

# Hilton House Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

We carried out an announced comprehensive inspection at Hilton House Surgery on 27 January 2016. Overall the practice is rated as Requires Improvement.

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

- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks, infection control and fire.
- When there were unintended or unexpected safety incidents, reviews and investigations were and lessons learned were communicated;
- 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.
- Not all required recruitment checks had been undertaken and there was no formal induction process for new staff at the practice.

- Not all staff acting as chaperones had received a disclosure and barring service check and a risk assessment was not in place as to why this was not required.
- 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 they sometimes found it difficult to make an appointment with a named GP; however there were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

# Summary of findings

- Staff undertaking chaperone duties must have a Disclosure and Barring Service check or a risk assessment in place as to why one is not necessary. Ensure all clinical staff receive a DBS check prior to being employed at the practice.
- Undertake a fire risk assessment of the practice.

In addition the provider should:

- Ensure that safety incidents are reviewed more thoroughly and the learning shared with staff.

- Ensure regular infection control audits take place.
- Undertake the actions identified by the legionella risk assessment.
- Ensure the practice has a documented induction programme for newly appointed staff.

**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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were undertaken and lessons learned were communicated; however there were no processes to identify themes and if actions implemented had been embedded or improved patient's outcomes.
- Risks to patients were not always assessed, reviewed or well managed, such as risk assessments relating to fire and legionella.
- Not all required recruitment checks had been undertaken and there was no formal induction process for new staff at the practice.
- Not all staff acting as chaperones had received a disclosure and barring service check and a risk assessment was not in place as to why this was not required.
- Systems were in place for safeguarding children and vulnerable adults.
- Arrangements for infection control were not robust.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe.

**Requires improvement**



### Are services effective?

The practice is rated as Requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice offered health screening and information about the services provided was available to patients.

**Requires improvement**



# Summary of findings

- There was a system for staff to receive an appraisal at the practice; However there was not written induction process in place for new staff.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients and staff worked together to plan care and there was shared decision-making about care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality.
- Patients told us that staff always considered their privacy and dignity.
- Staff supported patients and those close to them to cope emotionally with their care and treatment.

## Are services responsive to people's needs?

The practice is rated as Requires improvement for providing responsive services.

Requires improvement



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example they identified their patient list was increasing and they ensured more GP appointment slots were more available by increasing GP hours.
- Patients said they experienced some difficulties getting an appointment although 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.
- Evidence showed the practice responded quickly to reported complaints. Learning was shared with staff and other stakeholders.
- The patient survey published in January 2016 identified a lower than average satisfaction rate for the practice opening times compared to local and national rates.

## Are services well-led?

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

Requires improvement



# Summary of findings

- 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 were arrangements for identifying, recording clinical risks, issues and implementing mitigating actions; however there were no processes to identify trends or themes.
- There were arrangements for identifying practice specific risks, although the systems to manage risks had not identified gaps in staff recruitment, fire risk assessment, monitoring and reviewing environmental risks.
- The practice systems and processes in place to seek patient feedback about the quality of the service provided. They did not have a patient participation group, but were actively recruiting one.

# 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 requires improvement for providing safe, effective, responsive and well-led services and rated as good for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered personalised care to meet the needs of the older people and they all had a named GP.
- The practice was responsive to the needs of older people. The GPs offered home visits and urgent appointments were provided for those with enhanced needs.
- They provided GP services to a local care home.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were generally in line or above the local or national averages.
- Longer appointments were available for older people when needed, and this was acknowledged positively in feedback from patients.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services and rated as good for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data for patients with diabetes was generally above the local and national averages.
- All these patients had a named GP and a structured annual review to check that their health and medicine 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.

**Requires improvement**



# Summary of findings

## Families, children and young people

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services and rated as good for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 relatively high 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.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



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

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services and rated as good for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 reflected the needs for this age group.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services and rated as good for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement





# Summary of findings

- 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 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.

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

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services and rated as good for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Requires improvement**



# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published on 7 January 2016. The results showed the practice was performing at times below local and national averages. 231 survey forms were distributed and 105 were returned. This represented a 45% return rate.

- 42% found it easy to get through to this surgery by phone compared to a CCG average of 64% and a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 76% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).

- 68% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards and five of them contained positive comments about the standard of care received. Two of the comment cards contained negative feedback about the size of the car park and the opening times of the practice.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us the GPs, nurses and dispensing staff were professional and helpful.

## Areas for improvement

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

- Staff undertaking chaperone duties must have a Disclosure and Barring Service check or a risk assessment in place as to why one is not necessary. Ensure all clinical staff receive a DBS check prior to being employed at the practice.
- The practice must have a process in place to gather feedback from patients, the public and staff.
- Ensure that there is a system of appraisal in place for all staff at the practice and that staff new to the practice receive an induction process that is recorded.
- Undertake a fire risk assessment of the practice.

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

- Ensure that safety incidents are reviewed more thoroughly and the learning shared with staff.
- Ensure regular infection control audits take place.
- Undertake the actions identified by the legionella risk assessment.
- Ensure the practice has a documented induction programme for newly appointed staff.
- Ensure that all complaints are recorded including those made verbally.

# Hilton House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Hilton House Surgery

Hilton House surgery in Halstead is a dispensing practice in Essex and provides medical services to a patient base of approximately 3,400, covering the rural areas around the Hedinghams and Yeldhams. There is a small car park adjacent to the surgery for use by staff and patients.

They hold surgeries at their main surgery in Sible Hedingham and branch surgery in Great Yeldham. There are four part time GPs in total (one male and three female) and they are supported by two practice nurses, a healthcare assistant and three dispensing staff. The part time practice manager is supported by a team of administration and reception staff.

The Sible Hedingham practice is open between 8.30am to 1pm and 4pm to 6.30pm Tuesday, Wednesday and Friday and on Monday and Thursday between 8.30am to 1.30pm. When the practice is closed during the day a GP is available on an emergency mobile phone and will often visit or bring patients to the surgery outside of these times, as necessary. The branch surgery is open Monday and Thursday from 2.30pm to 4.30pm. Dispensing opening times are the same as the surgery times. In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for people that needed them. When the practice is closed

patients can contact Primecare, the out of hours provider, who provide services from 6.30pm until 8am on weekdays and from 6.30pm on Fridays until 8am on Mondays, and also during Public Holidays.

## 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 27 January 2016.

During our visit we:

- Spoke with a range of staff 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.

# Detailed findings

- 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

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. Openness and transparency about safety was encouraged. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When there were unintended or unexpected safety incidents, reviews and investigations were undertaken and lessons learned were communicated; however there were no processes to identify themes and if actions implemented had been embedded or improved patient's outcomes. There was no monitoring and reviewing activity which would enable staff to understand risks and give a clear, accurate and current picture of safety trends or themes.

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were not always shared to make sure action was taken to improve safety in the practice, this was because most staff were part time and did not always work the same hours as colleagues. An example was discussed when an alert identified possible cardiac complications when two certain medicines were prescribed. This alert was circulated to all clinical staff and discussed with the dispensary manager. Computer searches of patients' records identified who was on this medicine combination and they were offered a review. To ensure this medicine combination was not prescribed routinely an alert notified GPs of the risks and considerations when prescribing the medicine to promote safe and effective practise.

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

### Overview of safety systems and processes

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

- Safeguarding vulnerable adults, children and young people was given sufficient priority. Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to an appropriate level to manage safeguarding concerns.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role however not all had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice manager confirmed the following day they had applied for a DBS check for staff undertaking chaperone duties and that a risk assessment had been undertaken.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. However the infection control nurse did not have specialist infection control in primary medical care training and there were no processes in place for regular infection control audits.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

# Are services safe?

- The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current guidance and legislation. All prescriptions for controlled drugs and medicines dispensed into blister packs were checked by a second dispenser. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. All dispensing staff had completed appropriate training and had their competency annually reviewed.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the; however one nurse did not have an appropriate check through the Disclosure and Barring Service. Within twenty four hours post inspection we were informed a DBS had been requested.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There was a health and safety policy available with a poster in the reception area. The practice had recently carried out a fire drill; however there was no fire risk assessment undertaken for the building. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, however the legionella risk assessment had several actions identified when it was carried out in 2015. None of these actions had been actioned and there was no practice risk assessment to state why.

- All older patients on regular medicine had an annual review of their health. This was prompted by their medicine review date and followed up as a safety net by the dispensary team. The dispensary team alerted the GPs to patients who were over-due a review. Other patients were picked up opportunistically if they attended the practice.
- The practice explained that bank and agency staff were not used; staff provided cover for each other as they preferred to offer continuity of care for patients. There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were enough staff to maintain the smooth running of the practice and keep patients safe.

## 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 were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

People's care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation including National Institute for Health and Care Excellence (NICE) best practice guidelines. This included during assessment, diagnosis, when people were referred to other services and when managing people's chronic or long-term conditions, including for people in the last 12 months of their life. This was monitored to ensure consistency.

- 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 people's 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 were 98% of the total number of points available, with 8% 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 better than the CCG and national average. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 94%. This was 18.% above the local average, 13% above national; with a lower than average exception reporting rate of 10%

- The percentage of patients with hypertension having regular blood pressure tests was 89% this was 5% above the local average, 5% above the national average; with a lower than average exception reporting rate of 2%.
- Performance for mental health related indicators was 100% this was 8% above the local average and 3% above the national average.

Clinical audits demonstrated quality improvement. There were systems and processes in place for regular audits of the services provided. They were used to assess, monitor and improve the quality and safety of the service.

- There had been six clinical audits completed in the last year, all of them were completed audits where the improvements made were implemented and monitored and maintained over time.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

We saw evidence that the practice employed sufficient numbers of suitably qualified, competent and experienced staff to ensure they were able to meet the needs of their patient population.

- The practice did not have a documented induction programme for newly appointed staff. We were told the new staff member would 'buddy' staff in post to learn the systems. We discussed this with the practice manager. They forwarded to us within 24 hours, post inspection evidence of their reviewed induction procedure, which included the requirement to document the induction process to ensure new staff were competent in their role before being allowed to work unsupervised.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. This included those staff members who reviewed patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- A system was in place for the line management of staff. However the six staff files we viewed only one contained a recent appraisal. We discussed this with the GPs and they informed us that they had undertaken appraisals but not all had yet been filed.



# Are services effective?

## (for example, treatment is effective)

- We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as basic life support. We noted a good skill mix among the doctors.

### 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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- GPs attended monthly meetings with the palliative care team to discuss and provide a multiagency approach to patient care and treatments.
- Specialist support was available for mothers, babies and children through referrals to a health visitor.
- There were systems to process urgent referrals to other care and treatment services and to ensure that test results were reviewed in a timely manner following receipt by the practice.
- There were procedures that helped ensure patients who lacked capacity were appropriately assessed and referred where applicable.

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

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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, the Children Acts 1989 and 2004 and their duties in fulfilling it.

- 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.
- The GPs told us how patients who lacked capacity to make decisions and give consent to treatment were monitored and assessed. They told us that they carried out mental capacity assessments and recorded them on individual patient records. The records indicated whether a carer or advocate was available to attend appointments with patients who required additional support. Records and discussions with GPs confirmed this.
- Patients with a learning disability and those with dementia were supported and involved in making decisions about their care and treatment through the use of care plans.

### Supporting patients to live healthier lives

Staff were consistent and proactive in supporting people to live healthier lives and used every opportunity to identify where their health and wellbeing could be promoted. The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice provided dedicated clinics for patients with certain conditions such as diabetes and asthma. Staff told us that these clinics enabled them to monitor the ongoing condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration.



# Are services effective?

(for example, treatment is effective)

- All new patients registering with the practice were offered a health check. The GP was informed of all health concerns detected and these were followed up in a timely way.
- There was a culture amongst clinical staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic smoking cessation advice to smokers.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for

patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 80% to 100%.

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

Patients were supported, treated with dignity and respect, and were involved as

partners in their care. We observed members of staff were courteous and very helpful to patients.

- The GPs told us how they ensured patients privacy and dignity both during consultations and treatments. For example, curtains were used in treatment areas to provide privacy and doors to treatment and consultation rooms were closed.
- Patients spoken with told us, either verbally or in comment cards, that staff always considered their privacy and dignity.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There were systems to help ensure patients' privacy and dignity were protected at all times. The practice had a formal confidentiality policy. Staff we spoke with were aware of their responsibilities in maintaining patient confidentiality.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published on 7 January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 96% said the GP gave them enough time (CCG average 86%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 96% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 87% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

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

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

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

- 96% 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%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

The practice had individual care plans for patients with long term conditions, such as dementia and cardiac conditions. Records showed there was a care plan for such patients and that these had been agreed between the patient and their family / carer. The practice maintained a register of all patients who had a care plan. The register included details of ongoing care and treatment as well as changes made to the plan as a result of a change in the patient's condition or medicines having been amended.

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

Staff were supportive in their manner and approach towards patients. Patients who we spoke with and those who completed comment cards, told us they were given the time they needed to discuss their treatment as well as the options available to them and they felt listened to by the GPs and other staff within the practice. The practice

## Are services caring?

scored 4 stars out of an available 5 stars in the NHS choices survey responses for overall care, treatment and support. Folders in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 71 (3%) patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services.

- 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 emergencies.
- Patients were able to receive travel vaccinations available on the NHS. Those not NHS funded could be prescribed privately.
- The practice had established links with the local CCG. Meetings took place on a regular basis to assess, review and plan how the service could continue to meet the needs of patients, to anticipate any potential demands in the future and to identify improvements to services.
- The practice worked closely with community nursing teams and the integrated care team to support patients with long-term conditions and those with complex needs who received care and treatment from a range of services. Minutes of meetings confirmed we viewed this.
- There was a system in place for patients to obtain repeat prescriptions. Patients spoken with told us they had not experienced any difficulty in getting their repeat prescriptions. Staff said the practice aimed to have repeat prescriptions ready within 48 working hours of them being requested by the patient.

### Access to the service

The Sible Hedingham practice was open between 8.30am to 1pm and 4pm to 6.30pm Tuesday, Wednesday and Friday and on Monday and Thursday between 8.30am to 1.30pm. When the practice is closed during the day a GP is available on an emergency mobile phone and will often visit or bring patients to the surgery outside of these times, as necessary. The branch surgery was open Monday and Thursday between 2.30pm to 4.30pm. Dispensing opening

times were the same as the surgery hours. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The National GP Patient Survey information we reviewed showed patient's experiences were lower satisfaction scores with how they could access care and treatment comparable to local and national averages.

- 54% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 42% patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%).

The practice was disappointed by these results and stated they would investigate ways to improve access.

Patients rated the practice just above the CCG and national average in relation to seeing or speaking to their preferred GP.

- 68% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

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

### Listening and learning from concerns and complaints

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

- 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.
- The practice manager and GPs told us that practice meeting minutes included discussions of complaints received. Minutes from these meetings confirmed this.

We looked at five complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality evidence based care and to work together to ensure appropriate care was provided in a welcoming environment. Staff understood and shared the vision. The partners met weekly which included reviewing that the services provided were meeting the standards agreed.

### Governance arrangements

The practice had a 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 that staff were aware of their own roles and responsibilities
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing clinical risks, issues and implementing mitigating actions; however there were no processes to identify trends or themes.
- There were arrangements for identifying practice specific risks, although the systems to manage risks had not identified the absence of a disclosure and barring service check for a nurse employed at the practice.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise 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 gives affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice.
- During the inspection we observed the partners to be supportive of staff.

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

The practice had a process in place to gather feedback from patients, the public and staff. Comments on NHS choices were negative at times and data from the National GP Patient Survey was below average in some of the areas surveyed.

- The practice had systems and processes in place to obtain patient feedback about the quality of the service and to ensure they were being considered to improve the services provided..
- The practice told us of the difficulties they faced in recruiting patients to establish a patient participation group (PPG). We saw posters advertising for patients to join.
- The GP survey published in January 2016 identified a low level of satisfaction around accessing appointments, getting through on the phone and the opening times of the practice. On the day of the inspection we were told they had recently increased the number of GP appointments.
- We were told the practice gathered feedback from staff through staff meetings and discussions; however this was not being recorded.

### Continuous improvement

## Are services well-led?

Requires improvement



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

The approach to practice specific service delivery and improvement was seen to occasionally be reactive and focused on short term issues. For example there had been no actions taken post Legionella risk assessment in 2015. The practice does not have a formal fire risk assessment

and they did not have a health and safety risk register. Twenty four hours post inspection we received action plans that identified how they were going to action issues identified.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have systems and processes that enabled them to identify and assess risks to the health, safety and/or welfare of patients registered with the practice. In particular there was an absence of DBS checks being undertaken for staff performing chaperone duties and no risk assessment in place as to why they were not necessary and there was no fire risk assessment for the building. One nurse had not received a DBS prior to starting work at the practice. There was no system in place to obtain feedback from staff or patients.</p> <p>This was in breach of regulation 17(1)(2)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>