

# The Loughton Surgery

## Quality Report

25 Traps Hill,  
Loughton,  
Essex  
IG10 1SZ

Tel: 0208 4181340

Website: [www.theloughtonsurgery.co.uk](http://www.theloughtonsurgery.co.uk)

Date of inspection visit: 8 September 2016

Date of publication: 23/12/2016

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         | 11   |
| Areas for improvement                       | 11   |

### Detailed findings from this inspection

|                                    |    |
|------------------------------------|----|
| Our inspection team                | 12 |
| Background to The Loughton Surgery | 12 |
| Why we carried out this inspection | 12 |
| How we carried out this inspection | 12 |
| Detailed findings                  | 14 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Loughton Surgery on 8 September 2016. Overall the practice is rated as good.

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

- Staff were aware of their responsibilities regarding safety, and reporting and recording of significant events. There were policies and procedures in place to support this.
- The practice assessed most risks to patients and staff. There were systems in place to manage most of these. However improvements as a result of an infection control audit had not been acted on.
- Patient and medicines safety alerts were received at the practice reviewed and appropriate action taken as required.
- The practice had identified a low number of carers.
- Patients' care and treatment was assessed and delivered based on the current evidence based guidance.
- Staff received appropriate training to provide them with the necessary skills, knowledge and experience to fulfil their role. They had access to further role specific training if appropriate.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- Performance data from 2015 to 2016 show that the practice were in line with the CCG and national averages for most indicators, this demonstrated an improvement from the previous year. However exception reporting in some areas was much higher than the local and national averages.
- Information about how to complain was available for patients both online and in the practice building itself. Complaints investigations and documentation showed that improvements were made to the quality of service provision.
- The practice undertook quality improvement activities to identify where services might be developed.
- The GP survey, published in July 2016, showed the practice performance for access to services was higher than the CCG and national averages.

# Summary of findings

- The practice facilities met the needs of its patient population.
- There was a clear management structure and staff told us they felt supported and involved in the development of the practice.
- The culture of the practice was open and honest, and the practice complied with the requirements of the duty of candour.
- Consideration had been given to the needs of the patient population needs when planning the redevelopment of the practice site.

The areas where the provider should make improvement are:

- Ensure that areas for improvement as a result of infection control audits are acted on in a timely manner.
- Improve the identification of carers and the support offered to this group.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff were aware of and could explain their role and responsibilities in reporting and recording of significant events. Areas for improvement were shared with appropriate staff to ensure that lessons were learned and action was taken to improve safety.
- When things went wrong involving patients, appropriate actions were taken and a full investigation completed, with the person affected, or their designated next of kin, given accurate and honest information as well as a written apology. They were also informed of any actions taken to prevent reoccurrence of the incident.
- There were clear safeguarding processes in place for adults and children. Staff were aware of their roles and responsibilities with regards to safeguarding and were aware of potential signs of abuse.
- Improvements suggested as a result of an infection control audit had not been acted upon.
- There were systems in place for the identification and assessment of potential risks to patients, staff and the premises, and plans in place to minimise these.
- The practice reviewed their prescribing and recall system following a change to electronic prescribing to ensure that patients were receiving appropriate reviews prior to repeat prescriptions being issued. A system was put in place for patients to receive text reminders about booking their medicine reviews at the appropriate time.
- The practice had a system in place to manage and act on patient safety and medicine alerts.

### 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 comparable or lower than the CCG and national averages. However we found that the practice were aware of their performance and had plans in place to make improvements to both clinical areas and incorrect exception reporting.

# Summary of findings

- Staff had access to the latest clinical guidelines and best practice guidance and used these to assess and deliver patient care.
- Clinical staff used a range of peer support, online and off line courses, as well as peer review to ensure they had the skills, knowledge and experience to provide effective care.
- We found all staff had received an appraisal and had a personal development plan, as well as formal and informal support at other times should they require it.
- Quality improvement work had been completed which had resulted in changes to clinical systems and processes to make them safer and more effective.
- Staff had opportunities for career progression and ongoing learning.
- The practice had close working relationships with other health and social care staff. These staff were invited to practice monthly clinical meetings where patients plans were discussed and care needs reviewed.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- All the patients we spoke to during the inspection (including children) told us that they felt treated with dignity and respect by staff and that staff were helpful and kind. They felt involved in decisions about their care. These views were backed up by responses on the comments cards we received.
- Data from the national GP patient survey, published in July 2016, showed patients rated the practice in line with others for several aspects of care. For example the percentage of patients that said the last GP they saw was good at listening to them was in line with the local and national averages.
- We saw that staff treated patients with respect and kindness.
- Due to development works the reception and waiting area had been temporarily reduced in size, however staff told us that they had put measures in place to maintain confidentiality when speaking with patients.
- The practice had identified 44 carers which was 0.5% of the patient list.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- The practice had engaged with the NHS England Area Team and Clinical Commissioning Group to combined two practices and to determine what was required to meet the needs of the combined patient populations.
- We spoke with four patients on the day. Two told us access to appointments via online booking was easy, the other two said access by telephone was sometimes difficult. Data from the GP survey showed patients responded positively when asked about access to appointments.
- Information on how to complain was clearly displayed in the reception and waiting area, in the practice leaflet and on the practice website.
- Some staff at the practice had attended an educational event to better understand how to support teenage patients coming out of care.

## Are services well-led?

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

- The practice had an awareness of the future needs of the practice population and had plans in place to meet these demands. They kept patients and staff updated on all progress with these plans.
- There was a clear leadership structure in place and staff were encouraged to bring forward their thoughts for improvements to the quality of patient care.
- The practice was in the process of major building works to improve facilities and to combine staff from two sites onto one site. Staff we spoke with from both sites were happy with progress and felt informed and involved in the process.
- The practice had policies and procedures in place, which were regularly reviewed and updated as required.
- There were systems in place for notifying about safety incidents and evidence showed that the practice complied with the duty of candour when investigating and reporting on these incidents.
- The practice had a positive culture of continuous learning and improvement.
- The practice involved patients in discussion about changes to the practice.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice provided an avoiding unplanned admission enhanced service. They held a case load of 'at risk' patients. Some of these were identified through reviewing discharge summaries and GP held care plans after hospital admission to avoid further admissions.
- The nurse practitioner visited the local care homes on a fortnightly basis to monitor those with long term conditions.
- Home visits were available for house-bound patients and flu vaccinations are provided at home for them and their carers.
- Exception reporting for patients with osteoporosis taking a particular medicine was considerably higher than the local and national average. However for a different medicine the exception reporting was at 0%.
- The practice were aware that a large number of older people at the practice preferred earlier appointments so the practice tried to allocate these to them.
- The new reception area had been designed to improve the facilities for their patients, including a hearing loop and access for those with limited mobility.

### People with long term conditions

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

Good



- The practice nurse was responsible for the reviews of patients with long-term conditions and had received training in diabetes, COPD and asthma. To ensure that the nurse maintained their expertise, the community specialist nurses attended the practice to monitor their competency during consultations.
- The practice performance for diabetes indicators was in line with CCG and national average for four out of five indicators, but much lower for one indicator. For example, the percentage of patients with diabetes who had a flu immunisation in the preceding August to March was lower than the CCG or national average.
- Longer appointments and home visits were available when needed.
- The nurse practitioner visited the local care homes on a fortnightly basis to monitor those with long term conditions.

# Summary of findings

- The practice encouraged shared care prescribing so that the patient was able to be monitored locally.
- Patients were encouraged to be involved in decisions about management of their condition.
- Rescue packs were prescribed for patients with COPD to self-manage when their condition started to deteriorate.

## Families, children and young people

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

- There were systems and processes in place to enable staff to identify and take appropriate action to monitor and safeguard children and young people living in disadvantaged situations. For example, children with a large number of A&E attendances.
- Immunisation rates were in line with CCG and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way.
- Due to extended hours appointments were available outside of school hours.
- The practice had attended an educational event that had been opened up for teenagers leaving care, so that they could provide a better service for this group of patients.
- The practice promoted breast feeding and offered mothers a private area to breast feed if required. A dedicated private area was being built for this purpose.
- The practice combined post-natal checks with the baby checks and first immunisations to minimise the number of appointments a mother had to attend.

Good



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

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

- The practice offered extended hours as well as lunchtime telephone appointments.
- Prescriptions were sent electronically to the patients preferred chemist.
- Text messages were sent for health promotion reminders or checks.
- The practice offered online appointment booking and prescription requests.

Good





# Summary of findings

- The practice saw students on a temporary basis that were staying at home for the holidays but registered with their university GP practice.
- The percentage of women aged 25-64 who have had a cervical screening test in the past 5 years was in line with the CCG and national average.

## People whose circumstances may make them vulnerable

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

- The practice attended an educational event by a new facility that had been opened up for teenagers leaving care, so that they could provide a better service for this group of patients.
- The practice followed up vulnerable patients who continued not to attend booked appointments, and worked with the patient to find a way to prevent non-attendance in the future.
- Staff have received training in identifying and reporting possible signs of abuse and the practice keep registers of different groups of people whose circumstances make them vulnerable.
- The practice offered shared care services for those with substance abuse issues and this group of patients were offered same day telephone appointments. The practice wrote letters to organisations, if required, on behalf of these patients who may require extra support in accessing services.
- The practice had identified 44 carers which was 0.5% of the patient list.

Good



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

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

- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, was comparable to the CCG and national average.
- The practice offered same day telephone advice for those patients experiencing a mental health crisis.
- Exception reporting for conducting reviews on patients with depression was higher than the local and national average.
- The practice worked closely with mental health professionals to deliver coordinated care in the community.
- Patients were offered an annual review of both physical and mental health.
- Longer appointments were available for patients experiencing poor mental health.

Good



# Summary of findings

- Patients who failed to attend for appointments were followed up to establish the reasons for non-attendance.
- The practice developed their own template for referring patients to community mental health services, as the referral forms were continually changing.
- The practice signposted patients to local voluntary support services.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 275 survey forms were distributed and 111 were returned. This represented a response rate of 40%.

- 88% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and the national average of 73%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and 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 30 comment cards which were mostly positive about the standard of care received. Three comments cards containing positive comments did also highlight some areas they felt required improvement. Two commented on access to appointments. One card commented on the GP not explaining the outcome of a test very well. The remaining 27 cards all commented positively on the services provided and the caring and friendliness of both reception and clinical staff. Patients commented on the cards that they were treated with dignity and respect by helpful staff.

We spoke with four patients during the inspection of varying ages. All four patients' comments reflected those on the comments cards with regards to the attitude of staff and their treatment. Other comments related to ease of making appointments with mixed views about accessibility.

## Areas for improvement

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

- Ensure that areas for improvement as a result of infection control audits are acted on in a timely manner.
- Improve the identification of carers and the support offered to this group.

# The Loughton Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to The Loughton Surgery

The practice is situated near to a local shopping centre and has limited parking on site. There is public pay and display parking at the council leisure centre adjacent to the practice.

This practice currently has a branch surgery on the High Road in Loughton, that all patients can access if they wish. We did not visit the branch surgery as part of this inspection. This is due to close in October 2016 and all patients will be seen from The Loughton Surgery premises on Traps Hill. In anticipation of this major building works were taking place at the time of our inspection with a completion date of October 2016. The newly refurbished premises will have consulting rooms for GPs from both practices and well as rooms for other clinical staff.

The current list size of the practice is 10500. There are three male GPs and two female GPs based at The Loughton Surgery. When the branch closes they will be joined by two male GPs and one female GP. There is one female nurse practitioner, a female practice nurse and a female health care assistant (HCA). There are a number of other staff carrying out administrative duties. The practice and branch surgery operate as three teams of doctors and all patients are allocated to one of the three teams to provide continuity of care.

This practice is a teaching and training practice. It has GP registrars in their final stage of training and from time to time medical students working under supervision. GP registrars are fully qualified GPs and will have had at least three years of hospital experience.

The practice opening hours vary from day to day. Monday is 7.30am to 6.30pm, Tuesday is 7.30am to 7.30pm, Wednesday is 8am to 6.30pm, Thursday is 7.30am to 7.30pm and Friday is 8am to 6.30pm. Appointments run throughout the day.

The branch surgery on the High Road is open Monday, Tuesday and Fridays 9am to 2pm, and 4pm to 7pm. On Wednesdays the practice is open between 9am to 7pm, and on Thursdays it's open from 9am to 2pm and 4.30pm to 6.30pm.

When the practice is closed patients are advised to call 111 if they require medical assistance and it cannot wait until the surgery reopens. The out of hours service is provided by PELC.

There are fairly low levels of income deprivation affecting children and affecting older people.

## 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 8 September 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients and their family or carers.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed an anonymised sample of the treatment records of patients.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- We asked staff to explain the process of reporting significant events to us. They told us that they would either inform one of the management staff, usually the practice manager, or complete a significant incident form.
- Significant incident forms and the evidence of the analysis showed that when a significant incident directly affected a patient: a thorough investigation was completed, the patient was informed of the incident, given information and appropriate support and an apology was written which outlined any actions taken to prevent the same thing happening again. Depending on the nature of the incident the practice also offered a face to face meeting.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was an incident where a result of an x-ray had not been sent from the hospital to the practice. The result of the x-ray showed a diagnosis requiring urgent clinical input. The practice contacted the hospital and their management to review the investigations process and a new system of safeguarding was put into place to prevent reoccurrence of the incident.

The practice received patient and medicine safety alerts directly from the MHRA. Clinical staff we spoke with were aware of the latest alerts. The practice pharmacist and the lead partners shared responsibility for determining appropriate action to take upon receipt of these. For example, we used a medicines alert from February 2016 and asked the practice to complete a search within specified parameters; we found that 13 patients were on a combination of medicines concurrently which were not routinely recommended due to safety risks to patients, all these patients had received a medicines review after the alert was received.

### Overview of safety systems and processes

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

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. These systems took into account the latest relevant legislation and Essex County council requirements. Staff were aware of their responsibilities regarding this. One of the GP partners took the lead role for safeguarding. The GPs supplied reports as required for safeguarding meetings, and information was supplied to the appropriate investigating authority about safeguarding concerns within 24 hours. There was a monthly search completed to identify any new safeguarding concerns. Concerns were discussed at monthly practice clinical meetings where a variety of health and social care staff were invited to attend. Staff had received training on safeguarding children and vulnerable adults that was relevant to their role and at an appropriate level. We found that all GPs were trained to child protection or child safeguarding level 3.
- There was a notice in the waiting room as well as in all clinical rooms advising patients that a chaperone was available during consultations if patients requested this. Only staff who were trained for the role and had received a Disclosure and Barring Service (DBS) check were used as chaperones. Staff were aware of their responsibilities with regards to this role. (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). Patients told us that they were offered chaperones when required.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The nurse practitioner was the infection control lead with support from one of the GP partners. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and actions identified. However improvements suggested as a result had not been acted upon. One example related to the way cleaning equipment was being stored. We checked this on the day and found that the improvements suggested by the audit had not been put into practice.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice reviewed their prescribing and recall system following a change to electronic prescribing to ensure that patients were receiving appropriate reviews prior to repeat prescriptions being issued. A system was put in place for patients to receive text reminders about booking their medicine review at the appropriate time. All patients prescribed a high risk medicine or medicine requiring the patient to be monitored on a regular basis were put on a template designed by the practice for this purpose. A monthly search was completed to ensure that all patients' blood tests were up to date. Where a patient was prescribed a high risk medicine the system in place clearly identified this when a patient attended for an appointment so the practice would be able to ensure that relevant tests were up to date.
- The practice carried out regular medicines reviews, with the support of the local medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, as well as patient specific directions.
- 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 and the appropriate checks through the Disclosure and Barring Service. The practice had a system for ongoing checks related to registration with professional bodies and immunisation status of staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had systems in place to assess and monitor risks to staff and patients. There was a contract in place with an external company to check that all clinical and electrical equipment was safe to use and working properly. There were also assessments in place for infection control and Legionella testing. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Risk assessments for the control of substances hazardous to health were completed by an external cleaning company and the practice had access to this information.
- The practice had a rota system to ensure there were sufficient staff and staffing levels were determined by the GP partners in coordination with administrative staff. GP staffing levels were determined according to patient list size. The practice was in the process of recruiting more clinical staff.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an alert button on the computers in all the consultation and treatment rooms which staff could press to summon other staff in an emergency situation.
- Staff had received training on basic life support and use of a defibrillator. There was a defibrillator available on the premises and oxygen in an accessible place with appropriate signage.
- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. We checked the medicines and found them to be stored securely and within their expiry date, with a system for checking the dates in place.
- The practice had a comprehensive business continuity plan in place for major incidents such as IT failure or flooding. The plan included emergency contact numbers for staff and relevant utilities.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Staff had access to guidelines from National Institute for Health and Care (NICE) and online resources and used this information to deliver care and treatment that met patients' needs.

Staff also used clinical forums and CCG provided training to ensure that the care they provided was using the latest best practice recommendations.

### 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 QOF results available, from 2015 to 2016, indicated that the practice achieved 95% of the total number of points compared with the CCG average of 93% and the national average of 95%. The practice overall exception reporting was 10% which was lower than both the CCG and national average.
- Performance for annual reviews of patients with depression was 81% compared to the CCG average of 84% and the national average of 83%. The practice exception reporting for this indicator was 36% compared with the CCG rate of 26% and the national average of 22%. (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). The practice told us that it was due to incorrect coding by clinicians. The issue had been discussed within the practice prior to our inspection and a template developed to reduce coding errors in the future.

The practice had improved its performance for some QOF long term conditions clinical targets from the previous years (2014 to 2015) QOF reporting. For example, data showed:

- Performance for the percentage of patients with diabetes who had had a flu immunisation in the preceding August to March was 79% for the year 2014 to

2015, compared to the CCG average of 93% and the national average of 94%. For the following year, 2015 to 2016, their performance had increased to 92%, which was only 3% below the CCG and national average for that performance year. Their exception reporting for the period was also in line with CCG and national averages for this indicator.

- Performance for Chronic obstructive pulmonary disease (COPD) and heart failure was in line with CCG and national averages for the year 2015 to 2016.

The practice had merged with another practice in April 2015 with the other practice now acting as a branch surgery. The practice told us that one practice's data had been above local and national average and the other practice's data below. They told us that this had impacted on the new organisation's combined data meaning some areas were lower than the CCG and national average. However performance data for 2015 to 2016 as shown above demonstrated that improvements had already been made in these areas. The practice told us that they planned to further improve outcomes of patients by the training of existing staff for new health care assistant roles and the recruitment of new members of staff who would have an impact on the quality of service provided.

There was evidence of quality improvement including clinical and non clinical audit which looked at clinical processes and outcomes.

- For example, the practice reviewed their prescribing and recall system following a move to electronic prescribing which resulted in a change to their processes, to improve the medication review process.
- Some of the practice audits and quality improvement plans resulted from significant events. For example, the practice had a significant event involving miscommunication of a patient address in a two week wait cancer referral which involved two hospitals and two GP practices and different methods of communication. The practice reviewed their processes and developed a new two week wait cancer referral process with assurances built into it.
- The practice participated in national benchmarking and peer review. The practice told us that clinical staff regularly sat in on each other's consultations to monitor quality of clinical care and share good practice.

### Effective staffing



# Are services effective?

## (for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. Core training for staff covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, information governance and confidentiality.
- Staff received role-specific training and updating as relevant. 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, informal one-to-one meetings, mentoring and support for revalidating GPs. All staff we spoke with had received an appraisal.

### Coordinating patient care and information sharing

Staff had access to information they required to plan and deliver patients' care and treatment through the practice's records 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 regular basis when care plans and actions were routinely reviewed and updated for patients with complex needs and adult or child safeguarding concerns. Staff liaised with other professionals on outside of these meetings too. Staff had working relationships with school nurses, health visitors, social workers, community matron and other

community nurses. The practice nurse told us that the community nurses, such as the tissue viability nurse, supported the practice and were available for advice on specific clinical issues.

### Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff were able to give us examples that showed that when providing care and treatment for children and young people, they carried out assessments of capacity to consent in line with current 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 documented this appropriately.
- The practice produced its own training pack for staff, to train them in deprivation of liberty safeguards (DoLS).

### 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, those requiring advice on their diet and smoking cessation. Patients were signposted to the relevant service.
- Referred patients had access to a dietician once a month at the premises and a counselling service onsite.

The practice's uptake for the cervical screening programme for the period 2014 to 2015 was 80%, which was in line with the CCG average of 83% and the national average of 82%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice followed up women who were referred as a result of abnormal results, and those who did not attend for screening. The practice used downloadable leaflets to support those women being screened for the first time. Leaflets were also available for those for whom English was not their first language and for patients with a learning disability. The practice nurse told us that they explained the procedure before carrying it out.

Data for other national screening programmes such as bowel and breast cancer showed that the practice uptake

# Are services effective?

(for example, treatment is effective)

was in line with CCG and national averages. For example, the uptake of screening for breast cancer by eligible patients in the last 36 months was 61% for the practice, compared to 70% average for the CCG and 72% national average.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example,

- The percentage of childhood 'five in one' Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza immunisation vaccinations given to under one year olds was 96% compared to the CCG percentage of 95% and the national average of 93%.

- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 93% compared to the CCG percentage of 93% and the national average of 91%.
- The percentage of childhood Meningitis C vaccinations given to five year olds was 96% compared to the CCG percentage of 96% and the national average of 83%.

Patients had access to appropriate health assessments and checks including health checks for new patients and NHS health checks for patients aged 40–74. Where abnormalities or risk factors were identified during these health checks, these were followed up appropriately.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were helpful and friendly 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 told us due to the current compact set up of reception during the building works that if they needed to discuss something sensitive or confidential with a patient they would take them into a private room to discuss this.

Of the 30 patient Care Quality Commission comment cards we received 27 were positive about the service experienced. These comments cards stated that patients said they felt the practice offered a good service and staff were helpful, friendly and caring. They felt treated with dignity and respect.

The four patients we spoke with were all positive about the service provided and the interaction of staff.

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was in line for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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 felt treatment options were explained enabling them to make an informed decision about care and treatment. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, publishing in July 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Translation services via telephone and a pre bookable translator were available for patients who did not have English as a first language.
- Staff told us that information leaflets were available in different languages as well as easy read format.
- When the building works are completed the practice will have a hearing loop available for patients who use this.

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

## Are services caring?

Some patient information leaflets and notices were available in the temporary 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 44 patients as carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Signs around the practice and the practice carers policy on the practice website asked carers

to identify themselves to the practice. The policy also suggested routes that carers could become identified and gave contact details of local and national carers support groups.

The GP partners told us that if families had experienced bereavement, they were sent a sympathy letter, and depending on the level of input the practice had recently had with the patient they may also call the next of kin to offer their condolences. Relatives of patients who had been receiving palliative care were offered bereavement counselling via that route. Other relatives were signposted to a local bereavement service and through the Healthy Minds counselling service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had been involved in ongoing discussions with the local CCG and the NHS England Area team, as well as other stakeholders, about the merger of the two practices (which are currently set up as a main practice and branch surgery) and the moving of those practices onto one purpose built site which will meet the current and future needs of their growing patient population.

- The practice clinic hours offered early morning and late afternoon appointments.
- Longer appointments were available for those patients that required them.
- 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.
- Although the practice was undergoing building works there were facilities for those with a disability available. A hearing loop as well as other facilities to meet the needs of different groups of patients were included in the plans for the new building. For example, consulting rooms had been planned for the first floor and a lift was being installed.
- A private area for breastfeeding and baby changing facilities were available at the practice.

### Access to the service

The practice opening hours varied from day to day. Monday hours were 7.30am to 6.30pm, Tuesday's were 7.30am to 7.30pm, Wednesday's were 8am to 6.30pm, Thursday's were 7.30am to 7.30pm and Friday's were 8am to 6.30pm. Appointments ran throughout the day. In addition to pre-bookable appointments that could be booked up to four 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 above the local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and a national average of 76%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and national average of 73%.

Two patients spoken with on the day of the inspection told us that telephone access in the morning could be problematic and appointments were often booked by the time they got through. However two patients we spoke with who were using the online booking system reported no problems with accessing appointments. The national GP patient survey published in July 2016 reflected that patient satisfaction with the appointment system was above local and national averages.

The practice had a system in place to assess:

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

The policy for home visits was available on the practice website for patients to view. Patients were encouraged to ring prior to 10.30am for home visit requests. Requests were passed to the duty doctor who would contact the patient for more details, prior to determining the necessity for a visit. 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.

### Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. A copy of the policy was available for patients to view on the practice website.
- One of the practice administrators handled all complaints in the practice, with clinical input from the partners.
- We saw that there were posters in the reception and information on the website to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns

## Are services responsive to people's needs? (for example, to feedback?)

and complaints and action was taken to as a result to improve the quality of care. For example, one complaint

was in relation to the booking of an appointment for an elderly patient. An investigation was completed, the practice apologised and informed the complainant of actions taken to resolve the problem.

# 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 its statement of purpose available for patients to see on the main website. They were keen to promote a culture that encouraged candour, openness and honesty at all levels. Their statement said it was an integral part of their culture of safety to help support organisational and personal learning.

The partners vision for the practice was to maintain the feel of a small family practice with the resources and experience of a larger practice. They planned to accomplish this by dividing the patient lists into three teams of three GPs in order that patients always saw the same set of GPs. They told us that should the practice numbers of patient reach a certain level they would recruit a further team of GPs so that each team was capped at a maximum number of patients.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The GP partners had planned the structure of the organisation to gain the best outcomes for patients.

- There was a clear staffing structure and that staff we spoke with were aware of their own roles and responsibilities and those of other staff.
- There were practice specific policies which were implemented, updated and were available to all staff.
- The practice and its branch surgery were divided into teams of GPs, with each team responsible for a set list of patients. This was to ensure patients had access to continuity of care, but with the benefit of the combined resources and knowledge that a larger practice could offer. The partners compared performance data between the team as a quality check and were aware of their ongoing performance against national targets.
- The practice used a variety of different methods to maintain and improve the standard of care provided to patients, including systems and clinical audits, peer review and quality improvement programmes.
- There were arrangements in place for identifying, recording, reviewing and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was positive atmosphere within the practice. They had the opportunity to raise any issues both at team meetings and outside of these and felt confident that action would be taken to resolve these concerns.
- Staff told us that they felt involved in the development of 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. For example, the PPG fed back concerns that when the branch surgery closed, patients may be affected by a lack of continuity of care. The partners considered this when planning their strategy for the combined surgeries.
- The practice had gathered feedback from staff through staff meetings and informal conversations. 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.