

# The Ship Street Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Ship Street Surgery on 9 December 2016. 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 an effective system in place for reporting and recording significant events.
- Risks to patients were mostly assessed and well managed. However, not all risks relating to tracking blank prescriptions, fire, disseminating patient safety alerts were fully assessed and mitigated. However, the practice took action to rectify these issues on the day of the inspection.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were average compared to the national average for a number of clinical indicators.
- Most 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients were positive about appointment availability. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision and strategy to deliver this vision.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The areas where the provider must make improvement are:

- Consolidate systems for tracking blank prescriptions and ensuring that these are in line with national guidance.
- Implement further measures to assess risks relating to fire.
- Ensure that there are systems in place for disseminating and actioning patient safety alerts in the absence of the practice manager

The areas where the provider should make improvement are:

- Ensure recruitment checks are undertaken and documented in line with practice policy.
- Take further measures to monitor and improve rates for childhood immunisation, outcomes for people with long term conditions, and to reduce exception reporting.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- When things went wrong patients received reasonable support, truthful information, and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were mostly assessed and well managed. However, not all risks relating to tracking blank prescriptions and fire were fully assessed and mitigated. The practice took some actions to mitigate these risks on the day of the inspection.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were average compared to the national average for a number of clinical indicators.
- 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 plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- The majority of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- 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.

- 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, it had made adaptations to the premises to improve accessibility and increase capacity in response to increasing patient numbers.
- Most patients were positive about appointment availability. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify and mitigate most risks.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was engaged and proactive.
- There was a strong focus on continuous learning and improvement.

Requires improvement



# Summary of findings

## The six population groups and what we found

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

### Older people

The 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.
- The practice provided appointments to patients at residential homes, including routine weekly visits and appointments in response to new concerns.
- There were disabled facilities for people with mobility difficulties.
- The practice supported patients with hearing and visual difficulties to access the service. The practice had invited external organisations for people with visual and hearing difficulties to provide advice on improving building accessibility and training for staff on how to support these patients.

### People with long term conditions

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

Good



- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 86% which was low compared to the CCG average of 96% and national average of 90%.
- In July 2016 the practice had found that 67% of patients with diabetes had received a pneumococcal immunisation to protect against infection. The practice had sent a letter and emails to patients inviting them for immunisation. Repeat audit in November 2016 showed that 72% of patients had received the immunisation. The practice had identified that patients who could not attend the practice may not receive immunisations, but there was no information in the audit about how to enable these patients to receive immunisation.
- Longer appointments and home visits were available when needed.

# Summary of findings

- 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.
- There was a self-service machine for patients to measure blood pressure with a privacy screen and clear instructions for use.

## 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.
- Childhood immunisation rates for the vaccines given were low compared to CCG and national averages. The practice described taking appropriate measures to try and improve immunisations rates. The practice had audited immunisation rates in August 2016 and found that childhood immunisation rates for the vaccines given to under two year olds had improved.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme for 2015-16 was 81%, which was lower than the CCG average of 84% and similar to the national average of 81%. The practice had conducted four audits of cervical screening rates since 2015 which showed progressive improvement in uptake. Unverified data for October 2016 indicated that cervical screening rates for the practice were 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were positive examples of joint working with midwives, health visitors and school nurses.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

Good



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

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

Good



# Summary of findings

- The needs of 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 health promotion and screening that reflects the needs for this age group.
- Patients had access to health checks for new patients. NHS health checks for patients aged 40–74 were not offered at the practice and the practice directed patients to have these at other local services.
- The practice offered early morning and late evening appointments for working patients who could not attend during normal opening hours.

## People whose circumstances may make them vulnerable

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

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

Good



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

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

- 97% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was 95% compared to the CCG average of 98% and national average of 97%.

Good





# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had received dementia training and one GP had completed a dementia fellowship and another GP was in the process of completing this.
- The practice had identified lead GPs who had developed mission statements to promote care for patients with dementia and mental health difficulties.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above or in line with local and national averages. 240 survey forms were distributed and 117 were returned. This represented 1% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group average of 77% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Twenty seven of the 30 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Comments were that staff were supportive and helpful. Six cards indicated dissatisfactions relating to treatment, parking, and appointment availability.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice Friends and Family Test results for November 2016 showed that 92% of patients would be likely or extremely likely to recommend the practice to friends and family. The remaining 8% of patients would be neither likely nor unlikely to recommend the practice to friends and family.

# The Ship Street 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.

## Background to The Ship Street Surgery

The Ship Street Surgery is located in East Grinstead, West Sussex. The practice provides services via a General Medical Services (GMS) contract (GMS contracts are a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is based in a purpose built premises on two floors. There are nine consulting rooms and three treatment rooms located on the ground floor. The practice is part of NHS Horsham and Mid Sussex Clinical Commissioning Group.

The practice has approximately 11,300 registered patients. The practice has patients from all age groups with a slightly higher proportion of patients aged over 40 compared to other age ranges. The area in which the practice is located is placed in the tenth least deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. According to the Office for National Statistics and information provided by the practice, the practice catchment area has a high proportion of people from a White British background who have English as their main language.

There are five GP partners, three salaried GPs, and one GP trainee. There were three male and six female GPs. GPs provide approximately 62 sessions per week in total. The practice employs two nurses, two health care assistants,

and one phlebotomist. The practice manager is supported by a deputy practice manager and team of administrative and reception staff. The practice provides training to medical students and to doctors training to become GPs.

The practice is open and appointments are available between 8am to 8pm on Mondays, 8am to 6.30pm Tuesdays to Thursdays, and 7am to 6.30pm on Fridays. Telephone lines are open between 8am and 6.30pm Monday to Friday. In addition to pre-bookable appointments that can be booked up to eight weeks in advance, urgent appointments are also available for patients that needed them. When the practice is closed patients are referred to the Out of Hours Service via NHS 111 service or emergency services via NHS 999.

Services are provided from the following location

Ship Street Surgery

Ship Street

East Grinstead

West Sussex

RH19 4EE

CQC have not previously inspected this location.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

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 9 December 2016. During our visit we:

- Spoke with four GPs, one nurse, one healthcare assistant, the practice manager, and two reception staff.
- Spoke with three patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 30 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.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again where appropriate.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a significant event relating to the issuing of a death certificate the practice had revised their protocol and accompanying paperwork. They had then trialled the new protocol, sought staff feedback, and reviewed it again to ensure that there was clear and effective guidance. Significant events were also reported through national systems where appropriate to promote learning with other practices.

We reviewed patient safety alerts and saw that these were received from appropriate organisations. The practice manager received the safety alerts by email and sent them to the relevant members of staff or carried out required actions if appropriate. The practice manager told us that they checked emails when on leave and ensured alerts were disseminated. Staff told us that some alerts were also received from the deputy practice manager. However, there was not an agreed system for disseminating alerts in the eventuality that the practice manager was unable to do this.

### 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:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. Policies and flowcharts clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and other clinical staff were trained to child and adult safeguarding level three.
- 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 and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP and health care assistant had lead roles in infection control and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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.
- Blank prescription forms and pads were securely stored. However, there were not systems in place to

## Are services safe?

comprehensively monitor their use in line with national guidance. Records did not always indicate the name of the person receiving boxes of blank prescriptions into the practice. There was no log containing appropriate details for stocks of personalised prescription pads and for one prescription pad for controlled drugs. On the day of the inspection the practice developed and introduced recording systems to track all blank prescriptions through the practice.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice safeguarding policy stated that two references should be obtained for all staff. However, in one GP's file only one reference had been obtained. The practice told us that this was because the reference obtained for the GP was from a GP who was known to the practice.

### 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 risk assessments and a log of actions. The practice did not have a fire risk assessment to identify all potential sources of fire and who could be at risk in line with Health and Safety Executive recommendations. Therefore, there were not systems to ensure that all risks relating to fire had been identified and mitigated. However, the practice carried

out regular fire drills, checked and maintained fire equipment, ensured that all staff had received fire safety training, and displayed fire safety information in the practice. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Staff received email updates and guidelines were discussed at practice meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available.

The practice had high levels of exception reporting for some indicators related to dementia, heart failure, mental health difficulties, contraception, smoking, and cardiovascular disease (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). We found that exceptions were recorded in line with appropriate guidance and the practice described appropriate measures they were taking to further reduce exception reporting. For example, recalling patients for appointments using letters, text messages, and telephone calls by GPs, and varying the timing of communications with patients.

QOF data from 2015-16 showed:

- Performance for diabetes related indicators was 86% which was low compared to the CCG average of 96% and national average of 90%.
- Performance for mental health related indicators was 95% compared to the CCG average of 98% and national average of 97%.

- Performance for cancer related indicators was 67% compared to the CCG average of 98% and national average of 98%. The practice provided more recent unverified figures indicating that currently performance for cancer related indicators was 85%.

The practice described measures it was taking to improve performance in a number of clinical areas. For example, patients with cancer were regularly reviewed at clinical meetings to ensure that their needs were met and to determine whether any further actions could be taken to improve cancer care. The practice had developed mission statements outlining methods to promote effective care for patients with cancer and diabetes. A GP lead was identified to continue to improve outcomes in these areas.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last year and a number of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, peer review and research.
- Findings were used by the practice to improve services. For example, in July 2016 the practice had found that 67% of patients with diabetes had received a pneumococcal immunisation to protect against infection. The practice had sent letter and emails to patients inviting them for immunisation. Repeat audit in November 2016 showed that 72% of patients had received the immunisation. The practice had identified that patients who could not attend the practice may not receive immunisations, but there was no information in the audit about how to enable these patients to receive immunisation.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, and basic life support.
- 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, contraceptive needs, and possible



# Are services effective?

## (for example, treatment is effective)

difficulties with the capacity to make decisions about care and treatment. Staff had received dementia training and one GP had completed a dementia fellowship and another GP was in the process of completing this.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- 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 on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, infection control, and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Where the practice had identified that systems for sharing information could be further improved they had raised this with the CCG.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice held weekly meetings to review unplanned patient admissions to hospital to review whether any further actions could have been taken to avoid these admission.

The practice provided unverified figures which indicated that practice rates for accident and emergency attendance for children under six years old are 225 patients in 1000 compared to local averages of 241 in 1000. The practice also provided figures indicating that accident and emergency rates for patients age 19 to 64 were 120 in 1000 compared to local averages of 130 in 1000.

### 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.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were provided with in house support or signposted to the relevant service.

The practice's uptake for the cervical screening programme for 2015-16 was 81%, which was lower than the CCG average of 84% and similar to the national average of 81%. The practice had conducted four audits of cervical screening rates since 2015 which showed progressive improvement in uptake. Unverified data for October 2016 indicated that cervical screening rates for the practice were 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. 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.

For 2014-15 the percentage of females, aged 50-70 years, screened for breast cancer was 77% compared to the CCG



# Are services effective?

(for example, treatment is effective)

average of 73% and national average of 72%. The percentage of patients aged 60-69 years, screened for bowel cancer was 62% compared to the CCG average of 63% and national average of 58%.

Childhood immunisation rates for the vaccines given were low compared to CCG and national averages. For example, for April 2015 to March 2016 childhood immunisation rates for the vaccines given to under two year olds ranged from 29% to 91% and five year olds from 56% to 86%. Childhood immunisation rates for the CCG for vaccines given to under two year olds ranged from 24% to 96% and five year olds from 68% to 96%. National childhood immunisation rates for the vaccines given to under two year olds ranged from 73% to 95% and five year olds from 81% to 95%. The practice described taking appropriate measures to try and

improve immunisations rates which included identification of patients who had not been immunised and sending at least three reminders to patients through letters and text messages. GPs also telephoned patients to ensure reminders were received by working patients. The practice had audited immunisation rates in August 2016 and found that childhood immunisation rates for the vaccines given to under two year olds ranged from 87% to 91%.

Patients had access to health assessments and checks. These included health checks for new patients. NHS health checks for patients aged 40-74 were not offered at the practice and the practice directed patients to have these at other local services. 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.

Twenty seven of the 30 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Twenty eight comment cards highlighted that staff responded compassionately when patients needed help and provided support when required. Six cards indicated dissatisfactions relating to treatment, parking, and appointment availability. Patients that we spoke with said they felt the practice offered a good service and staff were helpful, caring, and supportive and treated them with dignity and respect. We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations. Patient feedback from the comment cards we received was also mostly 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 above or in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information was available in easy read format.
- The practice assisted patients with hearing or visual difficulties through the use of hearing loops, sign language interpreters, and written or verbal information as appropriate.

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

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

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 1% patients as carers. There were registration forms and carers' information displayed in the waiting area on a carers' noticeboard. This included information for young carers. Written information was available on the website 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 where appropriate. The practice displayed information on the website to support patients who had experienced bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, it had made adaptations to the premises to improve accessibility and capacity in response to increasing patient numbers.

- The practice offered early morning and late evening appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided appointments to patients at residential homes, including routine weekly visits and appointments in response to new concerns.
- Patients were referred to other services to receive travel vaccines.
- There were disabled facilities and translation services available for patients who did not speak English.
- The practice website could be translated into languages other than English.
- The practice supported patients with hearing and visual difficulties to access the service. The practice had invited external organisations for people with visual and hearing difficulties to provide advice on improving building accessibility and training for staff on how to support these patients. The practice had installed high contrast signs and improved lighting for patients with visual difficulties and provided telephone reminders for appointments. They supported patients with hearing difficulties by using a hearing loop, sign language interpreter, written information, and text reminders for appointments. Patients were encouraged to inform the practice if they had specific communication needs so that they could be supported.
- The practice offered appointments for patients with no fixed address

- The practice had identified that at busy times the waiting area could become crowded. They had rearranged the seating to increase the provision of seating for patients.
- There was a self-service machine for patients to measure blood pressure with a privacy screen and clear instructions for use.

### Access to the service

The practice was open and appointments were available between 8am to 8pm on Mondays, 8am to 6.30pm Tuesdays to Thursdays, and 7am to 6.30pm on Fridays. Telephone lines were open between 8am and 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for patients that needed them.

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

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The majority of comments cards contained positive comments about appointment availability, but two cards indicated dissatisfactions with access to appointments.

The practice had a system in place to assess:

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

The practice had developed an information sheet for receptionists which provided guidance on appointment triaging. This sheet information about medical emergencies and home visits and described communication systems receptionists should use to alert GPs in different scenarios. In cases where the urgency of need was so great that it would be inappropriate for the

# Are services responsive to people's needs?

(for example, to feedback?)

patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

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

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

- We saw that information was available to help patients understand the complaints system in the form of a poster in the waiting area and information on the practice website.

We looked at 14 complaints received in the last 12 months and found that these were satisfactorily handled with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, where a patient received a misdiagnosis, the practice investigated the complaint, apologised, and provided the patient with information about what steps were being taken in response to the complaint. The practice reviewed the complaint at the practice meeting to provide education and learning to clinicians.

# 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 care and promote good outcomes for patients.

- The practice had a mission statement which was displayed on the practice website and staff knew and understood the values. This was to provide high-quality, safe, friendly, and accessible family healthcare. GPs had also developed mission statements for different clinical areas in which they had lead roles, such as cancer, diabetes, mental health and dementia.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had 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.
- Practice specific policies were implemented and were available to all staff in hard copy and online.
- An understanding of the performance of the practice was maintained
- There were systems for assessing risks and implementing mitigating actions. However, not all risks relating to tracking blank prescriptions, fire, and disseminating patient safety alerts were fully assessed and mitigated. The practice took some actions to rectify these issues on the day of the inspection.
- Recruitment checks were not always undertaken and documented in line with practice policy.
- The practice had taken some steps to monitor and improve rates for childhood immunisation, outcomes for people with long term conditions, and to reduce exception reporting.

### Leadership and culture

On the day of inspection the partners and practice manager demonstrated they had the experience, capacity and capability to run the practice. They told us they

prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager were approachable and took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings. The timings of these meetings was varied to enable part time staff to attend and minutes of meetings were accessible to staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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 regularly, carried out patient surveys, assisted with the recruitment of new members, and submitted proposals for improvements to the practice management team.

# Are services well-led?

Requires improvement 

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

For example, the PPG had made suggestions for improvements to the waiting area which the practice had actioned including displaying art work in the waiting area and introducing a water cooler.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had made suggestions about methods of adapting the building to promote accessibility for patients and the practice had acted upon these. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had liaised with the CCG and other local practices to develop plans to meet local patient need for appointments, including access to an emergency care practitioner.

## 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><b>How the regulation was not being met:</b></p> <p>Risks to patients were not always assessed and mitigating actions were not taken.</p> <p>There was not a system to ensure that the location of all blank prescriptions was tracked in line with national guidance.</p> <p>There were not systems to ensure that all risks relating to fire had been identified and mitigated.</p> <p>There were not systems in place for disseminating and actioning patient safety alerts in the absence of the practice manager</p> <p><b>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>