

# Kingsthorpe Medical Centre

## 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingsthorpe Medical Centre on 03 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system was in place for reporting and recording significant events.
- Risks to patients were generally assessed and appropriately managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said access to appointments was generally good 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.
- There was a leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- The practice must ensure that staff who chaperone are trained to undertake this duty and have been risk assessed for the need to have a DBS check.

# Summary of findings

- The practice must review policies and procedures for the provision of locums, to ensure that records are up to date with GP registrations and DBS checks.

The areas where the provider should make improvement are;

- To review infection prevention and control arrangements to take into account the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- There was a system in place for reporting and recording significant events
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received appropriate support, information and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had safeguarding policies and staff had received training in order to protect patients from abuse.
- The practice did not have clear implementation of policies and procedures for the provision of chaperones.
- The practice did not have information about the recruitment and provision of GP locums.
- Systems to manage regular infection control audits should be reviewed.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were generally in line with the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development opportunities for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Patients were recalled for appointments if they had not attended, reminders were sent out and we saw evidence that these were checked on a regular basis.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Results from the National GP Patient Survey were mixed. Some elements of performance rated higher than local and national averages, with others below.
- Patient feedback on the day of inspection indicated 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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.
- 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.
- The practice had introduced a number of services including phlebotomy appointments, home visits, telephone appointments and longer appointments for those patients with complex needs.

## Are services well-led?

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

Good



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

# Summary of findings

- 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 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 strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients aged over 75, who had not been seen in the previous year, were invited for a health check, including bloods tests and care planning. Those patients who did not attend were contacted by their named GP to discuss any problems they may be experiencing. If they did not respond the practice would contact the patient to check on their wellbeing.
- Admissions and A&E attendances were monitored for actions.
- The practice had developed good relationships with the care home to which they provided a service.
- Referrals were routinely made to occupational therapy for required aids and adaptations for patients as required.
- The practice held regular meetings with the district nurse to refer and review patients' needs.

### People with long term conditions

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

Good



- Designated staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for three diabetes related indicators was higher than the national average. For example, the percentages of patients on the diabetes register, with a record of having had a foot examination and that had been risk classified within the preceding 12 months was 94% where the national average was 88%.
- Hospital admissions for asthma patients were monitored and all patients were contacted for review.
- Longer appointments and home visits were available when necessary.

# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to the CCG average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 82% of eligible patients had attended for cervical screening, which was comparable with CCG and national averages.
- Appointments were available outside of school hours and facilities at the practice were suitable for children and babies.
- Same day appointments were available for children under 12 years of age.
- We saw positive examples of joint working with midwives and health visitors.
- The practice educated parents regarding the management of asthma and the urgency of seeking medical attention when symptoms worsened.

Good



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

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

- 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.
- Appointments early in the morning or at end of day were available and telephone consultations were routinely available.
- The practice offered online repeat prescriptions.

Good





# Summary of findings

- Health checks were offered to those aged over 40 not on a disease register.
- The practice offered sexual health advice and health checks.

## People whose circumstances may make them vulnerable

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

Good



- 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.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- Access to translation service was available and the practice website was available in all languages.

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

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

Good



- The practice had reviewed the care of 95% of patients diagnosed with dementia, in a face to face meeting in the last 12 months, which was above the national average.
- 92% of patients experiencing poor mental health had received a documented care plan in the preceding 12 months, which was above the national average.
- The practice worked with the Community Psychiatric Nurses and outreach teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out proactive 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.

# Summary of findings

- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing below the local and national averages in some areas.

Out of the 322 survey forms distributed 109 were returned. This represented a 34% response rate, but accounted for approximately only 2% of the practice patient group.

- 82% found it easy to get through to this surgery by telephone compared to a CCG average of 71% and a national average of 73%.
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 74% described the overall experience of their GP surgery as good (CCG average 83%, national average 85%).
- 62% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 completed comment cards; this represented almost 1% of the practice patient group.

A large majority of the comments cards were complementary and very positive about the standard of care received at the practice. Only one card noted a concern about treatment. Two cards commented on reception staff. Some cards named particular doctors as providing exceptional care and treatment.

We also spoke with three patients on the day, all of whom told us that they were treated with respect and felt involved in their care. The range of patients we spoke with had diversified needs, from long term conditions, to parents with young children, and each were able to confirm they felt listened to and had enough time with the clinical staff.

## Areas for improvement

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

- The practice must ensure that staff who chaperone are trained to undertake this duty and have been risk assessed for the need to have a DBS check.
- The practice must review policies and procedures for the provision of locums, to ensure that records are up to date with GP registrations and DBS checks.

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

- To review infection prevention and control arrangements to take into account the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance.

# Kingsthorpe Medical Centre

## 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 inspector and a second CQC inspector.

### Background to Kingsthorpe Medical Centre

Kingsthorpe Medical Centre provides a range of primary care services from its location on Eastern Avenue South, Northampton. It is a purpose built premises and has good disabled access. The practice serves a population of approximately 5363 patients.

The clinical staff team consists of two GP partners; one female and one male. The practice used two regular locums and also benefitted from three practice nurses. The team is supported by a practice manager, and a team of administrative and reception staff. The practice provides services under a general medical services (GMS) contract. A GMS contract is one between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice is open between 08.00am and 6.30pm Monday to Friday, with additional appointments available until 8.00pm on Tuesday. A separate organisation provides a service for patients requiring a GP out of normal hours.

### Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### 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 03 November 2015 date. During our visit we:

- Spoke with a range of staff including GPs, two nurses, the practice manager and a range of administrative staff. We spoke with a representative from the patient participation group (PPG). A PPG is a group of patients who work with the practice to discuss and develop the services provided to improve quality of care). We also spoke with three patients who used the service.
- Observed how staff interacted with patients.
- 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.

# Detailed findings

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 a 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. A log of significant events was maintained by the practice manager. Significant events were discussed at monthly multidisciplinary team (MDT) meetings between clinical staff and the practice manager. We saw evidence that significant event review meetings were held regularly and that the practice carried out an analysis of the significant events.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

National patient safety and medicines alerts were received into the practice by email to the practice manager who cascaded information to relevant staff. We saw that safety alerts were received by the practice manager who disseminated them to the relevant staff. Where appropriate the alerts were discussed at monthly clinical meetings to ensure that appropriate action was taken and a plan put in place if necessary, ensure patient safety was maintained.

When there were unintended or unexpected safety incidents, patients received reasonable support, 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, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to staff. The policies identified the procedure to follow if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, with all clinical staff trained to appropriate levels.

- 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.
- Notices in the waiting room and all clinical rooms, advised patients that chaperones were available if required. However, we found that not all staff who acted as chaperones had completed formal training or had Disclosure and Barring Service check (DBS). Following our inspection the practice gave us an assurance that only clinical staff would act as chaperones until adequate checks and training had been provided for other staff. 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 used three regular locum GPs in order to provide cover for holidays etc. However, the practice did not hold complete, up-to-date information and records for the locum GP registration or DBS checks. The practice undertook to refrain from using locum GPs until the necessary security checks had been implemented and the information had been recorded.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Monitoring and reporting of concerns ensured routine matters were dealt with swiftly. However, the practice did not record that a formal infection control audit was undertaken. The practice may wish to consider a review of infection prevention and control arrangements to take into account the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. This included obtaining, prescribing, recording, handling, storing and security. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to

## Are services safe?

allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.

- There were 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.
- We reviewed two staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. This included proof of identification, personal or professional references, 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 displayed which identified local health and safety representatives. The practice had up to date fire risk assessments, fire alarm tests were routinely undertaken and formal fire evacuation drills were to be introduced.
- All electrical equipment was routinely checked to ensure it was safe to use and clinical equipment was checked to ensure it was 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 had arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice used two locums on a regular basis and the reception and administrative staff were able to cover different functions as required.

### Arrangements to deal with emergencies and major incidents

The practice had appropriate 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 an emergency
- Staff received annual, basic life support training
- Emergency medicines were readily accessible and staff knew their location. Medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks
- The practice had a 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results showed the practice had achieved 98% of the total number of points available, with 3% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the national average. In some cases it was higher, for example, the percentage of patients on the diabetes register, with a record of having had a foot examination and that had been risk classified within the preceding 12 months, was 94% compared with the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was also above the national average at 89%, compared with the national average of 83%.

- Performance for mental health related indicators were better than the national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 92% compared with the national average of 86%.

Clinical audits demonstrated quality improvement. Clinical audits completed in the last two years, identified positive changes which could be implemented and improvements monitored. For example, an audit of prescribing warfarin medicines had been undertaken and changes put in place as a result. The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

### 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. Staff told us their induction and training prepared them for their work. Protected learning sessions were held once a month during which the practice provided in house training or invited external trainers in where appropriate.
- 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 told us they attended training days and had access to and made use of e-learning training modules where needed to maintain their knowledge and skills. Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness.
- 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. Staff had received an appraisal within the last 12 months.

### Coordinating patient care and information sharing



# Are services effective?

## (for example, treatment is effective)

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 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 multidisciplinary team meetings took place on a regular basis and that care plans were reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance
- 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 requiring palliative care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and Information about patients' outcomes was used to make improvements such as;

- The practice had seen 95% of patients diagnosed with dementia for a face-to face review compared to a national average of 84%.
- The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening.

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 85% to 100% and five year olds from 94% to 98%.

The influenza vaccination rate for those patients over 65 years of age was 77%, compared to a national average of 73%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

The majority of the 42 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. Two cards commented that waiting times for appointments could be up to 20 minutes. However, patients we spoke to on the day told us that they did not have to wait too long to see their GP.

We spoke with a member of the patient participation group (PPG) and three patients on the day of the inspection, who 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 of July 2015 were below local and national averages for the sections where patients were asked about their views if they were treated with compassion, dignity and respect. For example;

- 75% of patients who responded said the GP gave them enough time compared to the CCG average 87%, national average 87%.
- 77% said the GP was good at listening to them (CCG average of 87% and national average of 89%)
- 86% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)

- 67% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 77% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90 %, national average 90%).
- 66% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

However, these results were in contrast to the large majority of feedback received from patients who completed CQC comment cards or those patients to whom we spoke with on the day of the inspection. Patients told us that the approach and attitude of both clinical and administrative staff was caring and welcoming. We were also told that staff were particularly good at handling urgent needs and providing reassurance where required. Other comment cards also identified that patients did not feel rushed during their appointments.

Two of the comment cards identified that arrangements for appointments could be improved for non-urgent appointments, sometimes having to wait a week for an appointment.

The practice had provided customer service training for reception and administrative staff in response to feedback from patients.

We saw, additionally, that results from a more recent patient survey completed in January 2016 demonstrated the practice had improved in all of these measures. Notably, 71% of respondents said they now found the receptionists at the practice helpful.

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

Results for the practice from the national GP patient survey showed that respondents were not positive about their involvement in planning and making decisions about their care and treatment.

For example:

- 65% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 66% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%)

## Are services caring?

- 63% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%)

Again, in contrast to the survey results, the patients we spoke with during our inspection 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 42 CQC comment cards was also very positive and aligned with the views we were given on the day by the patients who spoke with us.

Although the practice did not have formal action plan to address the findings of the patient survey specifically, we saw evidence that issues had been discussed at practice meetings and the PPG members had sought to address known concerns. For example, we saw that the practice had introduced a telephone triage system, where a nurse would deal with telephone enquiries and offer patients support and advice or make arrangements for a call-back by a GP or a face to face appointment as required. The practice had monitored the effectiveness of the triage system to see if the number of appointments had been affected by the initiative in order to release time for more serious concerns.

We also noted that results from the January 2016 patients' survey showed that, whilst results were still below local

and national averages, improvements had been made. For example, 71% of respondent now said that the last nurse they saw was good at involving them in decision about their care, an increase of 8% since July 2015.

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 areas informing patients this service was available.

### **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. For example, smoking cessation, bereavement and carers support.

The practice staff were alerted by a notification of the computer system if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. The practice had a proactive approach to helping patients with dementia and their carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them and appropriate support was made available to suit the individual patients' needs at the time.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered a number of services for older people including; home visits, telephone appointments and longer appointments. Immunisations for flu and pneumonia and shingles were offered during routine appointments.

- 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/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice leaflet was available in large print and audio.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and until 8pm on Tuesday. Pre-bookable appointments could be booked in advance, urgent appointments on the day, were also available for people that needed them. Patients were also able to book appointments on line. The practice told us that availability of appointments and the waiting time for individual GPs was reviewed regularly and amendments to availability of doctors was monitored accordingly, to make additional appointments available during periods of high demand wherever possible.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were generally better than local and national averages.

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 74%.
- 82% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 69% patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 60%).

Patients we spoke with on the day, and observations on the CQC comment cards, supported the survey findings that appointments were usually available when they needed them.

The patients we spoke with during our inspection were aware of their named GP. Providing continuity of care had established clear lines of clinical responsibility for clinicians to follow when coordinating their patients' care.

### 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. We saw evidence that all complaints were dealt with in an appropriate and timely manner.
- 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 a poster giving detail of the complaints process was in the waiting area with the complaints form.

We looked at complaints received in the last 12 months and found these were satisfactorily handled, and dealt with in a timely way. The practice demonstrated an openness and transparency with dealing with complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw evidence of appointment monitoring following a complaint regarding access and appointment availability.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear aim to provide exceptional patient care and to provide a medical service which was professional, safe and effective, to meet the needs of patients and high standards.

- The practice had clear priorities to improve patient experience.
- Specific actions to meet the needs of elderly patients formed a key part of the objectives
- A plan to deliver the aims and objectives supported the practice in monitoring achievements.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A programme of clinical and internal audit was used to monitor quality and to make improvements
- There were arrangements in place to identify, record and manage risks appropriately.
- Delivery of services was monitored and reviewed.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate 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 unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, information and a verbal or written apology as appropriate.
- Written records of verbal interactions, as well as written correspondence, were retained as appropriate.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- Staff were appropriately involved in development of the practice.
- Partners encouraged staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met approximately four times a year. Meetings were minuted and notes circulated to all members for discussion and action appropriately.
- The practice recruited patients by placing a poster in the waiting area, information on the practice website and in the information pack for new patients.
- The practice with the PPG, reviewed national patient survey results, friends and family test feedback and annual practice complaints, and then submitted proposals for improvements to the practice management team. The PPG had identified the benefits of a new noticeboard and had introduced a small book sale to raise funds for the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

# Are services well-led?

Good 

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

## Continuous improvement

There was an awareness of the benefits of striving for continuous learning and improvement at all levels within

the practice. The practice team was forward thinking and participated in local schemes to improve outcomes for patients in the area, engaged positively with the CCG delivery framework and prescribing leads for example.

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>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The provision of chaperones had not been appropriately managed and risks posed by not ensuring staff were appropriately trained and security checked.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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This section is primarily information for the provider

## Requirement notices

risks to the health and safety of service users. The provision of locum GPs had not been appropriately managed and risks posed by not ensuring necessary registration details and security checks were in place.

This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014