

# The Hollies 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

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 first carried out a comprehensive inspection at The Hollies Surgery on 28 January 2016 where the practice received a rating of requires improvement overall. The practice received requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. As a result the practice was issued with a requirement notice for improvement.

We then carried out a further focused inspection on 1 September 2016 to follow up on improvements and found that suitable improvements had not been made. The practice remained at requires improvement overall. The practice was rated as requires improvement for providing safe and effective services and inadequate for providing well-led services. As a result the practice was issued a warning notice and were to be compliant by March 2017.

A focused follow up inspection was carried out on 7 March 2017 to review the issues highlighted within the warning notice and we found that the practice had made

the necessary improvements and were found to be compliant. As a result we carried out our most recent inspection on 4 May 2017 to follow up on areas of improvement and conduct a ratings review.

The full reports for the January 2016, September 2016 and March 2017 inspections can be found by selecting the 'all reports' link for The Hollies Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At our 4 May 2017 comprehensive inspection we found improvements had been made, overall the practice is now rated as good.

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

- There was an effective system in place for reporting and recording significant events. Staff confirmed discussions had been held and lessons learnt. We found evidence to demonstrate how learning had been shared and changes embedded into practice.
- Patient safety and medicine alerts had been appropriately responded to.

# Summary of findings

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
  - We found the practice had developed multiple quality improvement processes to monitor their medicines however, we found one area relating to patients being treated for thyroid conditions where appropriate reviews had not been undertaken.
  - All staff had received a Disclosure and Barring Service (DBS) check and an appraisal within the last 12 months.
  - We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
  - We found that staff had a clear understanding of key issues such as safeguarding, Mental Capacity Act and consent.
  - All practice policies and protocols were practice specific, updated and reviewed.
  - The practice had identified 172 patients as a carer which was 1.2% of their patient list.
  - Information about how to complain was available and easy to understand. Complaints were responded to at the time of reporting where possible. Learning from complaints was shared with staff.
  - 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.
  - The practice worked closely with their clinical commissioning group (CCG) to provide essential primary care to vulnerable adults within a domiciliary setting.
  - The practice proactively sought and valued feedback from staff and patients, which it acted on. The patient participation group was active.
  - There was a clear leadership structure and staff felt supported by management. The practice held regular staff, clinical and partner meetings.
  - The practice had reviewed their national GP survey results and were implementing action plans to address the appointment availability issues that were raised.
  - The practice had good facilities and was well equipped to treat patients and meet their needs.
- Actions the provider SHOULD take to improve:
- Improve the system for reviewing patients taking prescribed thyroid medicines.
- 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



- There was a system in place for reporting and recording significant events. Staff confirmed discussions had been held and lessons learnt from them. We found evidence to demonstrate how learning had been shared and changes embedded into practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent reoccurrence.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Records were maintained of checks on emergency medicines and equipment to identify out of date or items due to expire.
- Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts were appropriately actioned and evidenced.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average. Unverified data from the practice database showed an improvement in QOF data improving patient outcomes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, evidence of analysis had been seen and new methods implemented.
- We found that some patients were not being reviewed in line with guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice actively promoted healthier lifestyle advice for a wide range of patients.

# Summary of findings

## 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 similar to local and national averages 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.
- The practice provided good carers and bereavement support to patients and families.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood and responded to the needs of their patients. For example the practice worked closely with their CCG to provide urgent primary care by using an emergency care practitioner.
- Patients said they were able to make appointments if they attended the practice on the day and urgent appointments were available the same day.
- National data reflected that patients were satisfied with contacting the practice via telephone however internal survey results and the patients that were spoken to on the day of the inspection felt it was difficult to get through to the practice by telephone.
- 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. Complaints were responded to at the time of reporting where possible. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

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

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice held regular staff, clinical and partner meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 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.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked in partnership with the care coordinator team provided by the CCG to ensure patients are contacted regularly and upon discharge from hospital.
- The practice offered flu vaccinations at patients' homes.
- The practice worked closely with their admission avoidance patients and allowed them access through a priority telephone number.
- Two GPs had special interests in frailty and were becoming leads in their area.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The lead GP for diabetic patients and nurse monitored their patients and carried out the appropriate reviews.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



# Summary of findings

- The practice provided a combined baby check, post-natal check and immunisation appointment.
- Immunisation rates were high for all standard childhood immunisations.
- The practice offered contraceptive and sexual health screening for patients.
- Weight loss advice and support group information was encouraged by all clinical staff for patients who required it.
- The practice promoted the cervical screening programme. The practice's uptake for the cervical screening programme was 77% which was above the national average of 73%.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Routine pre-bookable weekend appointments were offered to all patients.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice promoted the Castle Point Association of Voluntary Services (CAVS), a social wellbeing CCG initiative to help individuals over the age of 18 with health, housing and wellbeing issues.
- Minor surgery services for family planning were provided by the practice.

Good



## People whose circumstances may make them vulnerable

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

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

Good





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided sensory service support for sight or hearing loss.

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

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

- The practice's data showed that 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%
- The practice was comparable to the CCG average for their management of patients with poor mental health. For example, 86% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months.
- 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 and provided home visits for those unable to attend.
- 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 and dementia.
- Patients and their family members were offered longer appointments to discuss concerns. Carers were highlighted on their patient record and offered appropriate vaccinations and health checks.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 248 survey forms were distributed and 121 were returned. This represented 49% of the practice's patient list.

- 86% of patients said the last GP they saw or spoke to was good at listening to them compared with the CCG average of 86% and the national average of 89%
- 87% of patients say the last GP they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%
- 87% of patients say the last GP they saw or spoke to was good at giving them enough time compared with the CCG average of 85% and the national average of 87%
- 67% of patients find it easy to get through to this surgery by phone compared with the CCG average 69% and the national average 73%

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

We received 23 comment cards which were all positive about the standard of care received. Overall the comment cards suggested that all the staff at the practice were friendly, professional and approachable. They said they were treated with dignity and respect whilst being cared for and that the practice was clean and tidy.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring however they expressed their difficulty with contacting the practice over the telephone. The practice had reviewed their national GP survey results and were implementing action plans to address the telephone issues that were raised.

The practice's NHS Friends and Family Test reported positively on patient experiences of the service. We reviewed the previous three months patient feedback. The practice had received 176 completed cards. 76% were likely or extremely likely to recommend the surgery to their friends and family.

## Areas for improvement

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

- Improve the system for reviewing patients taking prescribed thyroid medicines.

# The Hollies Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist advisor.

## Background to The Hollies Surgery

The Hollies Surgery, previously called Dr Lester and Partners, is a practice in the centre of Benfleet, Essex with a list size of approximately 14,760 patients. The practice provides limited parking with a pay and display car park nearby. There are good transport links in the locality.

- The practice operates from a single location: 41 Rectory Road, Benfleet, Essex, SS7 2NA
- Services provided include: minor surgery, a range of clinics for long term conditions, health promotion and screening, family planning and midwifery. At the time of inspection, the practice had four GP partners, three male and one female.
- There are three part time practice nurses, two part time pharmacists, and two part time healthcare assistants.
- The non-clinical team comprises of a practice manager, business manager and 19 reception and administrative staff.
- The practice is a training practice, two of the GP partners are qualified trainers however currently no GP registrars are working at the practice. GP registrars are qualified doctors undergoing training to become GPs.
- The practice opens between 8am and 6.30pm on Mondays to Fridays. Appointments are offered from 8.30am to 11.40am daily and from 3pm to 6.20pm on Mondays to Fridays.

- On weekends, evenings and bank holidays, appointments are available through the local GP alliance at two alternative locations. Out of hours care is provided by IC24, another healthcare provider. This can be accessed by patients dialling 111.
- The practice has a comprehensive website providing information on opening times, appointments, services, staff and patient group information.

## Why we carried out this inspection

At our previous inspections in January 2016 and September 2016 we inspected the practice under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At these inspections the practice was rated as requires improvement overall. At our November 2016 focused inspection we issued a warning notice to the provider in respect of safe care and treatment and informed them that they must become compliant with the law by March 2017.

As a result, we inspected the practice in March 2017 and found the provider to be compliant as the appropriate improvements had been made. In May 2017 we carried out a further comprehensive inspection to ensure the overall quality of the service was improved and to review the ratings of the practice.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 4 May 2017. During our visit we:

# Detailed findings

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

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

### What we found at our previous inspection in September 2016

The practice was rated as requires improvement for providing safe services. We found not all clinical staff had a Disclosure and Barring Service check to reflect they were suitable for their role. There were up to date risk assessments in relation to legionella, fire and Control of Substances Hazardous to Health, however there continued to be no assessments that considered risks to health and safety. The policy for responding to needle stick injuries had not been tailored to the needs of the practice, meaning it was unclear what action was to be taken in the event of an incident.

### What we found at this inspection in May 2017

#### Safe track record and learning

There was an effective system in place for reporting and recording significant events. We reviewed 10 significant incidents that had been reported since December 2016. From the sample of significant events we reviewed we found they were appropriately recorded and investigated. Staff confirmed the incidents had been discussed and learning identified. For example; the administrative staff now checked patient details twice before sending out letters as a result of a confidentiality breach they experienced.

Staff told us significant incidents were discussed at the time of the incident and then reviewed six monthly to identify trends and share lessons learnt. We reviewed three of the weekly practice meeting minutes for April 2017. We found significant incidents were a standard agenda item in all of the minutes and there were discussions relating to them. The meeting minutes and significant incident logs portrayed how learning had been shared, implemented and revisited to show improvements had been made and embedded into practice. For example, the April 2017 meeting minutes discussed the implementation of a new protocol for private prescriptions following a significant event that had occurred in March 2017. When we asked staff, they were aware and had a good understanding of the new protocol.

We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and

patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice.

We reviewed a historic MHRA alert from January 2015 and a more recent MHRA alert published in January 2017. We conducted searches, looked at anonymised patient records and were reassured that the patients had been appropriately monitored. The practice were employing a consistent approach (via practice meetings) to ensure the timely and appropriate management of safety alerts. Staff told us the practice manager received the alerts and shared them with the clinical team.

#### Overview of safety systems and processes

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

- All staff received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- The practice safeguarding arrangements reflected relevant legislation and local requirements. Policies were updated, displayed and accessible to staff outlining who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP who led on safeguarding children and vulnerable adults and staff were aware who to contact if GP the lead was not available. The GPs provided reports where necessary for other agencies.
- Notices were displayed in consultation rooms and waiting areas advising patients that chaperones were available, if required. Clinical staff were trained to act as chaperones and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All non-clinical staff had a DBS check in place and relevant training for staff that carried out chaperone duties. When we spoke to staff they understood the role of a chaperone.
- We found the practice to be clean and tidy. The practice nurse was the infection control clinical lead and had received additional training to undertake the role. We reviewed the infection control audit dated January

## Are services safe?

2017. Risks were assessed and mitigated. The nurses maintained separate cleaning schedules and sterile environments prior to minor surgery. All staff received training in infection prevention control and spillages kits were available in an accessible area.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included reviews of patients on high risk medicines. They had received appropriate monitoring and review.
- The practice had introduced a repeat prescription limit in March 2017 which allowed the administrative and reception team to inform GPs of patients who needed a review once they had been issued 12 repeat prescriptions. The practice was prescribing in line with best practice guidelines for safe prescribing.
- The practice told us how they ensured the safe and secure management of prescriptions. They monitored their movement, logging them in and out and storing them securely.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We found medicines had been stored in accordance with guidance. The fridge temperature was monitored once a day (more often if the temperature appeared to have increased but within normal limits) in line with practice policies and had an appropriate cold chain policy which staff were aware of.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body, and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well 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 reception office which identified local health and safety representatives.

- The practice had a relevant fire risk assessment, dated June 2016 and carried out fire drills every six months. The next fire drill was due on 9 May 2017. Weekly fire alarm tests were evidenced.
- All electrical equipment had been checked in February 2017 to ensure the equipment was safe to use and working properly.
- 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). The practice's legionella assessment had been completed in 2016 and the practice conducted regular checks on their water system.
- The policy for responding to needle stick injuries was tailored to the needs of the practice, meaning staff understood what action was to be taken in the event of an incident. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The reception and administrative team covered planned and unplanned absence, where practicable. We spoke to staff and they were aware of their responsibilities while other staff members were absent.

### Arrangements to deal with emergencies and major incidents

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

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

## 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

### What we found at our previous inspection in September 2016

The practice was rated as requires improvement for providing effective services. The practice could not demonstrate that they had effectively managed all patients who were identified as at risk of stroke. There continued to be no evidence of new NICE guidance being discussed at clinical meetings and they were unable to demonstrate how this information was shared. Attempts had been made to improve quality assurance procedures, for example by appointing a lead clinician to have oversight of audits, but this was not effective.

### What we found at this inspection in May 2017

#### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Clinical staff were aware of NICE guidelines and discussed relevant topics in practice and clinical meetings to allow information to be cascaded to all staff members.
- The practice monitored that these guidelines were followed through audits. For example; the practice had reviewed patient records to ensure they were not being prescribed specific medicines contrary to guidance. We looked at an atrial fibrillation audit designed for patients at risk of stroke and found that the practice had highlighted areas of concern in November 2016. They had implemented changes and re-audited in March 2017 and found that all patients were being monitored and assessed in line with national and practice protocols.
- We looked at an audit relating to the current insertion practice of coils conducted in April 2017, the practice found 100% of patients had a successful coil fitting. The audit found patients were not always attending their post six week insertion check-up appointments. These findings were used to improve the information given regarding follow up appointments.

We also reviewed three clinical audits relating to combinations of medicines not recommended for use together. The practice had conducted searches of patient records and their prescribing practices bi-monthly to ensure safe and effective prescribing practice. Their findings were shared with the clinical team. One area the practice had not monitored effectively was relating to patients being treated with medicines to maintain thyroid hormone levels. We found the practice had not reviewed 22% of patients that required a follow up. Following the inspection the practice contacted us and developed an action plan to review patients related to this search, the actions were taken immediately and required ongoing reviews by the GPs.

#### 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 for 2015/2016 showed the practice achieved 85% of the total number of points available. Their latest unverified QOF data showed they achieved 97% which was an improvement from the previous year.

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. The practice QOF performance showed high exception rates for:

- Asthma 16% compared to the national average of 7%.
- Chronic obstructive pulmonary disease of 20% compared to the national average of 13%.
- Rheumatoid arthritis of 24% compared to the national average of 8%.

We looked at the way the practice exception reported their patients and we found that the practice monitored their exception reporting and had appropriate justification for patients on the exception list.

National data showed that the practice had achieved lower reviews than the local and national average for monitoring their hypertension and diabetic patients. QOF data from 2015/2016 showed:



# Are services effective?

## (for example, treatment is effective)

- Performance for patients with diabetes, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months the practice was 61% which was lower compared to the CCG average of 74% and the national average of 78%. Unverified data that we looked at for 2016/2017 was 78%.
- Patients with diabetes, in whom the last blood pressure reading is 140/80 mmHg or less was 57% which was lower than the CCG average of 69% and the national average of 80%. Unverified data that we looked at for 2016/2017 was 67%.
- The percentage of patients with diabetes, whose last measured total cholesterol is 5 mmol/l or less, was 67% which was lower than the CCG average of 75% and the national average of 80%. Unverified data that we looked at for 2016/2017 was 73%.
- The percentage of patients with hypertension in whom the last blood pressure reading is 150/90 mmHg or less, the practice was 60% which was lower than the CCG average of 77% and the national average of 83%. Unverified data that we looked at for 2016/17 was 80%.

The practice was aware of the data from 2015/16, they had focused on reviewing patients and booked follow up reviews for these patients in advance to improve their monitoring and care. Unverified QOF figures submitted for 2016/17 showed that the practice had improved on these indicators.

The practice operated a clinical and administrative audit programme. They used this to obtain assurance of the quality of their services and to inform and drive improvements. The programme was comprehensive and included, learning disability checks, complaints, admission avoidance, did not attend figures (DNA's) and unusual death.

### Effective staffing

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

- The practice had a comprehensive induction programme for both their clinical and administrative staff. This covered such topics as clinical systems, basic life support, safeguarding responsibilities and escalation procedures, Mental Capacity Act training, 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, their practice nurses completed cervical screening programme and child immunisation training provided by the CCG and were given protected time to achieve training numbers, for example 20 cervical smears samples. A member of the nursing team had also completed a travel vaccination course.
- Staff administering vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to out of hour services, information was shared between sites after obtaining patient consent.

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. Multidisciplinary meeting minutes evidenced discussions between professionals regarding action plans for patients care. This included when patients moved between services, including when they were referred, or after they were discharged from

# Are services effective?

## (for example, treatment is effective)

hospital. 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.

### Consent to care and treatment

We spoke with members of the clinical team and checked clinical records for patients receiving treatment where consent should be received such as patients receiving treatment for contraceptive implants, coils and minor surgery. We found staff understood and sought patients' consent to care and treatment in line with legislation and guidance. We saw evidence in patient records of clinical staff counselling patients before treatment, obtaining written consent and allowing patient to provide feedback.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition, smoking and alcohol cessation, and mental health. Patients were signposted to the relevant service such as community programs, appointments with the lead GP or nurse at the practice and annual health checks with the health care assistant.

The practice encouraged their patients to attend national screening programmes. Data from the National Cancer Intelligence Network showed the practice was comparable with the local and national averages for screening their patients. For example;

- The practice's uptake for the cervical screening programme for women aged 25- 64 years old who had screening tests performed in the preceding 5 years was 82%, which was comparable with the CCG average of 86% and the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test.
- The practice was also comparable to local and national average for their referral of new cancer diagnosis on the two week wait referral pathway. The practice referral rate was 41% in comparison to the CCG average of 47% and the national average of 49%.

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 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 screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were above the national standard of 90%. For example;

- The practice achieved 99% for the percentage of children aged one year with full course of recommended vaccines.
- The practice had achieved between 95% and 99% of appropriate vaccinations for children aged two years of age.
- The practice had achieved between 98% of appropriate vaccinations for children aged five years of age.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We found members of staff were courteous and 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.
- Staff showed understanding and compassion to meet patient needs.

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.

We spoke with three members of the patient participation group (PPG). They told us that the practice was engaging with the community and overall they were satisfied with the care provided. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice had comparable results for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.

The practices NHS Friends and Family results were positive regarding their experiences of the service. We reviewed the previous four months patient feedback. The practice had received 176 completed cards. 76% of the patients who completed the friends and family cards were likely or extremely likely to recommend the surgery to their friends and family. The remaining 24% of patients said they were neither likely or unlikely to recommend the surgery as they found it difficult to get through on the phone, as a result, the practice was looking at changing their telephone systems.

### 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 positive and aligned with these views. We also saw that care plans were personalised.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice has provided nurses with additional training and extra time to help them involve patients with decisions about their care. They provided facilities to help patients be involved in decisions about their care. The practice served

## Are services caring?

a predominately white British population. However, staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients this service was available.

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

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

The practice's computer system alerted staff if a patient was a carer. The practice had identified 172 patients as a carer which amounted to 1.2% of their patient list. Carers were invited for annual health checks and appropriate flu vaccinations. The practice had also spoken to staff to increase awareness of carers, information was advertised on waiting board in reception to raise awareness with

patients of the benefits and services carers may access. Written information was available to direct carers to the various avenues of support available to them in the form of the practice carers' policies, advertisements in the waiting room and practice website.

The practice actively engaged with their patients and families living with dementia. The practice staff had relevant dementia training to assist in identifying and supporting their patients better. They had displayed clearer signage for patients and extra phone calls were made to patients with dementia when they had upcoming appointments.

Staff told us that if families had suffered bereavement, their named GP contacted them via telephone or sent them a letter. This contact was followed up by a telephone conversation discussing any issues to help support the family. Patient consultations were available 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 worked with their patients and patient participation group to ensure they identified, understood and responded to the needs of its local population. The practice reported a positive relationship with their NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- A social wellbeing team (CAVS) had been implemented within the surgery to assist patients with non clinical issues such as their home environment.
- The CCG provided emergency care practitioners (ECP) who worked closely with the practice to respond to primary care during home visits.
- There were longer appointments available for patients with a learning disability. If requested in advance any patient could get longer appointment times if needed.
- Home visits were available daily for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations were available daily for the convenience of patients unable to attend the practice.
- Text reminders were sent to patients detailing the time and date of their appointment.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS, patients were referred to other clinics for vaccines available privately.
- The practice offered minor surgery clinics.
- The practice offered contraception advice appointments and coil fittings.
- Two part time pharmacists worked to review the practice prescribing protocols and reviewed patient prescription records.
- There were facilities for the disabled, a portable hearing loop and translation services available.
- The practice worked with their community agent who they refer vulnerable patients to, to assist them in maintaining their independence.
- Medicine reviews for Chronic Obstructive Pulmonary Disease (COPD), asthma, diabetes and other long term health conditions were conducted by the clinical team.

- Patients were invited to disclose sensory needs. Patients with hearing difficulties were able to arrange appointments via a telephone typing system.
- Patients and their family members living with dementia were offered longer appointments to discuss concerns. Carers were coded on their patient record systems and offered appropriate vaccinations and health checks.

### Access to the service

The practice opened between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.40am every morning and 3pm to 6.20pm in the afternoons. The nurse's clinics ran throughout the day from 9am to 12.30pm and in the afternoon from 2pm to 5.30pm. On weekends, evening and bank holidays, appointments are available through the local GP alliance at two alternative locations provided by IC24. In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published in July 2016 showed that patient's satisfaction with how they could access care and treatment was below average compared to local and national averages. For example:

- 68% of patients were satisfied with the practice's opening hours compared with the CCG average of 74% and the national average of 75%.
- 67% of patients said they could get through easily to the practice by phone compared with the CCG average of 69% and the national average of 73%.

The practice acknowledged that improvements were still required to improve the accessibility of the service and it was noted that this data had improved since the inspection in January 2016.

Data from January 2016 shows:

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 59% patients said they could get through easily to the surgery by phone compared to the CCG average of 69%, and the national average of 73%.

The practice had encouraged patients to book online, added a member of staff in the morning to answer the telephone and enquired about an additional phone line to help alleviate the issues highlighted in the GP patient



# Are services responsive to people's needs?

(for example, to feedback?)

survey. They were also in the process of conducting a patient survey in partnership with their patient participation group (PPG) to analyse and improve areas highlighted by the national GP survey.

We asked the practice when the next available appointments were with a GP and member of the nursing team. The next appointment available with a GP and nurse was later that morning and at various times in the afternoon.

The practice monitored their patient non-attendance rates to identify trends and act on potential safeguarding concerns. In December the practice had 297 non-attended appointments which amounted to 62 hours of unused clinical time. The practice had monitored and highlighted these issues to patients via posters in the waiting area and found that in April 2017 the practice had reduced their figures from 297 to 208 non-attended appointments. All appointments missed by children or vulnerable persons had been followed up by phone or during a subsequent consultation. The practice told us they had monitored the non-attendance rate however, since it represented a small percentage of their patient list they did not feel the need to introduce any immediate escalation procedures to reduce the prevalence of patients failing to attend.

The practice monitored their patient's attendance at accident and emergency (A&E) departments. Patients, who attended when the practice was open, were written to and invited them to provide feedback on the service to mitigate the need for them to do so in the future. The local CCG provided the practice with A&E attendance figures however; the practice internally monitored their patients A&E attendance figures. Patients on the admission avoidance register that were admitted to hospital received

a phone call from the doctor when discharged and patients not on the admission avoidance list were discussed at the monthly multidisciplinary team (MDT) meeting and actioned if needed.

## 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 for example posters in the waiting area, knowledge from the receptionists and the practices complaints policy.

The practice manager told us that their team were committed to resolve issues at the time of reporting, if practicable. The practice maintained a separate record of all significant events and complaints. These were reviewed by the practice manager and clinician involved to identify risks and respond in a timely and appropriate manner. The practice discussed all complaints during weekly practice meetings and conducted an annual review to identify trends.

The practice had received eight complaints since December 2016 relating to clinical care and staff attitude. We reviewed three of the eight complaints and found all had been acknowledged, investigated and responded to in a timely and appropriate manner. Where lessons were to be learnt these had been disseminated to the team evidenced in the three April 2017 practice meeting minutes.

# Are services well-led?

Good 

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

## Our findings

### What we found at our previous inspection in September 2016

The practice was rated as inadequate for providing well-led services. The practice did not have an effective governance system in place. Risks to patients had not been identified or mitigated. These included disclosure and barring service checks for clinical staff, a health and safety risk assessment and the accurate completion of patient notes to reflect their healthcare issues, care and treatment. Clinical audit was not effective at identifying patients at risk of stroke and there was a lack of quality improvement processes in place. The practice were not routinely providing staff with the opportunity to provide feedback about the services provided. Not all non-clinical staff received an appraisal. Non-clinical staff had not been included at a practice meeting for over six months. The practice did not have an effective system in place to receive and act on patient feedback.

### What we found at this inspection in May 2017

#### Vision and strategy

The practice had a published mission statement and values. They stated they would provide the highest quality to all population groups; they aim to do this by providing holistic patient focused care delivered in an innovative way that puts the patients' choice and safety first. We spoke to staff who demonstrated their understanding and application of the practice values. The practice regularly reviewed their performance to reflect their vision and values for the future.

#### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice was aware of their regulatory responsibilities and notified the commission of appropriate incidents in a timely and appropriate manner.

#### 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. We found that the staff dynamic had revived the practice to focus on future improvements.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team social days were held often.
- Staff said they felt respected, valued and supported, particularly by the partners and management in the practice. All staff were involved in discussions about

# Are services well-led?

Good 

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

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 via weekly practice meetings.

- The practice regularly engaged with another local GP practice to discuss care pathways and trends of significant events.
- The practice engaged in external events held by the CCG such as training sessions and new development meetings.
- The practice participated in local initiatives provided by the CCG and NHS England.
- The practice had conducted a critical analysis of their practice prior to the inspection. They were honest with the inspection team about their achievements, challenges they faced and areas where they believed they could improve.
- Staff said they enjoyed working at the practice, they felt supported by the management and one another. Staff were encouraged to engage in discussions about how to run and develop the practice.
- The practice supported their staff by setting standards of conduct for their patients. They publicised their standards of conduct, which asked their patients to treat staff with respect and courtesy. For example, by keeping their appointments, notifying them of any cancellations, only using the out of hour's provision for urgent conditions which cannot be accommodated by the practice and to use please and thank you.

## 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. The PPG met every two months, they had developed patient surveys and submitted proposals for improvements to the practice management team. For example, new patient survey, clearing up queries and implementing new information in the waiting area.

- The practice spoke highly of their relationship with their patient participation group (PPG). The PPG had approximately seven active members who met up every two months, a member from the GP practice always attended the meetings as evidenced within the January 2017 and March 2017 meeting minutes. The vice chair of the PPG told us their members spoken highly of the service they received from all of the practice team. They told us they valued the commitment of the partners, practice manager and nursing team who were receptive to their feedback and supportive of their opinions.
- The practice had gathered feedback from staff through practice meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management for example the administrative staff had requested GPs to carry out tasks in an alternative way which they agreed to do following the practice meeting. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice manager and team members met regularly and felt involved with how the practice was run. The practice also encouraged staff to share learning through scientific and medical research to inform their assessments and treatments.
- Staff members regularly interact within a social environment which staff said encouraged team building.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Three GP partners were currently undertaking qualifications to improve development in frailty and teaching. There was also an emphasis on recruiting new GP registrars to the practice. The lead nurse was continuing professional development via external training resources. The practice team was forward thinking and part of local pilot schemes provided by the CCG to improve outcomes for patients in the area for example the use of the CAVS team and their ECP team. They were aware of the challenges they faced and were taking appropriate actions to overcome them.