

# Staplehurst Health Centre

## Quality Report

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

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Staplehurst Health Centre on 21 November 2016. Overall the practice is rated as requires improvement.

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

- The systems for managing and learning from significant events and complaints were not fully embedded in terms of ensuring that they were appropriately recorded, that trends and issues were identified and that appropriate mitigating action was taken.
- The practice had a system for receiving and taking action on safety alerts although not all medicines alerts were appropriately recorded on this system.
  - Patients said they hadn't always found it easy to make routine appointments
- Data from the national GP patient survey showed patients responses were mixed when compared with the national and local averages for several aspects of care.
- Risk to patients who used services were assessed, and there were effective systems and processes to address these risks with the exception of those relating to significant events and complaints.
- 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.
- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand. However, not all complaints were appropriately responded to in line with the practice timeline within the complaints policy.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure that the system for managing and monitoring significant events and complaints is effective, that reporting and recording systems are accessible and used by all staff and that learning and the identification of trends and issues is prioritised.
- Ensure there is an effective system for receiving and action on alerts relating to medicines within the practice.

The areas where the provider should make improvement are:

- Continue to ensure that Disclosure and Barring Service (DBS) checks are obtained for those staff who require them, as per the practices
- Ensure that responses and action as a result of patient feedback are clearly identified and acted upon, particularly in relation to issues with the telephone system and appointment booking.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was not an effective system for reporting and recording significant events. Reporting forms were not always completed and recent changes to the reporting and recording system had not yet been fully embedded.
- Records of discussions about significant events were limited as was evidence that lessons were shared to make sure action was taken to improve safety in the practice.
- The system for responding to alerts within the practice did not always include relevant medicines alerts.
- 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 minimise risks to patient safety, with the exception of those relating to significant events.
- All other risks to patients were assessed and well managed.

### 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 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 appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed patients responses were mixed when compared with the national and local averages for several aspects of care.

# Summary of findings

- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as requires improvement 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.
- Patients said they hadn't always found it easy to make routine appointments or an appointment with a named GP, although urgent appointments were available on 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 although evidence showed the practice had not always responded quickly to issues raised. The practice did not have a log of complaints and we did not see evidence that complaints were shared with staff and other stakeholders or that learning was discussed.

**Requires improvement**



## Are services well-led?

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

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

**Requires improvement**



# Summary of findings

learning from significant events and complaints were not fully embedded in terms of recording, learning and ensuring that trends and issues were identified and that appropriate mitigating action was taken.

- 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 sought feedback from staff and patients. However, responses and action as a result was not always clear, for example in relation to issues with the telephone system. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for providing safe, responsive and well-led services, and good for effective and caring services. The issues identified affects all patients including this population group.

- The practice offered 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 undertook a weekly ward round in a local nursing home they provided medical input for; they also provided support to a residential home in the area.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for providing safe, responsive and well-led services, and good for effective and caring services. The issues identified affects all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were in line with the local and national averages. For example, 77% of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 73% and national average 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.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for providing safe, responsive and well-led services, and good for effective and caring services. The issues identified affects all patients including this population group.

**Requires improvement**



# Summary of findings

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was in line with the CCG and national average of 83%.
- 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 and health visitors and weekly midwife and health visitor clinics were held at the practice.

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

The practice is rated as requires improvement for providing safe, responsive and well-led services, and good for effective and caring services. The issues identified affects all patients including this population group.

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

**Requires improvement**



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

The practice is rated as requires improvement for providing safe, responsive and well-led services, and good for effective and caring services. The issues identified affects all patients including this population group.

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

**Requires improvement**





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as requires improvement for providing safe, responsive and well-led services, and good for effective and caring services. The issues identified affects all patients including this population group.

- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 71%, which was below the local average and the national averages of 83%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100%, which was better than the local average of 91% and 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.

**Requires improvement**



# 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 the local and national averages in some areas but below average in others. Two hundred and thirty five survey forms were distributed and 115 were returned. This represented 2% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% 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%.
- 73% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 59% 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 five comment cards which were positive about the standard of care received, although all five expressed difficulties accessing routine appointments or getting through to the practice by phone.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, some patients experienced difficulties accessing routine appointments and getting through to the practice by phone.

## Areas for improvement

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

- Ensure that the system for managing and monitoring significant events and complaints is effective, that reporting and recording systems are accessible and used by all staff and that learning and the identification of trends and issues is prioritised.
- Ensure there is an effective system for receiving and action on alerts relating to medicines within the practice.

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

- Continue to ensure that Disclosure and Barring Service (DBS) checks are obtained for those staff who require them, as per the practices
- Ensure that responses and action as a result of patient feedback are clearly identified and acted upon, particularly in relation to issues with the telephone system and appointment booking.

# Staplehurst Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Staplehurst Health Centre

Staplehurst Health Centre is a GP practice based Staplehurst, Kent with a registered list size of 5276 patients.

The practice is similar across the board to the national averages for population groups. For example, 18% of patients are aged 0 -14 years of age compared to the CCG national average of 18%. Scores were similar for patients aged under 18 years of age. The practice is in one of the least deprived areas of Kent and has a majority white British population.

The practice holds a Alternative Provider Medical Services (APMS) contract and is part of the Malling Health group of practices. The practice consists of four salaried GPs (one male/ three female). The GPs are supported by a practice manager, two practice nurses (male and female), a healthcare assistant (female) and an administrative team. A wide range of services and clinics are offered by the practice including asthma and diabetes.

The practice is accessible to patients with mobility issues, as well as parents with children and babies.

The practice is open between 8am to 6.30pm on Monday, Thursday and Friday; 7.30am to 6.30pm on Tuesday and 7.30am to 7pm on Wednesday. In addition, appointments that could be booked up to four weeks in advance for GPs and up to 12 weeks in advance for nurses, urgent

appointments were also available for people that needed them. 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:

- Staplehurst Health Centre, Offens Drive, Tonbridge, Kent, TN12 0LB

## 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.

## 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 21 November 2016.

During our visit we:

- Spoke with members of staff (including GPs, managers, nurses and administrative staff) and spoke with seven patients who used the service, including two members of the patient participation group (PPG).
- Reviewed an anonymised sample of the personal care or treatment records of patients.

## Detailed findings

- Reviewed five comment cards, where patients, members of the public or other healthcare providers 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 a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was an electronic recording form available on the practice's computer system. However, we were told that some staff had experienced difficulties accessing the electronic system and that as a result not all forms were completed. For example, we were told of an administering error relating to an injectable medicine, including the action taken following the error, however there was no record completed.
- We were told that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again. However, as not all incidents were recorded there was a lack of evidence within the practice to support this.
- The practice carried out an analysis of the significant events that had been reported. Records showed that the root cause of an incident was explored and that actions had been taken to improve processes and that learning points had been implemented. However, evidence of this was lacking for every incident that had occurred within the practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw some evidence that lessons were shared and action was taken to improve safety in the practice, however the process for reviewing and discussing all incidents was not clear. For example, we viewed minutes of both clinical and administrative meetings. However, we noted that significant events were not detailed as a standing agenda item on the clinical meeting minutes. We did see evidence of incident discussion in the administrative meeting, however, issues discussed in these meetings did not correlate with the incidents recorded on the significant event log. In addition, while there was a system to review safety alerts within the practice, there was a lack of evidence to show that all alerts relating to medicines had been appropriately responded to.

### 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:

- 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. GPs were trained to child protection or child safeguarding level three and nurses to level two.
- 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. The practice had carried out a risk assessment relating to who in the practice required a DBS check and the decision was taken to carry out DBS checks on all staff carrying out chaperoning duties. At the time of our inspection four out of nine reception staff 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 had a plan to complete DBS checks on the remaining reception staff by the end of December 2016.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A 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,

## Are services safe?

recording, handling, storing, security and disposal). We spoke with the GPs and members of the non-clinical team, who told us there was a system for checking that repeat prescriptions were issued according to medicine review dates and also included the review of high risk medicines. Patients told us that they had not experienced any difficulty in getting their repeat prescriptions. Blank prescription forms and pads were securely stored. The practice carried out regular medicine audits, with the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw evidence that the nurses had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.

- The health care assistant had been trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body, as well as the appropriate checks through the Disclosure and Barring Service or risk assessments, where appropriate.

### 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. The practice had up to date fire risk assessments and carried out regular fire drills. 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 environmental risks, 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).

- There were arrangements for the planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system 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 to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen. 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 99% of the total number of points available with 13% exception reporting (compared to the CCG average of 11%). (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 2015/2016 showed:

- Performance for diabetes related indicators were in line with the local and national averages. For example, 77% of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 73% and national average 78%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100%, which was better than the local average of 91% and the national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, an audit of the treatment of patients with gout (a type of arthritis) led to an increase in monitoring and subsequent improvements in treatment.

Information about patients' outcomes was used to make improvements such as: routinely reviewing patients on a certain medicine which had adverse gastrointestinal side effects and ensuring they have appropriate preventative treatment prescribed.

### 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 awareness, 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 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.



# Are services effective?

## (for example, treatment is effective)

- 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, in-house and external training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in an 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 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. Such meetings were attended by social services, hospice staff, health and social care coordinators and long term conditions nurses.

### 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. Where required, patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was in line with the CCG and national average of 83%. There was a policy to offer telephone and written 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 and they could access information in different languages and for those with a learning disability. 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 achieved comparable results in relation to its patients attending national screening programmes for bowel and breast cancer screening. For example, 66% of eligible patients had been screened for bowel cancer, which was above the CCG average of 61% and the national average of 58%. Eighty one percent of eligible patients had been screened for breast cancer, which was comparable to the CCG average of 73% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 43% to 98% (compared to the CCG averages of 52% to 92% and the national averages of 73% to 95%) and five year olds from 86% to 97% (compared to the CCG averages of 86% to 96% and the national averages of 81% to 95%).

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We 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 five patient Care Quality Commission comment cards we received were positive about the service in relation to their experience of the staff. Patients told us that staff were caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They said their dignity and privacy was respected and that practice staff worked hard to meet the needs of patients. However, some patients we spoke with told us there had been issues with continuity of care as a result of changes to GPs at the practice; however they felt they were appropriately supported by the practice.

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

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 74% 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 97% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

The practice conducted their own survey of patient satisfaction with all aspects of the practice including consultations and they worked with the patient participation group to identify issues as a result.

### 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 card we received was also positive and aligned with these views.

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

- 89% 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 the national average of 85%.

However, results for GPs were lower than the local and national averages. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 82%.

The practice conducted their own survey of patient satisfaction with all aspects of the practice including consultations and they worked with the patient participation group to identify issues as a result.

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

## Are services caring?

- 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.
- Information leaflets were available in easy read and other formats if patients needed them.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 74 patients as carers (1% of the practice list). There was a section on the practice's new patient registration forms where patients record whether they were or have a carer. The practice's patient information booklet also contained details of how patients could identify themselves as carers, as well as how they could self-refer themselves to other services.

Staff told us that if families had suffered bereavement, their usual GP contacted them and this call was followed by a consultation at a flexible time 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 appointments on Tuesdays and evening appointments on a Wednesday, 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, a hearing loop and translation services available.
- Telephone consultations were available, as well as offering online services.

### Access to the service

The practice was open between 8am to 6.30pm on Monday, Thursday and Friday; 7.30am to 6.30pm on Tuesday and 7.30am to 7pm on Wednesday. In addition, appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. There were arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were slightly below the local and national averages in some areas.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.

- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them, however routine appointments were more difficult to access and that they often didn't see the same GP.

For example, the GP patient survey showed that;

- 47% of respondents with a preferred GP usually got to see or speak to that GP compared to the CCG average of 73% and the national average of 59%.
- 73% of patients describe their overall experience of this surgery as good compared with the CCG average of 88% and the national average of 85%.
- 59% would recommend this surgery to someone new to the area compared with the CCG average of 82% and the national average of 78%.

The practice conducted their own survey of patient satisfaction with all aspects of the practice including appointments and they worked with the patient participation group to identify issues as a result. A specific issue identified related to the telephone system that was shared across services within the building rather than being practice specific, we were told this caused problems in terms of tailoring the system to the needs of the practice. We were told that this was an area of on-going discussion with central staff in order to find a solution.

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the 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 did not have 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.
- There was a designated responsible person who handled all complaints in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, through a summary leaflets available and posters in the waiting area.

We looked at three complaints received in the last 12 months and found these were not always dealt with in a timely way. For example, in two of the three complaints there had been a delay in the patient receiving a response outside of the policy timeline that stated acknowledgement would be within three working days. This included one patient who was complaining they had not been able to get an appointment even though they were in pain; their complaint was acknowledged 11 days

after the initial date it was made. There was limited evidence that lessons were learnt from individual concerns and complaints. We did not see evidence of complaints being discussed in practice or clinical meetings although we did see an annotation to one complaint stating it would be discussed as part of the next practice education afternoon. We were told that the provider was designing an electronic reporting system, which would be the framework being so that information on complaints and significant events could be analysed by the head office in order to identify trends and themes, however this was not yet fully operational.

# 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 in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plan, which reflected the vision and values and were regularly monitored.
- Staff told us they were involved in discussions about the future that included an end of year meeting and discussions about priorities for the year ahead.

### 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 arrangements for recording and managing risks, issues and implementing mitigating actions. However, the systems for managing and learning from significant events, complaints and patient feedback sources were not fully embedded in terms of ensuring that trends and issues were identified and that appropriate mitigating action was taken.

### Leadership and culture

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). GPs and managers 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.

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

- Staff told us the practice held regular team meetings and we viewed meeting minutes to support this.
- 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, particularly by the managers and GP in the practice. All staff were involved in discussions about how to run and develop the practice, and they were encouraged 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. For example, issues relating to the phone system had been flagged to the management group. The PPG told us an on-going issue that had not yet been addressed related to the phone system that covered the whole building and other services within it, not just the practice. Patient feedback on the phone system included difficulties getting the phone answered and being on hold for long periods of time.
- The practice had gathered feedback from staff through an annual staff survey and generally 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. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

# Are services well-led?

Requires improvement



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

There was a focus on continuous learning and improvement at all levels within the practice. This included clinical lunchtime meetings every week with a focus on learning. In addition, the practice worked closely with the

local area team and attended CCG meetings. For example, they regularly joined local cluster meetings where issues such as GP contract changes were regularly discussed as well as improving outcomes for patients in the area.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>The provider did not have an effective system to ensure compliance with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA).</li></ul> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>The provider did not have an effective system for the recording and monitoring of all complaints received.</li></ul> <p>This was in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>
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>

This section is primarily information for the provider

## Requirement notices

- The provider did not have an effective reporting system for monitoring and managing significant events and complaints. As records were not comprehensive and learning and the identification of trends was not clear.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.