

# Pickhurst Surgery

## Quality Report

56 Pickhurst Lane

Hayes

Bromley BR2 7JF

Tel: 0203 667 5550

Website: <http://www.pickhurstsurgery.co.uk/>

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# 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 Pickhurst Surgery on 24 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and managed. However not all actions following fire and legionella risk assessments were undertaken.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

- Many patients said they found it easy to make an appointment with a named GP and that 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 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.

There were areas of practice where the provider must make improvements:

- Ensure that all actions from risk assessments are undertaken in a timely manner and that regular fire drills and fire alarm testing are performed and that fire extinguishers are checked on a yearly basis.
- Ensure that patient records are kept in secure areas with no access to the public.
- Ensure that staff undertake safeguarding training to the requisite level for their role.

# Summary of findings

- Ensure that the chaperone processes are in line with guidelines and that staff have been trained and undertake a risk assessment to ascertain if DBS checks are required for all staff who undertake this role.

There were areas of practice where the provider should make improvements:

- Review the arrangements to monitor the use of prescription pads.
- Review the arrangements for the monitoring of diabetes for patients.

- Review the audit processes so it demonstrates that requisite changes are made following the completion of audits and monitored through re-audits.
- Review the arrangements for involving clinical staff in the appraisal process for clinical staff.
- Review the complaints procedure to ensure it contains all the relevant information for patients.

**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.

- There was a 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 there were unintended or unexpected safety incidents, patients received reasonable support, accurate information, and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed. However not all actions following fire and legionella risk assessments were undertaken.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average with the exception of those patients with diabetes; the practice were working to improve this.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice provided a phlebotomy service at the practice to facilitate access for older patients who may have difficulty in getting to the hospital.
- The practice ran a hearing test clinic for those over the age of 50 through an external organisation and referred patients for hearing assessments.
- 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. However ombudsman information was not always included in the response letter sent to patients. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- 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 knowing about notifiable safety incidents and appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was recently established.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice offered housebound patient reviews at least annually to all patients on the housebound register. These patients do not have to be unwell to request a home visit from a doctor of their choice.
- All the patients over the age of 75 had a named doctor and these patients were encouraged to see the doctor of their choice in order to facilitate continuity of their care.
- The practice performed advanced care planning and end of life care plans and supported patients who have expressed a wish to die in their own home.
- The practice provided a phlebotomy service at the practice to facilitate access for older patients who may have difficulty in getting to the hospital.
- The GPs visited a care home on a weekly basis, supporting the needs of the residents.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The national Quality and Outcomes Framework (QOF) data for 2014/15 showed that 69% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 47% which was below the national average of 88%.
- The national Quality and Outcomes Framework (QOF) data showed that 70% of patients with asthma in the register had an annual review, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.

Requires improvement



# Summary of findings

- 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.
- The practice ran a hearing test clinic for those over the age of 50 through an external organisation and referred patients for hearing assessments. Patients who were not registered with this surgery were also able to access this service.

## Families, children and young people

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

- 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 urgent care and A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had regular meetings with their health visitor to discuss any children under five or families that were giving cause for concern.
- The practice ran a midwife led antenatal clinic, a GP led postnatal and health surveillance clinic and a nurse led child immunisation clinic one day every week; however patients can book outside of these hours as required.

Good



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

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

- The 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.

Good



# Summary of findings

- 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.
- The practice's nursing staff offered Well man and Well women screening and conducted NHS health checks with near-point cholesterol testing.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. These patients were flagged in their clinical system.
- The practice offered annual reviews and longer appointments for patients with a learning disability. The GPs visited a local college with learning disability residents on an ad-hoc basis, supporting the needs of the residents.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

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

- The number of patients with dementia who had received annual reviews for 2014/15 was 81% which was below the Clinical Commissioning Group (CCG) average of 84% and national average of 84%.
- 83% of patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was in line with the CCG average of 84% and below the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice promoted 'talking therapies' for the management of anxiety, depression and stress related problems. The practice had access to a counsellor who provided sessions at the surgery where necessary.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing above the local and national averages. Two hundred and ninety eight survey forms were distributed and 120 were returned. This represented approximately 2% of the practice's patient list.

- 89% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average 70%, national average of 73%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 13 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

# Pickhurst Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Pickhurst Surgery

Pickhurst Surgery provides primary medical services in Hayes to approximately 7000 patients and is one of 48 practices in Bromley Clinical Commissioning Group (CCG). The practice population is in the least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children, older people and working age people are in line with local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded, 62% are White British or Mixed British, 3% other white and 3% are Indian/ Indian British.

The practice operates in converted premises. All patient facilities are wheelchair accessible. The practice has access to four doctors' consultation rooms and two nurse consultation rooms on the ground floor.

The practice team at the surgery is made up of two full-time and one part-time male lead GPs who are partners, two part time salaried GPs (one male and one female), one full-time and one part-time female practice

nurses. There are also one part-time practice manager, two practice secretaries, and eleven admin and reception staff members. The practice provides a total of 32 GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8:00am to 6:30pm Monday to Friday. Appointments are available from 8:30am to 11:30am and 4:00pm to 6:00pm Monday to Friday. Extended hours surgeries are offered on Monday and Tuesday evenings 6:30pm to 8:00pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Bromley CCG. The practice had recently signed up to be part of local GP Alliance and provides two to three appointments seven days a week through Primary Care hubs which can be booked in advance.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury.

## 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

# Detailed findings

part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 February 2016.

During our visit we:

- Spoke with a range of staff including three reception and administrative staff, the practice manager, five GPs and two practice nurses, and we spoke with 13 patients who used the service including three members of the practice's Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment 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 would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and maintained a log in the computer system.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were not always shared among all relevant staff; however actions were undertaken to make sure action was taken to improve safety in the practice. For example, a patient called the surgery to inform that they had not received an appointment for a 2 week wait referral. The practice investigated the incident and found that the referral had not been sent. Usually the GPs made a list of 2 week wait referrals and passed it to the secretaries for processing. Further investigation of this incident revealed that this referral was missing from the list sent to the secretary. The practice had a policy to chase sent referrals within 2-3 working days to check if had been received by the hospital. However, this referral had not been chased because there was no notification of this referral to the practice secretaries. Following this it was decided that the GPs print all 2 week referrals and pass it on to secretaries as well as writing them on a list. This event was discussed in a review meeting which was attended by relevant staff.

When there were unintended or unexpected safety incidents, patients received reasonable support, accurate information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who

to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities; however it was not clear that the practice staff had undertaken appropriate levels of safeguarding training relevant to their role. We also found that one of the clinical staff members had no safeguarding training.

- Notice in the waiting room advised patients that chaperones were available if required. Some of the practice staff who acted as chaperones were not trained for their role and had not received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had recently reviewed its policy which indicated that non-clinical staff without DBS checks will not chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol 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 a result.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had a yearly meeting with community pharmacists to optimise medicines use for patients. Prescription pads were securely stored; however there were no systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs

## Are services safe?

are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body. The practice did not use locum GPs.
- We found that the patient records were not kept in a secure area and could be accessed by the public.

### Monitoring risks to patients

Risks to patients were assessed and in some cases well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments; however they have not carried out regular fire drills. The fire extinguishers at the practice had not recently been tested in the last year as required. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular

bacterium which can contaminate water systems in buildings). However the practice had not undertaken all the actions and recommendations following the fire and legionella risk assessments.

- 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

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. In addition to this, there were panic buttons on all the telephones.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. However the plan was not robust enough as it included only one service provider's details and had no staff contact details or details of buddy practice.

# 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 peoples' needs.

### 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 87.1% of the total number of points available, with 4.3% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was below the CCG and national average. For example, 69% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 47% which was significantly below the national average of 88%. The practice had investigated the reason for the lower compliance and found that they were not coding the annual reviews appropriately. We saw evidence that the practice GPs and Nurses were trained to address the issues.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing medicine was 100%, which was above the CCG average of 95% and national average of 93%.

- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100%, which was above the CCG average of 97% and national average of 98%.
- Performance for mental health related indicators was in-line the CCG average and lower then national average; 83% of patients had received an annual review in compared with CCG average of 84% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 81% which was below the CCG average of 84% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 94% compared with CCG average of 91% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits conducted in the last two years. In these audits areas where changes were required had been highlighted but had not always been implemented and monitored.
- For example, an audit of was undertaken to ascertain if patients with diabetes had well-controlled diabetes which was indicated by specific blood test results. The audit identified some patients for whom the diabetes was not well-controlled. Following this the practice were planning to invite these patients for medicines review and was planning to re-audit in six months' time.
- Another clinical audit was undertaken to ascertain the number of patients with diabetes who were prescribed a medicine to control diabetes that had a side-effect of reducing absorption of a particular vitamin. All the patients who were prescribed this medicine and had had their bloods tested to ascertain levels of this particular vitamin were checked. Many of these patients had symptoms of deficiency of this vitamin. Of these patients some had deficiency of this vitamin. Following this, it was decided that the symptomatic patients with diabetes should have their blood checked regularly to ascertain levels of this vitamin and managed appropriately.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, and basic life support.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However we found that the GPs were not always involved in the appraisal of practice nurses. All staff had had an appraisal within the last 12 months.
- Staff received 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 was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care

and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had recently started educational lunch meetings and was planning to have this every quarter where the clinical staff discussed practice and patient issues. As part of this educational lunch session they had an endocrinology presentation. We saw evidence that multi-disciplinary team meetings took place on a three monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. The patients had access to a variety of health promotion leaflets and local support information and were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those

## Are services effective? (for example, treatment is effective)

with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to children aged under two years ranged from 64% to 91% and five year olds from 85% to 99%. The flu vaccination rate

for the over 65s were 69%, and for at risk groups 50%. These were also comparable to CCG and national averages. The flu vaccination rate for patients with diabetes patients was 87.5% which was below the national average.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

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

We spoke with 13 patients including three member of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%, national average of 89%).
- 86% said the GP gave them enough time (CCG average 84%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).

- 96% said they found the receptionists at the practice helpful (CCG average 86%, national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 93% said the last GP they saw was good at explaining tests and treatments (Clinical Commissioning Group (CCG) average 83%, national average of 86%).
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 90%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had set up a carers forum where they liaised with carers, for example regarding changes to medicines.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a

## Are services caring?

flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The patients had access to bereavement counselling through a local hospice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered evening extended hours surgery on a Mondays and Tuesdays evenings from 6:30pm and 8pm. The practice had recently signed up to be part of local GP Alliance and provided two to three appointments seven days a week through Primary Care hubs which could be booked in advance; this was suitable for working patients and children who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- The practice provided a phlebotomy service at the practice to facilitate access for older patients who may have difficulty in getting to the hospital.
- Same day appointments were available for children aged under one year and for those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- The practice offered a text messaging service which reminded patients about their appointments.
- The practice had been using the electronic prescribing system for the past three years which enabled the practice to directly send prescriptions to the nominated pharmacies.
- The practice provided minor surgical procedures and coil fitting.

### Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were from 8:30am to 11:30am every morning and 4:00pm to 6:00pm every evening. Extended hours surgery were offered on Mondays and Tuesdays between 6:30pm to 8:00pm. In addition to pre-bookable appointments that could be booked up to

two months in advance, urgent appointments were also available for people that needed them. The practice had recently signed up to be part of local GP Alliance which provided two to three appointments seven days a week through Primary Care hubs which could be booked in advance.

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

- 76% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 71%, national average 75%).
- 89% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 86% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

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

### Listening and learning from concerns and complaints

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

- 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 such as posters in the waiting area and information on the website.

We looked at six complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. However ombudsman information was not always included in the response letter sent to patients. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained that not all items requested on repeat prescriptions were processed on time. The practice investigated the issue and found that the patient's request had items that had to be signed off by different GPs which had caused delays. Following this the practice had arranged online access for the patient to request repeat prescriptions which went directly to the nominated

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

pharmacy. The practice had changed its policy to make sure that all items on repeat prescriptions be signed off by one GP to avoid delays. The practice had also encouraged patients to register for online access.

# Are services well-led?

Good 

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

## Our findings

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was an understanding of the performance of the practice. One of the practice GPs attended the GP cluster meeting with the local Clinical Commissioning Group.
- The practice manager used a message book to communicate issues and suggestions to the non-clinical staff. The practice had a partnership meeting that took place on a quarterly basis between the partners and the practice manager where management, clinical issues including significant events and strategy were discussed. The practice recently had a practice meeting for non-clinical staff which they were planning to do it every six months. The practice had no governance meetings involving all staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.

- 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.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

### 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 recently established a virtual Patient Participation Group (PPG) with 12 members and had not had any meetings. We met with three members of the PPG who were very positive about the care and support they received from the practice. They were very happy with the support they received from the practice manager and were interested in recruiting additional members and organising a PPG meeting in the near future.

The practice had gathered feedback from staff through a recent staff survey. 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.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <b>How the regulation was not being met:</b> The provider had not ensured that adequate fire safety measures were in place. Actions following fire and legionella risk assessments had not been actioned. The provider had not ensured patient records were stored securely. This was in breach of regulation 17(1) and 17(2) (b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <b>How the regulation was not being met:</b> The chaperoning processes in place at the practice were not sufficiently robust. The provider could not demonstrate that all staff were trained to the appropriate level in child protection. This was in breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.