

# Countesthorpe 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?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# 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 Countesthorpe Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Countesthorpe Health Centre on 29 June 2016. Overall the practice is rated as requires improvement.

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

- Although the practice was proactive in providing requested training, there was not a robust system in place to ensure that mandatory training was undertaken and kept up to date.
- The practice did not have a robust system for checking and acting on abnormal pathology results.
- Risks to patients were assessed but the identified risks had not all been acted upon.
- There was an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Feedback from patients about their care was consistently positive.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The areas where the provider must make improvements are:

- Ensure there is a robust system in place to ensure that relevant training is undertaken and kept up to date.
- Have a robust system for checking and acting on abnormal pathology results.
- Ensure all required outstanding actions from risk assessments and infection control audit are implemented.

The areas where the provider should make improvement are:

- To improve the system for the identification of carers.
- Ensure secondary thermometers are being used in vaccine refrigerators.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received truthful information and a written apology where appropriate.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, identified actions had not always been implemented.

Good



### Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Although the practice was proactive in providing requested training, there was not a robust system in place to ensure that mandatory training was undertaken and kept up to date.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice did not have a robust system for checking and acting on abnormal pathology results.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care.
- Views of external stakeholders were very positive and aligned with our findings.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.
- The practice had only identified 0.95% of the practice population as carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified. For example, they participated in a pilot scheme relating to care homes, which aligned a care home with one GP practice rather than having to liaise with a number of different practices in order to improve continuity of care.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- In response to patient feedback relating to length of time after arriving at the surgery before seeing the GP for their appointment, the practice adjusted their appointment system to address this.

Good



## Are services well-led?

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

- The practice had an overarching governance framework however it did not fully support the delivery of the strategy and good quality care. Although risk assessments had been carried out, the practice had not always acted on identified actions.
- The practice had a number of policies and procedures to govern activity. The protocol relating to blood results had not always been followed.

Requires improvement



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management, and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as requiring improvement for providing effective care and for being well-led and good for providing a safe, caring and responsive service. The issues identified as requiring improvement overall affected patients including in this population group. The practice is therefore rated as requires improvement for the care of older people.

There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and care plans were regularly reviewed with the patient and family members if appropriate.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Practice nurses also carried out home visits for immunisation, warfarin monitoring and chronic disease management.
- The practice carried out a regular ward round at the residential care home they were responsible for.

**Requires improvement**



### People with long term conditions

The provider was rated as requiring improvement for providing effective care and for being well-led and good for providing a safe, caring and responsive service. The issues identified as requiring improvement overall affected patients included in this population group. The practice is therefore rated as requires improvement for the care of people with long-term conditions.

There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There was a nurse independent prescriber for diabetes and Coronary Heart Disease patients.
- Performance for diabetes related indicators was similar to the local and national average. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 81% which was the same as the CCG and national average.
- The practice hosted a diabetic retinopathy service.

**Requires improvement**



# Summary of findings

- 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.
- A practice nurse was available during extended hours to facilitate the ease of access to long term condition reviews.
- There were robust recall procedures in place for monitoring of patients with non-attenders followed up by mail.
- The practice was able to loan equipment such as blood pressure monitors and nebulisers to patients.

## Families, children and young people

The provider was rated as requiring improvement for providing effective care and for being well-led and good for providing a safe, caring and responsive service. The issues identified as requiring improvement overall affected patients included in this population group. The practice is therefore rated as requires improvement for the care of families, children and young people.

There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 81%, which was higher than the CCG average of 79% and the national average of 74%.
- Appointments were available outside of school hours and the premises had a well-equipped play area for children and baby changing facilities.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

**Requires improvement**



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

The provider was rated as requiring improvement for providing effective care and for being well-led and good for providing a safe, caring and responsive service. The issues identified as requiring improvement overall affected patients included in this population group. The practice is therefore rated as requires improvement for the care of working-age people (including those recently retired and students).

**Requires improvement**





# Summary of findings

There were, however, examples of good practice.

- 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.

## People whose circumstances may make them vulnerable

The provider was rated as requiring improvement for providing effective care and for being well-led and good for providing a safe, caring and responsive service. The issues identified as requiring improvement overall affected patients included in this population group. The practice is therefore rated as requires improvement for the care of people whose circumstances may make them vulnerable.

There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had worked with the locality Learning Disability Nurse and developed a questionnaire. This allowed information gathering prior to a learning disability review to allow the review to focus on important issues.
- 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.
- We saw examples of safeguarding cases where staff had shown they 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.

Requires improvement



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

The provider was rated as requiring improvement for providing effective care and for being well-led and good for providing a safe, caring and responsive service. The issues identified as requiring improvement overall affected patients included in this population group. The practice is therefore rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

Requires improvement



# Summary of findings

There were, however, examples of good practice.

- Performance for mental health related indicators was similar to the local and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the CCG average of 96% and the national average of 88%.
- 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 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.
- There was a system in place to ensure continuity of GP follow-up for patients requiring support.
- There was access to confidential self-referral for cognitive behavioural therapy.
- Same day appointments were available and extra appointments accessible in case of emergency.

There was a nominated dementia lead.

# 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 above national averages. 246 survey forms were distributed and 123 were returned. This represented 1.2% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% 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 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 84% 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 33 comment cards which were all positive about the standard of care received. Patients described staff as going out of their way to help and being understanding, genuine, caring and professional.

We spoke with four patients during the inspection. All four patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring and went the extra mile.

## Areas for improvement

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

- Ensure there is a robust system in place to ensure that relevant training is undertaken and kept up to date.
- Have a robust system for checking and acting on abnormal pathology results.

- Ensure all required outstanding actions from risk assessments and infection control audit are implemented.

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

- To improve the system for the identification of carers.
- Ensure secondary thermometers are being used in vaccine refrigerators.

# Countesthorpe 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 and a practice manager specialist adviser.

## Background to Countesthorpe Health Centre

Countesthorpe Health Centre is a GP practice which provides a range of primary medical services to around 10,360 patients from a surgery in Countesthorpe, a suburb on the outskirts of the city of Leicester. The practice has a dispensary which dispense to approximately 10% of eligible patients.

The practice has a higher proportion of older patients than the local and national average.

The service is provided by five part time female GP partners, two part time male GP partners and a part time salaried male GP, providing a total of 48 sessions each week. There is a nursing team comprising a part time nurse prescriber, three part time practice nurses and two part time healthcare assistants. The dispensary team are made up of two part time dispensers. They are supported by a practice manager, an administration manager and a team of reception and administration staff.

The practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (CCG). The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice had a website which provides a wealth of information about both the healthcare services provided by the practice and health advice.

The provider has one location registered with the Care Quality Commission which we inspected on 29 June 2016 which is Countesthorpe Health Centre, Central Street, Countesthorpe, Leicestershire, LE8 5QJ.

The practice is open between 8.30am and 6.00pm Monday to Thursday and 8.30am to 5.30pm on Friday but with extended hours on Monday until 7.30pm and Thursday from 7.00am to 8.00am. Appointments are available from 8.30am to 11.20am in the morning and from 2.50pm to 6.00pm in the afternoon Monday to Thursday. On a Friday afternoon appointments run from 2.00pm to 4.00pm. The practice offers telephone consultations and home visits are also available on the day of request.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided to Leicester City, Leicestershire and Rutland by Central Nottinghamshire Clinical Services. There were arrangements in place for services to be provided when the practice is closed and these are displayed on their practice website.

## 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

# Detailed findings

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 29 June 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being interacted with and talked with family members
- Reviewed a sample of records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they were aware of and used the system in place for recording and reporting incidents.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident and where relevant received support, truthful information or an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one significant event related to receptionists not being able to contact the duty doctor after the practice closed on a Friday due to poor mobile phone signal. As a result the practice changed the process so that the duty doctor could be contacted primarily on a telephone line in the practice to ensure they could be contacted. Staff were aware of the change that had been implemented and the problem had not arisen since.

### 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:

- Robust arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Staff were aware of relevant policies and were able to describe processes used by the practice. There was a lead member of staff for safeguarding. We saw evidence of the practice raising a safeguarding concern and working with other agencies in order to protect a patient. 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. However some staff had not undertaken recent safeguarding training. All GPs were trained to child protection or child safeguarding level 3 and nurses to level 2.

- A notice in the waiting room and consultation rooms advised patients that chaperones were available if required. Only clinical staff acted as chaperones, were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse manager was the infection control clinical lead and kept up to date with best practice. There was an infection control protocol in place, however not all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address some improvements identified as a result. However some actions had not been addressed.
- There were arrangements in place for managing medicines, including emergency medicines and vaccines, (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However we found that two of the fridges used to store vaccines did not have a secondary thermometer in place in order to cross-check the accuracy of the temperature. We also found that the fridge in use in the dispensary which also contained vaccines was a domestic fridge with no secondary thermometer. We saw evidence that the practice ordered a pharmaceutical fridge and secondary thermometers immediately after our visit.

The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

The practice no longer used prescription pads and we found that blank prescription forms were securely stored.

## Are services safe?

However there was no system in place to monitor their use. Following our inspection the practice implemented a log book in order to track movement of prescription forms through the practice.

One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. One of the Health Care Assistants was trained to administer vaccines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. The dispensary lead showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed six 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 (DBS). All clinical staff had undertaken a DBS check. For those staff that had not had a DBS check there was a risk assessment in place.

### Monitoring risks to patients

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough. The practice had employed external companies to undertake risk assessments relating to health and safety, fire and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Required or recommended actions had been

identified as a result of these risk assessments in November 2015. However it was not clear which of the identified actions had been completed and the practice manager told us that some were still outstanding. Following our inspection the practice sent a summary of actions taken to complete the outstanding tasks, such as putting a system in place for monthly monitoring of water temperatures in line with the legionella risk assessment recommendation. The practice 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. There was no gas safety certificate or electrical installation condition report available at the time of our inspection. Following our inspection the electrical report was provided which had been carried out prior to our inspection. This indicated that remedial work was required and the practice had put arrangements in place to progress this.

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure, flood, failure of IT systems or building damage.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits.

### 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 96.1% of the total number of points available.

The exception reporting relating to Chronic Obstructive Pulmonary Disease (COPD), Heart Failure and Rheumatoid Arthritis were significantly higher than CCG and national averages. (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). When we looked at patient records with the senior GP it was not apparent why the rates were higher than average. Following our inspection the practice provided us with a report which identified that a number of coding errors had led to the high exception rates in two areas but for heart failure the exceptions were appropriate. The practice told us they would review the coding for COPD and Rheumatoid Arthritis.

QOF data from 2014-15 showed:

- Performance for diabetes related indicators was similar to the local and national average. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 81% which was the same as the CCG and national average.

- Performance for mental health related indicators was similar to the local and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the CCG average of 96% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last year, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits and benchmarking.

Findings were used by the practice to improve services. For example, the practice conducted an audit of medicines reconciliation for patients discharged from hospital. The audit showed that changes made to medication after discharge from hospital could result in errors and the practice did not have a universal approach to medicines reconciliation. As a result a standard operating procedure was put in place to ensure that new clinicians to the practice conform to the same process. The use of a specific read rode for medicines reconciliation was established to allow the practice to identify areas of potential errors and take steps to minimise them.

### Effective staffing

- The practice had role specific induction programme for all newly appointed staff. This did not include mandatory training.
- We found that staff were supported to complete appropriate training if they requested it. The practice had proactively delivered some training in house such as mental capacity act training for clinical staff. However the practice did not have a robust approach to ensure that all staff had undertaken mandatory training. For example, safeguarding and infection control. The nursing team received ongoing support, and regular mentoring. There was facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- E-learning training modules were available and some staff had made use of this and received training that



# Are services effective?

## (for example, treatment is effective)

included: safeguarding, fire safety awareness, basic life support and information governance. However there were many gaps in training with many staff either not having completed training or not been updated in areas such as health and safety, infection control and fire safety. Following our inspection the practice provided us with an action plan for ensuring training was completed and a system put in place to monitor this going forward.

- 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.

### 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 and medical records.

However we found that the practice did not have a robust system for checking and acting on abnormal pathology results. On the day of the inspection we found three outstanding abnormal results for one of the GPs. We looked at all three and found it was not clear what if any actions had been taken. We spoke with the senior GP who provided us with a report following our inspection which identified that the practice protocol for actioning blood results had not been adhered to. They raised this as a significant event and told us they would implement a task driven system for the senior GP to check the surgery results list and ensure that there were no results on the system that remained unactioned for more than 48 hours. They assured us that the results we had viewed had been actioned but not documented correctly.

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 were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. One of the GPs had delivered a presentation to the clinical team to improve their understanding of the Mental Capacity Act.
- 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 clinician assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The senior GP partner was the dedicated substance misuse lead and there was close liaison with specialist substance misuse providers. The practice also hosted alcohol specialist services.
- Patients were signposted to relevant services.

The practice's uptake for the cervical screening programme was 81%, which was higher than the CCG average of 79% and the national average of 74%. There was a policy to offer 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. The practice

## Are services effective?

(for example, treatment is effective)

also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 96% to 98%.

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.

# 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.
- There was a room available for reception staff to use when patients wanted to discuss sensitive issues or if they appeared distressed.

All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced, although three also included comments regarding appointments running late. Patients said they felt the practice offered an excellent service and described staff as going out of their way to help and being understanding, genuine, caring and professional.

We spoke with four members of the patient participation group (PPG). They also told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

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

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the national average of 87%.

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

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

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We were given examples of when this had been used.
- The practice website was available in different font sizes to make it easier to read for patients with sight impairment.

## Are services caring?

### **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. Links on the practice website directed patients to some support groups.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 98 patients as

carers (0.95% of the practice list). The Patient Participation Group had run a campaign to encourage more patients to identify themselves as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, they were contacted and a visit by their GP arranged. A patient we spoke with reflected how caring the practice had been when they suffered bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice were involved with a local pilot scheme with other practices to assign care homes a specific GP practice rather than the home having to liaise with a number of different GP practices.

- The practice offered extended hours on Mondays from 6.30pm to 7.30pm and Thursdays from 7.00am to 8.00am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and the practice had developed a questionnaire for this group of patients to complete prior to their annual health check in order to make the appointment more effective and less stressful.
- 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 required a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those such as yellow fever vaccination which was available privately.
- There were disabled facilities, a hearing loop and translation services available.
- All services were available on the ground floor to ensure accessibility.
- Some information was available in large print to aid patients with sight impairment.
- The practice provided a health promotion "tardis" where patients could check their own blood pressure, weight, height and waist circumference in privacy.
- There was an electronic display screen in the waiting room displaying health promotion and surgery information.
- The waiting room was equipped with a children's play area and a water dispenser.

### Access to the service

The practice was open between 8.30am and 6.00pm Monday to Thursday and 8.30am to 5.30pm on Friday but

with extended hours on Monday from 6.30pm to 7.30pm and Thursday from 7.00am to 8.00am. Appointments were available from 8.30am to 11.20am in the morning and from 2.50pm to 6.00pm in the afternoon Monday to Thursday. On a Friday afternoon appointments ran from 2.00pm to 4.00pm.

In addition to pre-bookable nurse appointments that could be booked up to four weeks in advance and GP appointments a week in advance, urgent appointments were also available for people that needed them. The practice offered telephone consultations and home visits were also available on the day of request. We saw that the practice regularly monitored their demand and capacity for appointments.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

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

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.

This was done by gathering information to allow an informed decision to be made on prioritisation according to clinical need. 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 had an effective system in place for handling complaints and concerns.

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

- Its complaints procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of information on the practice website, in the practice leaflet and the complaints procedure was available at reception.

We looked at 13 complaints received in the last 12 months and found these were satisfactorily and sympathetically handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a complaint was made regarding having to wait a long time for appointment with no explanation as to why. The practice already had a system in place to notify patients if GPs were running late but it had not been implemented on this occasion. The learning from the complaint was to strengthen this system to ensure patients were kept informed.

# 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 and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice held annual away days for the management team in order to review their progress and discuss their future development plans.

### Governance arrangements

The practice had an overarching governance framework however it did not fully support the delivery of the strategy and good quality care. We found that:

- Although the practice was proactive in providing requested training, there was not a robust system in place to ensure that mandatory training was undertaken and kept up to date.
- Although risks to patients who used services were assessed, the systems in place to address identified risks were not robust as identified actions had not always been acted on.
- Practice specific policies and protocols were implemented and were available to all staff. However we found that the protocol which related to blood results had not been followed.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- 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.

### Leadership and culture

The partners told us they prioritised safe, high quality and compassionate care. When we identified issues on the day the practice responded quickly to address them. 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. The practice had systems in place to ensure that when things went wrong with care and treatment, the practice gave affected people truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted management team away days were held every 12 months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the length of time patients waited in the waiting room before seeing the GP had been identified as an issue through the national GP survey, a PPG survey and other feedback from patients and reception staff. The practice responded by trialling a change in structure of afternoon surgeries to alleviate this. Feedback was positive so the practice adopted this as a longer term model and told us they planned to monitor it through feedback from the next national GP survey.

# Are services well-led?

Requires improvement 

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

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice were involved in a local pilot scheme with other practices to assign a care home to a specific GP practice rather than having to liaise with a number of different GP practices in order to streamline services and improve continuity.

The practice had also raised that they did not feel that that current model of Learning Disability Review met patients' needs. They had worked with the locality Learning Disability Nurse and developed a questionnaire to allow information gathering prior to the review. This would allow time to focus on important issues at the review.

The practice was a training practice for GP trainees. At the time of our inspection there were three trainees in place. We saw evidence that they were well supported and they spoke very positively about the level of support they received.



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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</b></p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	