

# Dr Richard Hattersley

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Richard Hattersley on 2 September 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and managed, with the exception of those relating to medicines management, staff recruitment and fire safety.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned for.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice used a 'Doctor First' system that allowed GPs to manage appointment demand by talking to all patients first by phone and assessing them on a priority basis. Routine appointments could also be made.
- 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.
- Vaccine take up was lower than national with no action plan to improve this.
- The practice was a training practice for doctors training to be GPs.

However there were areas of practice where the provider needs to make improvements.

#### Importantly the provider must:

# Summary of findings

- Ensure prescriptions are tracked once received at the practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure there are formal governance arrangements in place and staff are aware how these operate.

## **In addition the provider should:**

- Have a defibrillator available or document the rationale why one is not required.

- Include details and investigations of verbal complaints in the practice complaints log.
- Dispose of all medicines returned to the practice by patients appropriately.
- Ensure fire safety equipment checks are carried out.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Areas of concern found included the management of medicines and staff recruitment.

Requires improvement



### Are services effective?

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

Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams. There was no evidence to show the practice identified and monitored the quality of its service delivery by using data from sources such as the Quality and Outcomes Framework (QOF), vaccination uptake figures and national patient survey results.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

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

## Are services well-led?

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

The practice had a clear vision. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. Staff had received inductions, regular performance reviews and attended staff meetings. The practice had a number of policies and procedures to govern activity and held regular governance meetings. Whilst there were some systems in place to monitor and improve quality and identify most risks, areas not monitored effectively included health promotion and very high QOF exception reporting.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Patients who had been identified as having a long term condition had a named GP and a structured annual review to check that their health and medicines needs were being met. Review of all chronic conditions were carried out at a single appointment which reduced unnecessary appointments and followed latest guidelines. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up on children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were similar to the national average for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies.

**Requires improvement**



# Summary of findings

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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

**Requires improvement**



## **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 concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Every year patients who had a learning disability were invited to a review examination. The practice also offered longer appointments for this population group.

Patients who were identified as vulnerable had their records highlighted so that staff were aware of their needs and attention. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**



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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

**Requires improvement**



## Summary of findings

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who attended accident and emergency where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing better than local and national averages for patient satisfaction. Of the 399 survey forms distributed to patients, between July and September 2014 and January to March 2015, 96 forms were returned completed. This was a response rate of 24.1% which represented approximately 3.3% of the practice population.

- 90.2% found it easy to get through to the practice by phone compared with a CCG average of 85.3% and a national average of 74.4%.
- 93.3% found the receptionists at the practice helpful compared with a CCG average of 89.8% and a national average of 86.9%.
- 71% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 70.9% and a national average of 60.5%.
- 94.8% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 89.7% and a national average of 85.4%.

- 92.5% said the last appointment they got was convenient compared with a CCG average of 94.2% and a national average of 91.8%.
- 88.1% described their experience of making an appointment as good compared with a CCG average of 94.2% and a national average of 91.8%.
- 77.8% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 68.3% and a national average of 65.2%.
- 75.5% felt they didn't normally have to wait too long to be seen compared with a CCG average of 63.5% and a national average of 57.8%.

As part of our inspection we spoke with four patients and asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received four comment cards of which all were positive about the standard of care received. Comments included reference to the practice being friendly, informative and helpful.

## Areas for improvement

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

- Ensure prescriptions are tracked once received at the practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure there are formal governance arrangements in place and staff are aware how these operate.

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

- Have a defibrillator available or document the rationale why one is not required.
- Include details and investigations of verbal complaints in the practice complaints log.
- Dispose of all medicines returned to the practice by patients appropriately.
- Ensure fire safety equipment checks are carried out.

# Dr Richard Hattersley

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector.

The team included a GP specialist advisor and practice manager specialist advisor.

## Background to Dr Richard Hattersley

Dr Richard Hattersley, also known as Boscombe Manor Health Centre is a GP practice operating from a converted residential dwelling situated in Boscombe, a suburb of Bournemouth, Dorset. It has been at its present location since 1996.

The practice has an NHS general medical services contract to provide health services to approximately 2,900 patients.

The practice is open from 8.00am to 6.30pm from Monday to Friday and between 7.30am and 6.30pm on Tuesdays and 8.00am and 7.15pm on Thursdays. The practice has opted out of providing out-of-hours services to their own patients and refers them to South Western Ambulance Trust via the NHS 111 service.

Approximately half the patients are male and half are female. The number of male and female patients aged between 25 and 45 years old is higher than the national average. The practice is based in an area of social deprivation and includes a very transient population of varying ages. The practice has more than twice the national average for patient turnover.

The practice has one GP and two salaried GPs who together work an equivalent of 1.5 full time staff. There is one female and two male GPs.

The practice has one practice nurse and a health care assistant. The GPs and the nursing staff are supported by a team of three reception staff, a secretary, a practice manager assistant and a practice manager.

We carried out our inspection at the practice's only location which is situated at:

Dr Richard Hattersley

Florence Road

Boscombe

Bournemouth

Dorset

BH5 1QH

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

This 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.

Please note that when referring to information throughout this report, for example, any reference to the Quality and

# Detailed findings

Outcomes Framework data, this relates to the most recent information available to the CQC at that time. The QOF data referred to in this report relates to the year April 2013 to March 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. Organisations included the local Healthwatch, NHS England, and the clinical commissioning group.

We asked the practice to send us some information before the inspection took place to enable us to prioritise our areas for inspection. This information included; practice policies, procedures and some audits. We also reviewed the practice website and looked at information posted on the NHS Choices website.

During our visit we spoke with a range of staff which included GPs, nursing and other clinical staff, receptionists, administrators, secretaries and the practice management team.

We also spoke with patients who used the practice. We reviewed comment cards and feedback where patients and members of the public shared their views and experiences of the practice before and during our visit.

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 are provided for specific groups of people and what good care looks 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)

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a medical report was provided to a patient but its contents related to a different patient. This was due to the document being scanned into the wrong patient's notes. We reviewed this incident and found that a new system was adopted to reduce the risk of the error happening again.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

Arrangements to safeguard adults and children from abuse that reflected relevant legislation. Local requirements and policies that were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding who was supported by a safeguarding administrator. 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 relevant to their role.

Notices were displayed in the waiting room, treatment and consulting rooms, advising patients that a chaperone could be made available, if required. Only staff who had received both chaperone training and a disclosure and barring check (DBS) undertook this duty. 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.

There were procedures in place for monitoring and managing most risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area of the practice. The practice had up to date fire risk assessment which was reviewed in August 2015 and the most recent fire drill was carried out in June 2015. We asked to see the practice's fire log book and found incomplete records of tests which included fire alarms and emergency lighting. We spoke with the fire warden about this who told us that regular fire alarm testing and emergency lighting checks could not be carried out due to the lack of fire alarm call points and the height of ceiling mounted smoke detectors (the practice occupied a Victorian building with very high ceilings). We have referred the practice to Dorset Fire and Rescue Service and requested they provide guidance to enable the practice to comply with fire safety regulations.

All electrical equipment was checked to ensure that it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice carried out its own legionella risk assessment in June 2015 which identified that no further action was required to monitor water quality.

Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as part of the audit process.

We checked medicines stored in the treatment rooms and medicine refrigerator and found they were stored securely. Records showed refrigerator temperature checks were carried out which showed that medicines were stored at the appropriate temperature. Processes were in place to check medicines were within their expiry date and suitable for use. Nurses used Patient Group Directions (PGDs) to administer vaccines that had been produced in line with

## Are services safe?

legal requirements and national guidance. Patient prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescriptions forms received at the practice were logged by serial number but following this there was no record kept of distribution of prescription forms within the practice. This indicated that blank prescription forms were not handled in accordance with national guidance as these could not be tracked through the practice and their usage identified when required.

The practice had a recruitment policy that set out the standards for recruiting clinical and non-clinical staff. We look at the recruitment records for three staff recruited since the practice registered with the Care Quality Commission in April 2013. One staff member's file contained evidence that appropriate recruitment checks had been undertaken prior to their employment. Checks included proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications and the appropriate checks through the Disclosure and Barring Service. These 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. A GP and a health care assistant started to work at the practice without the following checks in place: written evidence of conduct in their previous employment, written employment history, proof of eligibility to work in the UK or proof of their identity.

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 that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

There was an alert system available in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice did not have a defibrillator available on the premises or a risk assessment to record the rationale for why this was not needed. The practice nurse told us the practice had not needed to use one and the ambulance service was based close by. Oxygen was available with both adult and children's masks. We found that the adult mask was past its use by date of November 2013. This was immediately replaced. There was a first aid kit and accident book 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. However, we found two tubes of a medicine used to treat hypoglycaemia (low blood sugar) in a cupboard which were not on the check sheet. We were told this medicine had been returned by a patient who no longer needed it. Medicines dispensed for one patient cannot be legally used by another. We spoke with the nurse about this and they immediately disposed of it appropriately.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice also had buddy arrangements in place with two nearby GP practices should the building become unavailable.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. Meetings to share information were held daily by GPs who discussed clinical issues and patient care, learning points from courses attended, alerts, audits and any issues which required immediate action. The practice monitored the use of NICE guidelines and ensured they were implemented through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results for the period April 2013 to March 2014 were 95.3% of the total number of points available, with 24.9% exception reporting. Exception reporting is the number of exceptions expressed as a percentage of the number of patients on a disease register who qualified to be part of the indicator denominator. For example, patients who do not attend for a review or where a medicine cannot be prescribed due to a contradiction or side effect. We spoke to the GP and practice manager about our concerns associated with high exception rate reporting and gave the practice three working days to investigate this and respond to us. At the time of writing this report we have not received any communication from the practice regarding this.

Data from the QOF showed;

- Performance for patients with a diagnosis of diabetes related indicators was similar (82.8%) to the CCG (95.6%) and national averages (90.1%).
- Performance for patients with a diagnosis of hypertension related indicators was similar (86.4%) to the CCG (92.4%) and national averages (88.4%).
- Performance for patients with a diagnosis of mental health related indicators was better (98.3%) than both the CCG (95.6%) and national averages (90.4%)

- Performance for patients with a diagnosis of cancer related indicators was better (100%) than both the CCG (99.5%) and national averages (95.5%)

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care, treatment and patient's outcomes. We were told that GPs carried out two clinical audits every five years for their professional revalidation and other audits were generated by the clinical commissioning group as part of medicines management.

We were shown examples of nine clinical audits carried out in the last two years; three of these were completed audits where the improvements made were implemented and monitored. For example, an audit was carried out of patient ear syringing effectiveness. A review of patients seen between March and September 2014 found that 41% of procedures were successful and 32% of patients did not attend once they were given telephone advice. A second audit was carried out between September 2014 and March 2015 which identified that success rates had improved to 60% and all patients who booked attended for treatment.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- Existing staff received up to date training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment to patients was accessible to relevant staff



# Are services effective?

(for example, treatment is effective)

through the practice's patient record system and their intranet system. This included risk assessments, care plans, patient records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, for example, when they were referred to or discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated. Meetings were attended by health visitors, district nurses, a community matron, mental health services and social service care managers as appropriate.

## Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

## Health promotion and prevention

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.5%, which was comparable to the national average of 81.8%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were similar to national averages.

Childhood immunisation rates for the vaccinations given to:

- 44 eligible two year olds ranged from 95.5% to 97.7% compared to the national average of 66.7% to 97.4%.
- 36 eligible five year olds from 88.9% to 97.2% compared to the national average of 89.9% to 96.4%.

Flu vaccination rates for the over 65s were 55.8%, and at risk groups 30.62%. These were lower than national averages of 73.24% and 52.29% respectively. Staff told us they were aware of this and despite the practice's recall and reminder processes patients did not attend for vaccinations.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us that when patients wanted to discuss sensitive issues they would offer them a private room for these discussions.

We received four comment cards of which all were positive about the standard of care received. Comments included reference to the practice being polite, understanding and patient.

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

- 93.3% patients said they found the receptionists at the practice helpful compared to the CCG average of 89.8% and national average of 86.9%.
- 98.8% had confidence and trust in the last nurse they saw compared to the CCG average of 97.8% and national average of 97.2%
- 94.8% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.

However satisfaction scores on consultations with GPs were generally below average. For example:

- 85.5% said the GP was good at listening to them compared to the CCG average of 91.9% and national average of 88.6%.
- 84.6% said the GP gave them enough time compared to the CCG average of 88.9% and national average of 86.8%.
- 91.8% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.9% and national average of 95.3%

- 84.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89.2% and national average of 85.1%.

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

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received and from our interviews was positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients didn't always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 72.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.1% and national average of 86.3%.
- 67.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86.1% and national average of 81.5%.

Staff told us that translation services were available for patients who did not have English as a first language.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. A bereavement support service was held at the practice which staff told us they could access immediately when needed. Staff told us that if family had suffered a bereavement reception staff would contact them and offer an appointment with the bereaved patient's GP at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of people who were carers and these were supported by a health care assistant. The practice also had a notice board in the waiting area dedicated to carers and information about services and support was displayed and leaflets available.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. One of the GPs attended CCG meetings and another was the chair of the locality group. The practice also liaised with public health services about current health risks.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example;

- Longer appointments were available for patients who needed them. This included patients who were older, had mental health issues, learning disabilities or multiple health conditions.
- Home visits were available for older patients / patients who would benefit from these.
- There were disabled person's facilities and translation services available.
- There was a flexible appointment system, including after school hours and Saturdays.

Once a year the practice reviewed the learning disability registers and patients with moderate or severe learning disability were invited to a review examination.

Safeguarding concerns were discussed in the clinic using a multidisciplinary approach. This enabled a dialogue between health visitors; GPs and practice nurses which helped raise concerns early and support children at risk.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. All patient requests for an urgent appointment were put on a list for a GP to call back and treat accordingly. This could mean a face to face appointment of advice over the telephone. If a face to face appointment was deemed appropriate the GP made appointment arrangements together with the patient. Extended hours appointments were available every Tuesday morning between 7.30am and 8.30am and every Thursday evening between 6.30pm and 7.15pm. Routine bookable appointments were also available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and

treatment was better than local and national averages and people we spoke with told us they could always speak to the GP the same day and attend for an appointment when the need arose.

For example:

- 90.2% of patients said they could get through easily to the practice by phone compared to the CCG average of 85.3% and national average of 74.4%.
- 88.1% of patients described their experience of making an appointment as good compared to the CCG average of 82.3% and national average of 73.8%.
- 77.8% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68.3% and national average of 65.2%.

However satisfaction with the practice opening hours was not a favourable:

- 61.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.8% and national average of 75.7%.

### Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system was available in the practice waiting room, patient information leaflet and on the practice website. All four of the patients we spoke with told us they were not aware of the process to follow if they wished to make a complaint however each said they never had cause to complain.

We looked at six complaints received in the last 15 months and found that all of these had been dealt with appropriately, investigated and the complainant responded to in a timely manner.

Lessons were learnt from concerns and complaints and action was taken as a result of complaints to improve the quality of care. For example, a patient complained that the practice did not undertake a home visit following discharge from hospital and organise the loan of enabling

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

equipment. The complainant was written to and an explanation of the hospital discharge procedure was given. Whilst there was no evidence of learning from this example the practice complaints process was followed effectively.

We were told that verbal complaints were not recorded but discussion took place between parties affected to resolve these. By not recording all complaints the practice would not be able to identify trends that may occur.

# 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 a high standard of patient centred healthcare. Its vision was displayed on patient website and staff knew and understood the vision and values.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice vision which mostly provided good quality care. The structures and procedures in place showed that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a programme of continuous clinical audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks and issues which included implementing mitigating actions.

However we found that the service did not have systems in place to monitor:

- Medicines management and staff recruitment.
- Health promotion and very high QOF exception reporting feedback.

### Leadership, openness and transparency

The partner GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe and compassionate care. We were told all the GPs were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

Staff told us that whilst formal team meetings were held infrequently, regular informal meetings were held but these were not minuted. There was an open culture within the practice and staff had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. All staff were involved in discussions about how to manage and develop the practice.

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

The practice gathered feedback from patients through the friends and family test, the virtual patient participation group (PPG) and through, compliments and complaints received. A change made as a result of patient feedback included the practice nurse booking a GP appointment at the time of a health check rather than the patient having to start the appointment request process from the beginning as the appointment was as a result of the health check and had already been triaged as needing an appointment.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice held lunchtime events to keep staff informed of updates outside normal practice business. Staff told us they felt involved and engaged to improve how the practice was run.

### Innovation

There was a focus on continuous learning and improvement at all levels within the practice. Staff told us that the practice was supportive of training and that they had staff meetings that guest speakers and trainers attended.

A health care assistant ran Smoke Stop sessions for service users who lived at a local drug rehabilitation unit. Arrangements were put on place for these patients to attend as a group which enabled them to receive peer support as well as medical support.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <b>Medicines Management</b> We found that the registered person did not have effective systems in place to monitor medicines.  This was in breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. <ul style="list-style-type: none"><li>Blank prescription forms were not tracked through the practice.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <b>Good Governance</b> We found the registered person had not regularly assessed and monitored the quality of the services provided, and identified, assessed and managed risks relating to health, welfare and safety of patients.  This was in breach of regulation 17(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. <ul style="list-style-type: none"><li>Improvements to the quality of services from quality outcome tools had not been acted upon.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

## Requirement notices

Treatment of disease, disorder or injury

### **Fit and Proper Persons Employed**

We found that the registered person had not ensured that persons employed for the purposes of carrying on a regulated activity were of good character and that information specified in Schedule 3 was available in relation to each such person employed and such other information as appropriate.

This was in breach of regulation 19 (1) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks missing included conduct in previous employment, eligibility to work in the UK, employment history and photographic identification.