

# Old School Surgery

## Quality Report

Rectory Fields  
Cranbrook  
Kent

TN17 3JB

Tel: 01580 712476

Website: [www.oldschoolsurgerycranbrook.nhs.uk](http://www.oldschoolsurgerycranbrook.nhs.uk)

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	11
Background to Old School Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Old School Surgery on 19 May 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 for reporting and recording significant events.
- Risks to patients were assessed and well managed. However, the practice did not have a defibrillator to use in the event of a medical emergency. There was no risk assessment to show that the practice had access to a defibrillator located within a mile of the practice.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example in their professional interactions with the local boarding school.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

# Summary of findings

- 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 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.

We saw one area of outstanding practice:

- The practice provided services to a local refugee centre, which accommodated approximately 40 male patients aged under 18 years. The GPs held weekly clinics at the centre, with the support of interpreters.

Where patients were in need of longer term medical attention, the GPs work closely with the staff from the centre, to ensure the patients remained there until courses of treatment had been completed.

The areas where the provider should make improvement are:

- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.

**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.

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

Risks to patients were assessed and well managed. There was no risk assessment to show that the practice had access to a defibrillator located within a mile of the practice, as well as to identify that all staff had received training in the use of it.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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.
- There was evidence of personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



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

# Summary of findings

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

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable when compared to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c (a blood test to check blood sugar levels) is 64 mmol/mol or less in the preceding 12 months was 79% compared with the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

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

Good



# Summary of findings

- Childhood immunisation rates for the vaccinations given were comparable to clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 82% to 100% compared to the CCG averages which ranged from 81% to 94%.
- 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 96%, was higher than the national average of 81%.
- 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.
- The practice served the needs of boarders at a nearby boarding school. To provide for this group there was a weekly clinic at the school medical centre, for which the practice received a fee. Older children were able to consult the practice independently.
- The practice provided services to a local refugee centre, which accommodated approximately 40 male patients aged under 18 years. The GPs held weekly clinics at the centre, with the support of interpreters. This ensured that this vulnerable patient group received appropriate care and treatment.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including refugees and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

**Good**





# Summary of findings

- 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.

## 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).

- One hundred percent of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- Performance for mental health related indicators were higher than the national average. For example, 100% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the national average of 88%. One hundred percent of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months compared to the national average of 89%.
- 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 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty survey forms were distributed and 113 were returned. This represented 3.5% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 99% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. General themes that ran through the comments included the very caring attitude of all staff, the availability of appointments and the efficiency with which the service was run. There were no negative comments.

We talked to staff at the local boarding school and their views were very positive and aligned with our findings.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

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

- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.

## Outstanding practice

- The practice provided services to a local refugee centre, which accommodated approximately 40 male patients aged under 18 years. The GPs held weekly clinics at the centre, with the support of interpreters.

Where patients were in need of longer term medical attention, the GPs work closely with the staff from the centre, to ensure the patients remained there until courses of treatment had been completed.

# Old School 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 Old School Surgery

Old School Surgery is a GP practice based in Cranbrook, Kent. There are approximately 3,102 patients on the practice list, 250 of which are children at a local boarding school.

The practice is similar across the board to the national averages for each population group. For example, 17% of patients are aged 0-14 years of age compared to the CCG national average of 17%. Scores were similar for patients aged under 18 years of age and those aged 65, 75 and 85 years and over. The practice is in one of the least deprived areas of Kent.

The practice holds a General Medical Service contract and consists of two partner GPs (male). The GPs are supported by a team of locum GPs (who cover two sessions per week), a practice manager, a practice nurse (female), a dispenser and an administrative team. A wide range of services and clinics are offered by the practice including asthma and diabetes.

The practice building is arranged over two storeys, with all the patient accessible areas being located on the ground floor. The practice is accessible to patients with mobility issues, as well as parents with children and babies.

Old School Surgery is open 8.30am to 6.00pm Monday to Friday. Morning appointments are from 9.00am to 11.30am and afternoon appointments are from 4.00pm to 5.50pm. There is an early morning clinic every Tuesday and Thursday from 7.30am to 8.00am. The practice operates a duty doctor system to ensure there is GP cover from 6.00pm to 6.30pm and urgent and emergency cases, as well as test results are monitored and responded to appropriately.

The practice is able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. This service is delivered by a two dispensers.

The practice is not a teaching or training practice (teaching practices have medical students and training practices have GP trainees and FY2 doctors).

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

- Old School Surgery, Rectory Fields, Cranbrook, Kent, TN17 3JB

## 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 19 May 2016.

During our visit we:

- Spoke with a range of staff (a GP partner, a locum GP, a practice nurse, the practice manager and three administrative staff), the matron of the boarding school and spoke with six patients who used the service.
- Observed how staff talked with patients, carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 38 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 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 apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts 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, the checking of patients records when receiving childhood immunisations, in order to ensure the patient has not received the vaccination previously.

### Overview of safety systems and processes

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

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice nurse and GPs were trained to child safeguarding level 3.

We spoke with the matron from the local boarding school, of which 250 children were registered with the practice. We were told that when safeguarding issues had been raised in the past, these had been dealt with appropriately and the practice followed safeguarding procedures effectively, in order to ensure the child was safeguarded.

- 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local clinical commissioning group pharmacy teams to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were securely stored and there was a system to monitor their use.
- The practice had an on-site dispensary and was able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

We spoke with GPs, dispensing staff and members of the non-clinical team, who told us there was a system for

## Are services safe?

checking that repeat prescriptions were issued according to medicine review dates and to ensure that patients on long-term medicines were reviewed on a regular basis. Patients told us that they had not experienced any difficulty in getting their repeat prescriptions. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

The practice carried out regular medicine audits. For example, with 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. We saw evidence that the nurse had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.

We looked at the arrangements for the dispensing of medicines to patients. There was a named GP responsible for the dispensary. The dispensary was located in a designated area on the first floor and there were systems to ensure that medicines were stored safely. We checked the system for the receipt, storage and dispensing of medicines requiring refrigeration. The storage facilities for such medicines were suitable, with routine daily checking to ensure the correct temperature of fridges used for storage were maintained. Staff told us of the procedure they would follow in the event that fridge temperatures were outside of the required range and these were in line with current guidance. Stock records and audit checks kept of the medicines held in the dispensary were clear. Staff told us that routine expiry date checks were undertaken; a spot check of shelf, refrigerator and controlled drugs stock found all medicines to be within expiry dates.

We spoke with dispensing staff, who had received appropriate training in pharmacy services. Dispensing staff told us that they were given opportunities for their continued learning and development. We looked at the practice's standard operating procedures for dispensing and found they reflected practice.

Adverse incidents relating to medicines were minimal. Historic incident records were reviewed and showed they had been appropriately recorded and actions had been taken to address them. However, the practice did not have a process for recording near misses. We raised

this with the practice manager, who subsequently sent us documentary evidence to show that a system for reporting near misses had been implemented within the required 48hrs following our visit. Additionally, the standard operating procedure had also been updated to reflect the new process.

There was a system for the dispensing staff and GP to check all dispensed medicines and labels countersigned before being issued to patients. This helped to ensure they were dispensed accurately.

We reviewed the storage of dispensed medicines, ready for collection by patients. There was no process for routinely checking the medicines stored to ensure they had been collected by the patient. We found two dispensed items had not been collected. One for which was dispensed three months previously and one which was dispensed a month previously. We raised this with the practice manager, who subsequently sent us documentary evidence to show that a system for checking the storage and collection of dispensed medicines had been implemented within the required 48hrs following our visit. Additionally, the standard operating procedure had also been updated to reflect the new process.

The dispensary had appropriate arrangements for the secure storage of controlled drugs, including the control of keys. The process for the destruction of controlled drugs was completed in line with current guidance and legislation. We saw from the controlled drug register that medicines of this nature were recorded in the register as having been dispensed and issued to the patient. We found that routine checking of controlled drugs stocks was not being carried out and recorded consistently. We raised this with the practice manager, who subsequently sent us documentary evidence to show that a system for routine checks of controlled drugs had been implemented within the required 48hrs following our visit. Additionally, the standard operating procedure had also been updated to reflect the new process.

- We reviewed five 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.

# Are services safe?

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. Records of regular fire drills carried out where maintained. 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 to monitor safety of the premises such as control of substances hazardous to health and infection control. However, the practice did not have an up to date fire risk assessment and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) testing had also not been conducted.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 oxygen with adult and children's masks. However, we found that equipment used for maintaining a patient's airway during a medical emergency could not be determined as the sterile packaging had been removed. Which meant that equipment used during an emergency was not sterile or fit for purpose, placing patients at risk of infection. The practice did not have a defibrillator to respond to cardiac emergencies. There was no risk assessment to show that the practice had access to a defibrillator located within a mile of the practice, as well as to identify that all staff had received training in the use of it. 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 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 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.
- 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 92.4% of the total number of points available with 6% 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 were comparable when compared to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c (a blood test to check blood sugar levels) is 64 mmol/mol or less in the preceding 12 months was 79% compared with the national average of 78%.
- Performance for mental health related indicators were higher than the national average. For example, 100% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the national average of 88%. One hundred percent of

patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months compared to the national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result of a medicines audit included reviewing and changing patients' medicines.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements. For example, routinely reviewing patients on a certain medicine which had adverse cardiac (heart) side effects.

### 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 safety awareness, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,



# Are services effective?

## (for example, treatment is effective)

one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidation of GPs and nursing staff. Records showed that two administrative staff and the practice nurse had received appraisals. The practice manager had been in post for 18 months and had an ongoing action plan, to ensure that all remaining staff received their appraisal. We saw records which confirmed planned dates for these to occur and staff told us they had received their pre appraisal paperwork to complete.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, For example, when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. 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.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### 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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant support service.
- Access to a counsellor, a podiatrist and smoking cessation advice were available via referrals to other service providers and/or local support groups.

The practice's uptake for the cervical screening programme was 96%, which was higher than the national average of 81%. The practice contacted patients who did not attend to remind them of the importance of the test. There were systems 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 64% of eligible patients had been screened for bowel cancer, which was above the CCG average of 61% and the national average of 58%. Seventy five percent of eligible patients had been screened for breast cancer, which was in line with the CCG average of 73% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 82% to 100% compared to the CCG averages which ranged from 81% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

# Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 97% 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 88%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 100% 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%.

- 97% 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%.
- 97% of patients said the last nurse 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%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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 to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 98% 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%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 81%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice 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. We saw notices in the reception areas informing patients this service was available.

## Are services caring?

- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 15 patients as

carers 0.5% of the practice list). The register of carers maintained by the practice was routinely reviewed and revised where appropriate. 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

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered early morning clinics every Tuesday and Thursday 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- There was a boarding school within the practice boundaries. To provide for this group there was a weekly clinic at the school medical centre. Older children were able to consult the practice independently.
- The practice provided services to a local refugee centre, which accommodated approximately 40 male patients aged under 18 years. The GPs held weekly clinics at the centre, with the support of interpreters. Where patients were in need of longer term medical attention, the GPs work closely with the staff from the centre, to ensure the patients remained there until courses of treatment had been completed.

### Access to the service

The practice was open between 8.30am to 6.00pm. From 6pm to 6.30 pm the duty doctor is available. Monday to Friday. Morning appointments were from 9.00am to 11.30am and afternoon appointments are from 4.00pm to 5.50pm. There were early morning clinics every Tuesday and Thursday from 7.30am to 8.00am. The practice operated a duty doctor system to ensure there was GP cover from 6.00pm to 6.30pm and to cover urgent and

emergency cases, as well to monitor and respond appropriately to test results. In addition, patients could make appointments up to six weeks in advance; urgent appointments were also available for people that needed them.

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

- 90% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 96% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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 for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, we found that the practices complaints policy needed updating to ensure patients were fully informed of the practices timescales for responding to complaints. We raised this with the practice manager, who subsequently sent us documentary evidence to show that the policy had been updated within the required 48hrs following our visit.
- There was a designated responsible person, as well as a deputy, who handled all complaints in the practice.
- Information was available to help patients understand the complaints system in the form of leaflets, notices and material on the practices website

We looked at the one complaint received by the practice in the last 12 months and found that they had been dealt with in a timely, open and transparent way. Records demonstrated that the complaint was investigated, the complainant had received a response, the practice had learned from the complaint and had implemented appropriate changes.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice manager had been in post for one year and had an ongoing action plan to implement or revise systems and processes to ensure they were robust and in line with guidance and regulation.

### Leadership and culture

On the day of inspection the partner in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- There was an open culture within the practice and staff told us 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, particularly by the partners and the practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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 and submitted proposals for improvements to the practice management team. We spoke with a member of the PPG who told us that they were always seeking new members and had approached the local boarding school to try and recruit a member of school age.

# Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## 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.