

# Eastview Surgery

## 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Eastview Surgery on 19 November 2015. The overall rating for the practice was requires improvement and requirement notices were made as improvements were needed in safeguarding, suitability of the premises and to governance systems. The full comprehensive report on the November 2015 inspection can be found by selecting the 'all reports' link for Eastview Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken on 30 August 2017 and was an announced comprehensive inspection.

Overall the practice is rated as good.

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

- There were systems in place to reduce risks to patient safety, for example, equipment checks were carried out, there were systems to protect patients from the risks associated with insufficient staffing levels and to prevent the spread of infection.

- Staff were trained, understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt supported. They had access to training and development opportunities appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect. We saw staff treated patients with kindness and respect.
- Services were planned and delivered to take into account the needs of different and diverse patient groups.
  - Access to the service was monitored to ensure it met the needs of patients.
- There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

# Summary of findings

- The premises and equipment were clean and suitable for use.

However, there are areas of practice where the provider should make improvements:

- Review the system for reviewing significant events and complaints on a regular basis in order to identify themes and trends and learn from these.
- Review the system for documenting action taken in response to patient safety alerts.
- Review policies and procedures to ensure they are up to date and specific to the practice.
- Implement a schedule for cleaning of clinical equipment and formal monitoring of the general housekeeping cleaning schedules.
- Implement a quality improvement programme which includes clinical audits being undertaken in response to local and national priorities. This should include infection prevention and control audits undertaken annually.
- Review communication with the patient participation group to actively encourage seeking feedback from this means.
- Review health and safety procedures to ensure that risks are assessed fully and control measures are in place and monitored.
- Implement a system for checking the validity of professional registrations for clinical staff
- Review and monitor the training plan for clinical and non-clinical staff to ensure all staff continue to be updated in their required training specific to their roles.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. There were appropriate systems in place to ensure that equipment was safe to use and that the premises were safe. The practice maintained appropriate standards of cleanliness and hygiene. Staff knew how to report safety issues. Staff were trained in and aware of procedures for safeguarding patients from the risk of abuse.

- We found there was a system in place for reporting, recording and analysing significant events; lessons were shared to make sure action was taken to improve safety in the practice. However, significant events were not reviewed on a regular basis in order to identify themes and trends.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- There were some systems in place to reduce risks to patient safety. For example, checks were carried out on equipment on a regular basis. Risk assessments for health and safety, including fire safety were in need of updating and mitigating control measures needed applying. These were addressed immediately following the inspection.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Required pre-employment checks had been carried out to ensure staff suitability for the sample of staff files we looked at
- We observed the premises to be clean and tidy. There were cleaning schedules in place that were informally monitored. A range of infection control policies and protocols were available however needed up dating to be specific to the practice.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff had access to guidance from the National Institute for Health and Care Excellence (NICE) and referred to it.
- Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.
- Staff had the skills and knowledge to deliver effective care and treatment.

Good



# Summary of findings

- Staff had access to training and development opportunities and had received training appropriate to their roles.

## Are services caring?

The practice is rated as good for providing caring services.

- The patient spoken with and those who returned comment cards were very positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, compassionate and supportive.
- Responses to the National GP Patient Survey (July 2017) relating to the caring approach of the practice were overall in-line with or above local and national averages.
- Information for patients about the services available was accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and used this understanding to meet the needs of its population. For example it understood the needs of the vulnerable population and tailored services to the needs of this population group.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer, those at the end of their life and patients living with dementia.
- A range of appointments were provided to meet the needs of patients, including booking on line, pre bookable up to four weeks in advance, on the day, emergency appointments and home visits.
- Information about how to complain was available and evidence reviewed showed the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders. However the practice did not routinely review all complaints in order to identify themes and trends and to learn from these.

Good



## Are services well-led?

The practice is rated as good for providing well-led services.

Good



# Summary of findings

- The practice had a mission statement and staff could articulate its values and ethos to provide high quality general medical services.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance and staff meetings. Some of these policies such as infection prevention and control, health and safety and safeguarding needed updating and to ensure they were practice specific.
- The practice sought feedback from staff and patients, which it acted on. Development of communication with the patient participation group needed improving to actively encourage feedback from patients by this means.

# 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 kept registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- All patients over the age of 75 years had been allocated a named GP.
- The practice was responsive to the needs of older patients, and offered home visits, extended appointments and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, carrying out over 75's health checks, frailty assessments and Flu vaccinations for the elderly.

Good



### People with long term conditions

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

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required regular checks received these.
- The practice nurses specialised in long-term/chronic disease management and provided regular, structured reviews of patients' health.

Good



# Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There was a system to recall patients for a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.
- Longer appointments and home visits were available for patients with long term conditions when these were required.
- Patients with multiple long term conditions could be offered a single appointment to avoid multiple visits to the surgery.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, telephone consultations and an electronic prescribing service.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflect the needs for this age group.

Good





# Summary of findings

- The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, NHS health checks, contraceptive services, smoking cessation advice and family planning services.

## **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 those with a learning disability and alcohol and substance misuse. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding safeguarding, how to raise 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 for the care of people experiencing poor mental health (including people with dementia).

- The practice held a register of patients experiencing poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review.
- Care plans were developed to support patients and patient records were coded with carers' details to enable them to attend with the patient where appropriate.
- Accident and emergency attendance was monitored for patients identified as a high risk.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice referred patients to appropriate services such as memory clinics, psychiatry and counselling services.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017 (data collected from July – September 2016 and January – March 2017). The practice distributed 280 forms. 121 (43%) were returned which represented approximately 1.7% of the total practice population. The results showed that patients' responses about whether they were treated with respect and compassion by clinical and reception staff were overall in-line with or above local and national averages. For example results showed:

- 92% of patients stated the last GP they saw or spoke to was good at giving them enough time, compared to the CCG average of 87% and national average of 86%.
- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 92% said the nurse gave them enough time compared to the CCG average of 92% and national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

Results from the national GP patient survey from July 2017 showed that patient's satisfaction with access to care and treatment was comparable to local and national averages for some responses. For example:

- 81% of patients were satisfied with the surgery's opening hours compared to the CCG average of 76% and national average of 76%.

For some questions asked responses were below average. For example:

- 76% of patients said the last appointment they got was convenient compared to the CCG average of 79% and national average of 81%.
- 50% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 63% and national average of 64%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards and spoke with one patient, all were very positive about the standard of care received. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Overall feedback from patients indicated that they were satisfied with access to appointments and opening hours. Four patients' comments indicated there could be difficulties sometimes in making an appointment.

## Areas for improvement

### Action the service SHOULD take to improve

- Review the system for reviewing significant events and complaints on a regular basis in order to identify themes and trends and learn from these.
- Review the system for documenting action taken in response to patient safety alerts.
- Review policies and procedures to ensure they are up to date and specific to the practice.
- Implement a schedule for cleaning of clinical equipment and formal monitoring of the general housekeeping cleaning schedules.
- Implement a quality improvement programme which includes clinical audits being undertaken in response to local and national priorities. This should include infection prevention and control audits undertaken annually.

# Summary of findings

- Review communication with the patient participation group to actively encourage seeking feedback from this means.
- Review health and safety procedures to ensure that risks are assessed fully and control measures are in place and monitored.
- Implement a system for checking the validity of professional registrations for clinical staff
- Review and monitor the training plan for clinical and non-clinical staff to ensure all staff continue to be updated in their required training specific to their roles.

# Eastview Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC lead inspector and included a GP specialist advisor.

### Background to Eastview Surgery

Eastview Surgery, in Waterloo, Liverpool is situated in a converted residential dwelling in an area of Liverpool. There were approximately 7000 patients on the practice list at the time of our inspection. The practice has a population consisting of around the national averages for age groups, the number of unemployed patients and patients with a long standing health condition.

The practice is managed by three GP partners (two male, one female). There are two practice nurses and a healthcare assistant. Members of clinical staff are supported by the practice manager and reception and administration staff.

The practice is open 8.30am to 6.30pm every weekday with extended hours opening on a Monday evening until 9.15pm. Patients requiring a GP outside of normal working hours are advised to contact the local out of hours service provider or visit local walk in centres. The practice has a General Medical Services (GMS) contract with NHS England and is part of South Sefton Clinical Commissioning Group (CCG).

### Why we carried out this inspection

We undertook a comprehensive inspection of Eastview Surgery on 19 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well led services and was issued with requirement notices. The full comprehensive report on the November 2015 inspection can be found by selecting the 'all reports' link for Eastview Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Eastview Surgery on 30 August 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

### 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 30 August 2017. During our visit we:

- Spoke with a range of staff (GPs, practice manager, nurses, reception/administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 19 November 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safeguarding and cleanliness and infection control were not adequate.

These arrangements had improved when we undertook a follow up inspection on 30 August 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

There was a system in place for reporting, recording and investigating significant events. The practice had an incident management policy and a significant event recording form which was accessible to all staff via computer. All staff spoken with knew how to identify and report a significant event. The practice carried out analysis of the individual significant events however they did not carry out an overall review in order to monitor trends and themes or evaluate any action taken.

From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Patient safety alerts were received by the individual clinicians who then dealt with them appropriately. There was no system in place for the oversight and management of patient safety alerts and no documented evidence of action having been taken where relevant. The practice told us they would implement a system immediately.

### Overview of safety systems and process

- Policies and procedures for safeguarding children and vulnerable adults were accessible to all staff. The policies 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 and all staff we spoke with knew who this was, however the lead was not identified in the local policies. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and they told us they had received training on safeguarding children and

vulnerable adults relevant to their role. The practice met with the health visiting service every month to discuss any concerns about children and their families and how they could be best supported.

- A notice was displayed advising patients that a chaperone was available if required. Nurses, health care assistants and some administration staff acted as chaperones and they had received training for this role. A Disclosure and Barring Service (DBS) check had been undertaken for all staff who acted as chaperones. 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.
- We observed the premises to be clean and tidy. There were cleaning schedules in place. These were monitored informally by the practice and there was no documented evidence as to the standard met by the cleaning carried out. One of the nurses was the infection prevention and control (IPC) clinical lead. They had received basic training in infection control. There was a range of infection control policies in place, however these were not specific to the practice and not all staff were aware of them.
- An IPC audit had been undertaken two years ago and we saw evidence that an action plan had addressed improvements identified as a result. A re-audit had not been undertaken in order to check that IPC standards were now being met; the practice told us they would carry this out very shortly. Cleaning of clinical equipment was the responsibility of individual clinicians; however there were no documented cleaning plans in place for this equipment.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice overall kept patients safe. There were processes for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group

## Are services safe?

Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The repeat prescribing policy had been revised and was waiting re issue.

We reviewed six personnel files and found generally appropriate recruitment checks had been undertaken prior to employment including appropriate DBS checks.

There was no system in place to carry out periodic checks of the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) professional registration of staff. We were shown evidence that clinical staff had current valid professional registration and indemnity cover.

### Monitoring risks to patients

- The practice had a health and safety policy that had been implemented.
- On the day of inspection there was no health and safety fire risk assessment in place and there were no documented checks on the fire alarm system. The practice did not have a current Legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We were shown evidence following the inspection that fire and Legionella risk assessments had been booked in for the near future and included fire safety training. The practice had carried out fire alarm system checks and had implemented a COSHH assessment.

- Electrical equipment checks had been undertaken in 2015 and a further assessment was to be done the following week.
- Gas safety checks were up to date and clinical equipment was serviced and calibrated annually
- Arrangements were in place for planning and monitoring the number 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 instant messaging system on the computers in all the consultation and treatment rooms and a panic button which alerted staff to any emergency.

All staff had basic life support training. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely.

The practice had a business continuity plan which covered major incidents such as power failure or building damage and included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice. They had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice relied on individual clinicians to keep up to date with these guidelines, there was no overarching framework to manage and monitor NICE guidelines practice wide.

Clinical staff attended training and educational events to keep up to date with best practice. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital via a system which ensured an appointment was provided within two weeks. Reviews took place of prescribing practices and referrals to ensure that patients were provided with the most appropriate medications and interventions.

### 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. Current results (data from 2015-2016) showed the practice had achieved 94.1% of the total number of points available which was comparable to local (93%) and national (95%) averages. The practice had a 5.5% exception reporting rate (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) and similar to the Clinical Commissioning Group (CCG) (6.1%) and national (5.7%) averages. Data from 2015-2016 showed that outcomes were comparable to other practices locally and nationally:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 74% compared to the CCG average of 75% and the national average of 78%.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the records in the preceding 12 months was 76% compared to the CCG average of 83% and the national average of 89%.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 75% compared to the CCG average of 82% and the national average of 77%. The practice told us that for the current year achievement was 84% and an improvement on last year's achievement.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 91% compared to the CCG average of 82% and the national average of 90%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 82% compared to the CCG average of 81% and the national average of 83%.
- The percentage of patients with asthma, on the register, who had undergone an asthma review in the preceding 12 months was 74% compared to the CCG average of 71% and the national average of 76%.

We saw the practice monitored their QOF performance regularly and could demonstrate they were on target to meet performance in this year.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of antibiotic prescribing, anticoagulation therapy and other medicines monitoring. There was no audit plan or programme in place that was based on local and national priorities and identified cyclical audits in order to demonstrate improvements to practice.

GPs at the practice had a varied skill mix to support effective care of their patients. These included GPs and nurses specialising in various areas of practice. The GPs and nursing team had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, elderly care, safeguarding and family planning. The clinical staff we

# Are services effective?

## (for example, treatment is effective)

spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

### Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality as well as employment related matters. Newly employed staff worked alongside experienced staff to gain knowledge and experience.
- Staff told us that the practice ensured they had received role-specific training. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff received training that included: safeguarding adults and children, fire procedures, basic life support, infection control and information governance awareness. We saw evidence that core topic training had been undertaken and staff had evidence of training in a variety of other subjects relevant to their role. The practice lacked a comprehensive training plan. There was a training matrix which was out of date and did not identify which roles should undertake which topics and at what frequencies. 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 through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

### Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. The clinical staff we spoke with 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 clinical staff told us assessments of capacity to consent were also carried out in line with relevant guidance.

### Supporting patients to live healthier lives

New patients completed a health questionnaire and were offered a new patient health check. The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services. Care plans were developed to support patients to manage long term conditions such as asthma and chronic obstructive pulmonary disease (COPD).

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable or higher than other practices nationally. For example, the percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was 84% compared to the CCG average of 80% and the national average of 81%. Childhood immunisation rates for under two year olds ranged between 99% and 100% with the national expected rate being 90%. Immunisation rates for the 5 year age group were comparable to the CCG and national averages. There was a system to ensure that any missed immunisations were followed up with parents or a health visitor.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains or screens 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 to promote privacy. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were overall very positive about the standard of care received. Comments referred to the caring, kind and courteous nature, helpfulness and professionalism of all staff. We spoke with one patient during the inspection, who was also a member of the patient participation group. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

Data from the National GP Patient Survey July 2017 (data collected from July-September 2016 and January-March 2017) showed that overall patient's responses about whether they were treated with respect and in a compassionate manner by GPs, clinical and reception staff were comparable to or above local and national averages. Results showed:

- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 87% and national average of 86%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 94% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.

- 92% said the nurse gave them enough time compared to the CCG average of 92% and national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.

### 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 clinical staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were overall in line with or above local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care. For example, translation services and a hearing loop were available and information could be made available in different formats.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice maintained a register of carers and had identified 61 (approximately 1%) of patients as carers. The practice offered carers a health check to ensure they were receiving the care and treatment they needed.

Staff told us that if families had experienced bereavement, their GP would contact them particularly if they knew

family support was not immediately available. Staff at the practice would also be alerted to any deaths at the practice so that they would be mindful and able to offer support where possible or by giving patients advice on where to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered enhanced services including, avoiding unplanned hospital admissions, timely diagnosis of dementia and flu and shingles vaccinations. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- Immunisation clinics were held weekly and at other times convenient to patients to provide flexibility for patients.
- There were longer appointments available for patients, for example older patients, patients with a long term condition, patients requiring a translator and patients experiencing poor mental health.
- The practice aimed to ensure that patients were able to have their long term conditions reviewed in one visit to reduce the need for multiple appointments.
- An in-house phlebotomy service was provided which meant patients could receive these services locally rather than having to travel to another service.
- There were accessible facilities, which included a hearing loop, breast feeding, baby change, disabled accessible toilet and translation services.

### Access to the service

Eastview Surgery was open from 8.30am to 6.30pm Monday to Friday with extended hours on a Monday evening until 9.15pm. The practice offered GP telephone consultations so a patient could speak to a GP whilst at work. Patients could book routine appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line or by attending the practice. Telephone consultations were also offered.

Results from the national GP patient survey from July 2017 (data collected from July-September 2016 and January-March 2017) showed that patient's satisfaction with access to care and treatment was comparable to and sometimes lower than local and national averages for some responses. For example results showed:

- 81% of patients were satisfied with the surgery's opening hours compared to the CCG average of 76% and national average of 76%.
- 76% of patients said the last appointment they got was convenient compared to the CCG average of 79% and national average of 81%.
- 67% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 79% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 81% and national average of 84%.
- 77% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 73% and national average of 77%.

Lower than average satisfaction responses included:

- 50% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 63% and national average of 64%.
- 53% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 64% and national average of 71%.

The practice monitored patient feedback and were continuously trying to improve access. Staff had received specific training in customer service which had resulted in an improvement of staff attitude and related issues.

We received feedback from 27 patients. Feedback indicated that they were overall satisfied with access to appointments and opening hours; however four patients indicated they sometimes had difficulty getting a convenient appointment or getting through to the practice by telephone.

The practice had a system to assess:

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

# Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

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

signposting patients' to the complaint procedure was available in the patient information booklet. This included the details of who the patient should contact regarding their complaint.

The practice kept a record of written complaints. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. The practice did not review complaints overall on a regular basis in order to identify any themes and trends.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 19 November 2015, we rated the practice as requires improvement for providing well-led services as the governance systems were not effective. We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 30 August 2017. The practice is now rated as good for being well-led.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed and staff knew and understood the values.
- The practice partners had developed plans to improve the practice premises and had commenced an improvement program with the updating of clinical rooms and waiting rooms.

### Governance arrangements

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and the nurse had lead roles in key areas.
- Practice policies were in place and were available to all staff. However we found that some of these needed updating and localising to ensure they were specific to the practice. Policies needed to be shared widely with all staff so that the practice operated with continuity.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice. However not all staff attended and non-clinical staff obtained information through distribution of meeting minutes and verbal discussions.
- Clinical audit was used to monitor quality and to make improvements. An audit plan/programme was not in place that was based on local and national priorities.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- We saw evidence from meeting minutes that lessons learnt and sharing following significant events and complaints occurred. These should be reviewed overall on a regular basis in order to identify themes and trends.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and health visitors to monitor vulnerable patients, vulnerable families and safeguarding concerns.
- Staff told us the practice held regular meetings at protected learning times.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. Staff did not always feel involved in discussions about how to run and develop the practice, and should be encouraged to identify opportunities to improve the service delivered by the practice.

# Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- The NHS Friends and Family test, complaints and compliments received
- Staff through staff meetings, and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management
- The patient participation group (PPG). The group felt they had a lot to contribute to service improvements

and feedback and felt they were valued by the practice; however they had not met regularly with the practice over the last year and wanted to improve on the working relationship.

## Continuous improvement

There was a focus on continuous improvement within the practice. The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services including avoiding unplanned hospital admissions, timely diagnosis of dementia and flu and shingles vaccinations.

The practice had introduced clinics for blood pressure monitoring, blood sampling and health checks.