term conditions is increased and the outcomes of the reviews are appropriately and accurately recorded in the patient's medical records.

- Improve the security of clinical rooms during the working day to ensure prescriptions are kept safely.
- Maintain a programme of review of policies and procedures used to govern the activity of the practice.

### Action the service SHOULD take to improve

- Introduce a timetable for checking electrical equipment is safe for use.
- Promote the availability of chaperones.

# The Finchampstead Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Finchampstead Surgery

The Finchampstead Surgery is located within a purpose built medical centre which was first opened in the 1960's. The building was extended during the 1980's. There is car parking available on site and there is a bus service nearby that runs from Reading to Wokingham. The practice merged with another local practice in 2013 and the registered population expanded by over 3000 patients. The practice recognises that this has placed significant pressure on space and a plan has been approved to build an extension to the premises which will include six new consulting and treatment rooms. Work on this extension is due to commence in 2016.

The practice holds a General Medical Services (GMS) contract to deliver services. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is approved for training qualified doctors who wish to become GPs. Approximately 15,400 patients are registered at the practice. The numbers of patients registered within the age groups 5 to 19 and 40 to 69 is higher than the national average. Data shows very little income deprivation amongst the local population.

There are 10 GPs working at the practice with an equal number of male and female GPs. Some of the GPs work

part time and therefore the whole time GP count is six and a half. Five practice nurses work at the practice along with two health care assistants. The practice manager is supported by a team of nine administration and 15 reception staff.

All services are delivered from: Finchampstead Surgery, 474 Finchampstead Road, Finchampstead, Wokingham, Berkshire, RG40 3RG.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Westcall. The out of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

The practice is open from 8am to 6.30pm Monday to Friday. Appointments are between 8.30 am and 12pm every morning and 3.30pm to 5.20pm every afternoon. On two days each week the first appointments are available from 8am. Extended surgery hours are offered on Monday and Tuesday evenings each week between 6.30pm and 8pm and on three Saturdays in every four between 8am and 12pm.

This is the first inspection of The Finchampstead Surgery.

## 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

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 February 2016.

During our visit we:

- Spoke with three GPs, four members of the nursing team and four members of the administration and reception staff.
- Also spoke with eight patients including a member of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 11 comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

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, when the practice identified that a patient was issued the wrong prescription the practice alerted the local medicines management team and all GPs were reminded to check thoroughly before issuing prescriptions. The matter was also taken up with the pharmacy and referred to the clinical governance committee.

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

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, some process were weak or operated inconsistently.

- 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children. All staff had received appropriate training in safeguarding vulnerable adults.

- A notice in the waiting room advised patients that chaperones were available if required. However, the availability of the chaperone service was not promoted in either consulting or treatment rooms. All staff who acted as chaperones were trained for the role and 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 clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice mostly 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 before issue. However, clinical rooms were not locked when not in use during the working day. The security of prescriptions in printers during these times was not maintained appropriately.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice also had a system for production of Patient Specific Directions (PSDs) to enable health care assistants to administer vaccines after specific training when a doctor or nurse was on the premises. (A PSD is a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual

## Are services safe?

basis). When the health care assistant administered a vaccine they did so using a signed, and approved, list produced by a GP the approval was recorded in the patient records.

- Robust arrangements were in place to deal with equipment and medicine alerts. One of the GPs coordinated the action required to follow up medicine alerts and they ensured action was taken when changes in prescriptions or ceasing medicines was required.
- We reviewed six personnel files for staff who had been recruited since April 2013 and found recruitment checks had been undertaken prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we found two of the six files of staff recruited since 2013 did not contain references. We noted that the two staff concerned had not been working for a number of years prior to taking up employment at the practice. The practice had assessed whether to seek references that were significantly out of date and had decided not to do so. The practice undertook reviews with these staff after three months to ensure they were suitable for the post to which they had been appointed.
- GPs and nursing staff assured us that they were up to date with their courses of immunisations to protect both patients and themselves from risk. However, the practice did not hold records of the immunisation status of clinicians.
- The practice held records of the professional registration status of both GPs and practice nurses.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed but were sometimes inconsistently managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the administration office which identified local health and safety representatives. The practice had developed their

own fire risk assessment and we saw that follow up actions had been identified. For example, the requirement to carry out fire drills had been identified but these had not yet been undertaken.

- The practice had a clear understanding of the requirement for, and frequency of, electrical testing. The last recorded check was in November 2012. We were assured that they had carried out a visual check of the equipment within two years of the last recorded check. However, this visual check had not been recorded and a timetable for the checks specific to each electrical item was not made available to us.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and the requirement for staff to cover each other in times of absence was written in to staff job descriptions.

### 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and an accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

## Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs.
- The practice monitored that these guidelines were followed through clinical team meetings and ensuring the computerised patient record system was always updated when new guidelines were issued.

### 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, from 2014/15, were 85% of the total number of points available, with an 8% exception reporting which was below the national exception rate of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for the hypertension indicators in QOF but, not for any other national clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was below the clinical commissioning group (CCG) and national average. The practice achieved 79% compared to the CCG average of 88% and national average of 89%.
- The percentage of patients with hypertension recorded as achieving the target blood pressure was 71% which was below the CCG average of 82% and national average of 80%.
- Performance for mental health related indicators was 89% which was below the CCG average of 96% and the national average of 93%.

- 70% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 74% and national average of 84%. However, the practice exclusion rate for this measure was 6% compared to the CCG rate of 10% and national rate of 9%.

Data for 2014/15 showed the practice achievement in meeting the indicators for care of patients with long term conditions was consistently lower than the CCG and national averages for 13 out of 19 conditions included in the monitoring programme. These included;

- The Asthma targets where the practice achieved 91% compared to the clinical commissioning group (CCG) average of 98% and national average of 97%
- Care for patients with irregular heart rhythm. Practice achievement 94% compared to the CCG average of 99% and national average of 99%
- Patients with chronic kidney disease where the practice achieved 66% compared to the CCG average of 96% and national average of 95%
- Patients with peripheral arterial disease (blood circulation problems). The practice achieved 67% compared to CCG 99% and national average of 97%
- Rheumatoid arthritis achievement was 17% compared to the CCG average of 92% and national average of 95%
- Stroke and associated issues where the practice achieved 87% compared to the CCG average of 99% and national average of 97%

At the time of inspection the practice was unable to demonstrate that they had systems in place to effectively monitor the care and treatment of patients with long term conditions. For example, we reviewed the 2015/16 performance for achieving the indicators for managing patients with high blood pressure. The results were similar to those achieved in 2014/15.

The GPs told us that patients with long term conditions were followed up and seen for their relevant tests and treatments and that these were probably not recorded correctly in the patient records. The practice could not demonstrate this and we were unable to obtain evidence

# Are services effective?

(for example, treatment is effective)

to confirm that all relevant tests and treatments had been undertaken. Therefore, patients with long term conditions could not be sure they were receiving appropriate follow up and review in line with recognised good practice.

However, we noted that the practice had recently joined a pilot scheme to use a computerised system that prompted a more detailed follow up of patients with long term conditions. It was too early to tell whether this system had improved the practice performance in delivering care and treatment, and recording such care and treatment, for this group of patients.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving the compliance to treatment guidance when patients were diagnosed with an uncomplicated urinary tract infection. The first audit showed that best practice guidance for treatment of this condition had been followed for 47% of patients. The GP who undertook the audit led a learning session to remind colleague GPs of the guidance. When the second audit was undertaken eight months later the findings showed that 93% of patients with the same diagnosis were treated in line with best practice guidelines for treatment. Following prescribing guidance for this group of patients had also improved from 88% to 96%.

Information about patients' outcomes was used to make improvements such as; introducing a new model of diabetes care to encourage patients to take greater responsibility for managing their condition.

## Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had either had an appraisal within the last 12 months or were aware of the date for their next appraisal. The process for appraisal of practice nurses had been updated in the last year and therefore the nurses were awaiting their appraisals using the new system. All were aware of the reason for the delay and were preparing for their upcoming reviews.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity

# Are services effective?

## (for example, treatment is effective)

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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those at higher risk of hospital admission. Patients were then signposted to the relevant service.
- Smoking cessation advice was available at the practice. Data showed that the practice had given smoking cessation advice to 96% of patients in at risk groups which matched the CCG average and was better than the national average of 94%.
- The practice had appointed a member of staff as care coordinator. They identified patients who were at higher risk of hospital admission. These patients were invited to an appointment with their GP to develop a jointly agreed care plan aimed at reducing the risk of admission to hospital. The care plans were shared with

the local out of hours service and the district nurses. The care coordinator also contacted patients aged over 75 who had been discharged from hospital. These patients were offered an opportunity to speak with or see their GP and support offered to assist their recovery. We were given examples of the care coordinator assisting patients to access voluntary services and transport to attend hospital clinic appointments.

The practice's uptake for the cervical screening programme was 82%, which was above the CCG average of 78% and matched the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel cancer screening. The patient uptake for this service in the last two and a half years was 64% compared to the CCG average of 65% and national average of 58%. The practice also encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme within six months of invitation was 87% compared to the CCG average of 81% and national average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 96% compared to the CCG range of 90% to 95%. Immunisation rates for five year olds ranged from 88% to 97% compared to the CCG range of 89% to 96%.

Flu vaccination rates for the over 65s were 72% which was similar to the national average of 73%. However the flu vaccination rate for those in at risk groups was 47% compared to the national average of 53%.

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. There were 113 patients with a learning disability registered with the practice. The GPs had carried out an annual health check for 81 of these patients to identify any health matters that needed to be followed up.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 11 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.

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

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

The GPs at the practice undertook weekly visits to two local care homes. The care of patients living in these homes was coordinated with the staff at the home, local specialists in care of the elderly and with the district nurses.

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

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. Staff told us that this service was rarely needed but they knew how to access the service for patients who required a translation service. The practice was also able to access sign language interpreters for patients who were deaf.

## Are services caring?

### **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. The practice had identified 1.4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example the practice had secured funding to add a further extension to the premises to accommodate additional consulting rooms and add a treatment room. This would enable the practice to appoint another health care assistant to improve access for patients requiring tests and health checks.

- The practice offered extended hours on a Monday and Tuesday evening until 8pm for working patients who found it difficult to attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- All services were delivered from ground floor consulting and treatment rooms.
- Height adjustable couches were available in all consulting rooms and treatment rooms. There were higher seats with arms in the waiting room to assist patients who had difficulty getting up and down from chairs.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 3.30pm to 5.20pm daily. Extended surgery hours were offered between 6.30pm and 8pm on Monday and Tuesday each week and on three Saturday's out of four between 8am and 12pm. In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for patients that needed them. The practice reviewed the availability of appointments on a weekly basis to ensure they adjusted the mix of appointments when GPs or practice nurses were on leave.

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

- 78% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 75% and national average of 74%.
- 90% patients said they could get through easily to the surgery by phone compared to the CCG average of 80% and national average of 73%.
- 83% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 68% and national average of 60%.

Patients 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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This was displayed in the waiting room and described in the patient leaflet and on the practice website. There was a complaints form available from reception and staff we spoke with described how they would assist a patient in lodging a complaint.

We looked at six complaints in detail that had received in the last 12 months and found all had been investigated thoroughly and had been dealt with in an open, honest and timely manner. We noted that all complaints were discussed by managers and the GPs as a learning opportunity. Staff told us they received briefing on learning from their line manager or via their team meetings. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice displayed the waiting time for appointments on a TV screen in response to a complaint about waiting a long time to be seen and not being kept informed of the waiting time to expect.

# Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients but this was not reflected in their performance in delivering care and treatment for patients with long term conditions

There was also a strategy to ensure the practice maintained an appropriate establishment of GPs and nurses.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a business plan which included expanding the services offered by providing adequate space for clinicians to practice.
- An additional partner was recruited in 2015 in preparation for the retirement of one of the other partners in 2016.
- An additional health care assistant (HCA) post had been created and would be filled when the extension to the practice created an additional treatment room for the HCA to work from.

### Governance arrangements

The practice had an overarching governance framework to support the delivery of the strategy and good quality care. However, governance was inconsistent.

The framework outlined the structures and procedures in place that were designed to:

- Maintain a clear staffing structure within which staff were aware of their own roles and responsibilities.
- Ensure practice specific policies were implemented and were available to all staff. However, we noted that some policies were not dated and it was unclear if these had been subject to review. For example, the protocol for assessing mental capacity to understand treatment did not contain a review date.
- Support a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. The practice also conducted a

range of regular monitoring checks. For example, the appointment system was kept under weekly review and the care of patients diagnosed with cancer was audited every month.

However,

- The practice's comprehensive understanding of their performance was not always supported by timely action. Although the management and GPs were aware of the practice performing below average in treating patients with long term medical conditions, they had not instigated action to improve this until November 2015. At that time they joined a pilot scheme trialling a computer software package designed to prompt GPs and nurses to undertake the recommended tests and reviews for this group. However, it was too early to assess whether this had resulted in improvement.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but these were operated inconsistently. For example, the practice had not recognised their fire risk assessment did not identify all risks, they had not identified the risk to security of prescriptions by leaving clinical rooms unlocked during the working day and the practice had not identified the risk of not knowing the immunisation status of clinical staff.

### Leadership and culture

The partners in the practice prioritised the delivery of compassionate and responsive care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were safety incidents:

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

# Are services well-led?

Requires improvement 

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

- The practice regarded every complaint they received as a learning event and reviewed these as a team alongside any significant events and safety incidents.

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

- Staff told us the practice held regular team meetings and we reviewed minutes of these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by both their manager and by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, two of the staff we spoke with told us that they had expanded their roles to deliver additional services for patients. One had taken on the role of care coordinator which assisted patients identified as at a higher risk of admission to hospital.

## Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an

active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG passed on patient feedback that an information screen in the waiting room would provide useful information for patients. The practice introduced this and we saw that the screen carried information about services available locally and health promotion messages. The PPG was also active in supporting the practice. For example members attended the seasonal flu immunisation clinics to both act as guides for patients attending and to gather patient's views about the service.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. They were active in training qualified doctors who wished to become GPs and we saw that two of the partners had been trainees at the practice prior to taking up partnerships.

The practice team was forward thinking. They had taken on approximately 3000 patients when another local practice closed enabling patients to continue to access a local service. Plans were approved for the practice to build an extension in 2016, when funding was made available after April. The new facilities would offer six new treatment and consulting rooms. The plans also allowed for upgrading the reception and waiting area to provide more space and improve privacy for patients when attending the reception desk.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>12.—(1) Care and treatment must be provided in a safe way for service users.</b></p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(a) assessing the risks to the health and safety of service users of receiving the care or treatment;</p> <p>(b) doing all that is reasonably practicable to mitigate any such risks;</p> <p>(g) the proper and safe management of medicines;</p> <ul style="list-style-type: none"><li>• The registered person did not demonstrate that systems in place were effective in monitoring the care and treatment of patients diagnosed with long term conditions. The risks associated with this had not been appropriately assessed.</li><li>• The registered person had not ensured blank prescriptions were kept secure at all times.</li></ul> <p>This was in breach of regulation 12 (1) (2) (a), (b) &amp; (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</b></p>

## Requirement notices

(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

(f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

- The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.
- Some policies and procedures relating to the management of the practice had not been identified for review. The practice could not be sure these remained relevant to the operation of the service.

This was in breach of regulation 17 (1), (2) (a), (b) & (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.