

# Dr Ward, Pearce & Partners

## Quality Report

Dr Ward, Pearce and Partners  
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Website: [www.wardpearceandpartners-churchside.co.uk](http://www.wardpearceandpartners-churchside.co.uk) Date of publication: 24/05/2016

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

### Ratings

Overall rating for this service	Good	
Are services safe?	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 Ward Pearce and Partner on 30 November 2015. Overall the practice is rated as good.

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

- There was an open culture in respect of learning from incidents and a commitment to preventing similar events occurring in future.
- Some risks were managed well but systems needed strengthening in some areas such as ensuring the cold chain protocol was understood and followed, recording the numbers of prescription stationery and risk assessing liquid nitrogen.
- Staff showed a commitment to using NICE guidelines and to improving outcomes for patients. Where they identified issues there were plans in place to address these.
- Patients told us they were treated with compassion, dignity and respect and they were involved in their

care and decisions about their treatment and this was supported by the national patient survey data which rated the practice above others in the CCG in a number of areas.

- Information about services and how to complain was available and easy to understand but outcomes were not clearly recorded to provide a clear oversight of trends..
- 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. Patient survey data showed the practice performed well in respect of patients being able to access appointments when needed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management but some felt communication could be clearer and more frequent.

We saw one area of outstanding practice:

# Summary of findings

- One member of staff ran a weight management classes for local patients. Giving up their own time, they tailored weekly classes to match the students' needs and provided the training program over twelve weeks. This would be attended by between two and 20 patients each week. Patient feedback indicated they valued this support, even if their weight loss was not substantial and they found the education around healthy eating to be valuable.
- Review protocols and processes involving cold chain recording and reporting and maintain an audit trail of prescription stationery
- Undertake a CoSHH assessment and risk assessment in respect of liquid nitrogen.
- Review complaints systems to provide a complete audit trail of outcomes.
- Review systems to make sure staff are aware of training expiry dates and ensure training the practice considers to be mandatory is completed as needed.

The areas where the provider should make improvement are:

**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.

Requires improvement



- Staff understood their role and responsibilities in respect of reporting and recording significant events and raising concerns. We saw a good level of knowledge around reporting safety incidents.
- Some risks were managed well but systems needed strengthening in some areas such as ensuring the cold chain protocol was understood and followed, recording the numbers of prescription stationery and risk assessing liquid nitrogen.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received a verbal and written apology where necessary and actions were taken to prevent the same thing happening again.
- The practice had good safeguarding procedures in place and staff were all trained to identify and help protect children and vulnerable adults.
- All staff were aware of their role in respect of managing patient emergencies.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff showed a commitment to using NICE guidelines and to improving outcomes for patients. Data showed they had achieved
- The practice engaged with local outside agencies to ensure the more vulnerable patients had access to treatment.
- Clinical audits demonstrated quality improvement and resulted in positive outcomes for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There were personal development plans for all staff.
- We saw evidence of effective multidisciplinary teams working together to understand and meet the range and complexity of people's needs.
- One member of staff ran a weight management classes for local patients. Giving up their own time, they tailored weekly classes to match the students' needs and provided the training

# Summary of findings

program over twelve weeks. This would be attended by between two and 20 patients each week. Patient feedback indicated they valued this support, even if their weight loss was not substantial and they found the education around healthy eating to be valuable.

## Are services caring?

The practice is rated as good for providing caring services.

- Results from the latest GP patient survey in July 2015 showed that patients were treated with compassion, dignity and respect: for example 89.9% of patients felt the GP was good at involving them in decisions about their care in comparison to the CCG average of 78.7% and the national average of 81.4%.
- 91.5% of patients said the GP was good at explaining tests and treatments compared to CCG average of 83.1% and national average of 86%.
- The practice website was comprehensive and very informative for patients about the services available; it was easy to navigate, understand and was easily accessible.
- During our inspection we observed that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice had a carer's list and had identified 2% of their patient list as having caring responsibilities. There was information on display in the practice and a proactive approach to identify carers at registration and when flu vaccinations were provided. One of the GPs was the carer's lead for the practice and we saw evidence to show they had undertaken training to help them undertake this role.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It was aware of the needs of its local population and engaged with the Nottinghamshire County Council Public Health, NHS UK and local clinical commissioning group (CCG) to secure improvements to services where these were identified. For example the practice provided extended hours and had operated Saturday influenza clinics to provide more flexibility for patients who worked.
- 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. National patient survey results confirmed these views. 84.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.6% and national average of 74.9%.

Good



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. Information on how to complain was clearly visible to patients around the practice, however the complaints investigations we reviewed did not detail the outcome and the audit trail of actions would benefit from strengthening.

## Are services well-led?

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

- The practice had a vision and strategy. Staff were clear about this and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported in general by management, however some staff members expressed concerns that communication and support within the practice could be improved at all levels.
- Staff were appointed as lead team members for specific areas and tasks and all staff were aware of this and could highlight who was responsible for each area.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which included arrangements to monitor and improve quality and identify risk.
- The practice sought feedback from staff and patients. The patient participation group (PPG) was active and told us they aimed to improve attendance and interaction from GPs.

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 carried out routine and emergency GP and nursing home visits for housebound patients and during the influenza season offered appointments to receive the vaccination and also provided Saturday clinics to enable working carers to bring patients to the practice.
- 18% of the practice list were over 65 and 9% over 75 years old.
- Patients over 65 were prioritised for receiving pneumonia and shingles vaccinations, and were signposted to various different services both within the NHS and voluntary sector organisations to meet and support their needs and to try to prevent unplanned admissions.
- The practice participated in Profile Risk Integrated Care & Self-Management (PRISM) multidisciplinary team meetings, with the aim of avoiding unplanned admission into hospital. They also used the Devon Tool, which is a risk assessment tool to identify patients at 70+% risk of unplanned admission.
- All patients over 75 and over had a named GP. An area on the practice website was specifically set up for older people, informing patients about seasonal flu vaccinations, guidance and factsheets. In addition older people were also able to access information on eating well and exercise.

Good



### People with long term conditions

The practice is rated as good 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 Practice had 310 patients with a diagnosis of diabetes on their register and had achieved 88% of the available QOF points for diabetes related indicators. This was 6.4% above the CCG average and slightly below the national average.
- Patients with long term conditions received reminders linked to their birthday for annual reviews and were recalled every six months for interim and medicines reviews.

Good



# Summary of findings

- Longer appointments and home visits were available when needed. All patients had a named GP and for patients with the most complex needs; the named GP worked with the multidisciplinary team, community matron, and specialist nurses to deliver a multidisciplinary package of care.
- Additional services were offered for patients with a diagnosis of rheumatoid arthritis and treatments available included in-house acupuncture and joint injections.
- There was good information and educational links on the practice website in respect of long-term conditions, providing patients with information on conditions including diabetes and asthma.

## 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 A&E attendances.
- Immunisation rates were above 90% for all standard childhood immunisations and childhood seasonal influenza vaccinations were offered.
- Appointments were available outside of school hours until 8pm on a Thursday and the premises were suitable for children and babies.
- The community midwife offered maternity services from the practice two days per week.
- The practice website had good links to family health, covering children's health 0-5yrs and 6-15yrs signposting patients to other websites for further information.
- Additional clinics were held for teenage females and patients who were pregnant.

Good



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

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

- The practice offered NHS health checks, cervical screening and chlamydia testing in order to provide early diagnosis and treatment.
- They offered an in-house smoking cessation service, weekly weight management class and HGV/Taxi /Armed Forces medicals.

Good



# Summary of findings

- The practice offered an online appointment booking and prescription ordering system and the surgery was open until 8pm on a Thursday evening in order to book routine GP and nurse appointments.
- Meningococcal awareness and vaccines were available for all 18 year old patients and new university students.
- 80.9% of eligible women had received cervical screening in the preceding 5 years. (CCG average was 76.5% and national average was 81.8%).

## 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.
- It offered longer appointments for people with a learning disability and used pictured letters as a form of communication for patients with learning difficulties.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients were given information about how to access various support groups and voluntary organisations. The practice offered annual learning disability review appointments with a GP and practice nurse.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and 90% of staff were trained to care identify and support women experiencing domestic violence .
- 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 for the care of people experiencing poor mental health (including people with dementia).

- 95% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was 11% above the CCG and England average achieved with no exception reporting.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia
- Patients experiencing received reminders linked to their birthday for annual reviews and were recalled every six monthly for interim and medicines reviews.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and referred patients to a local memory clinic if applicable.
- Weekly blister packs were used to help patients with Dementia take the right medicine at the right time. Screening tools were used for patients with suspected dementia and depression to help diagnose and identify needs and risks.
- All clinical and administrative staff had undergone dementia awareness training. Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We reviewed the national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. 324 survey forms were distributed and 118 were returned which was a 36% response rate.

- 91% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 95% found the receptionists at this surgery helpful (CCG average 88% national average 87%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).

- 89% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 81% described their experience of making an appointment as good (CCG average 71%, national average 73%).
- 82% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 5 comment cards which were all positive about the standard of care received.

## Areas for improvement

### Action the service SHOULD take to improve

- Review protocols and processes involving cold chain recording and reporting and maintain an audit trail of prescription stationery
- Undertake a CoSHH assessment and risk assessment in respect of liquid nitrogen.

- Review complaints systems to provide a complete audit trail of outcomes.
- Review systems to make sure staff are aware of training expiry dates and ensure training the practice considers to be mandatory is completed as needed.

## Outstanding practice

- One member of staff ran a weight management classes for local patients. Giving up their own time, they tailored weekly classes to match the students' needs and provided the training program over twelve weeks. This would be attended by between two and 20

patients each week. Patient feedback indicated they valued this support, even if their weight loss was not substantial and they found the education around healthy eating to be valuable.

# Dr Ward, Pearce & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, an inspection manager, a practice nurse specialist advisor, and an Expert by Experience who is a person with personal experience of GP services.

### Background to Dr Ward, Pearce & Partners

Drs Ward Pearce and Partners provide Primary Medical Services to a patient population of 5885 in the centre of Mansfield.

There is a single branch and the majority of their patient population are of working age.

There are three partners and this is a training practice providing work placements for doctors in training (taking trainee doctors). There are two GP Trainee Registrars based at the practice.

The practice employs two practice nurses, two health care assistants, a practice manager and secretarial and HR lead. There are five reception staff, a prescribing clerk and two domestic staff. The Practice has experienced significant staff changes over the past five years. Since 2010, 60% of the support staff are new to the practice and most are new to the NHS.

The practice is open from 8am until 6.30pm Monday to Friday. Extended hours surgeries are offered on Thursdays until 8pm. The practice also provides Saturday morning clinics during the period when influenza vaccinations are provided.

The practice has opted out of providing out of hours services and this service is provided by Central Nottinghamshire Clinical Services (CNCS). A message on the practice answer phone indicates how to access this service out of hours.

### Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 that we hold about the practice and asked other organisations such as clinical commissioning group (CCG), the NHS England local area team and Healthwatch to share what they knew. We carried out an announced inspection on 30 November 2015. During our inspection we;

- Spoke with a range of staff (GPs, practice nurse, health care assistant, practice manager, administrative and reception staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members

# Detailed findings

- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people

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

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. We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We also spoke with several patients who were happy with the care provided at the practice.

# Are services safe?

## Our findings

### Safe track record and learning

The practice held comprehensive significant event documentation; we reviewed eighteen significant events from 2014 and 2015, five of which related to clinical issues. There was an honest approach to investigations and evidence of learning from incidents with clear action plans developed to prevent re-occurrence. The practice promoted an open policy to all staff regarding significant events, staff were trained and expected to report any incidents to practice manager for follow up.

Staff told us they felt involved in patient safety and were aware of their responsibilities to raise concerns. A member of the reception team told us about a recent significant event and could recall the lessons learned. We saw evidence of meetings taking place where safety was on the agenda and staff told us that they felt included in the safety ethos.

Meeting minutes showed evidence of discussion of Patient Safety Alerts, Medicines and Healthcare Products Regulatory Agency (MHRA) alerts and dissemination, discussion and learning from incidents and events. Safety alerts were received by practice manager; the alerts were then forwarded to the relevant person(s) to action. We saw that a copy of the alert email was saved, a hard copy filed and a read receipt confirmed receipt for action.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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. Safeguarding meetings were held quarterly with the lead GP, GP partners, practice nurse and health visitor. Minutes we reviewed were comprehensive. Copies of child protection conferences, review meetings and plans were available for the past two years.
- All staff were trained to an appropriate level in respect of safeguarding children and adults; with the practice nurse trained to level 2 and the GPs trained to level 3. Staff demonstrated clear knowledge of safeguarding

issues and their responsibilities. All staff were able to signpost an incident to the safeguarding lead and knew where to find the information booklet held in reception to escalate a safeguarding issue.

- Notices were clearly displayed throughout the practice indicating that a chaperone would be available if required or requested. (A chaperone is a person who acts as a safeguard and witness for a patient and a health care professional during a medical examination or procedure) All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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 was visibly clean and tidy. A cleaning schedule for November 2015 was current and completed appropriately. The infection control lead was the healthcare assistant who had received appropriate training for the role. We reviewed infection control audit document dated July 2015, which identified a number of issues to be corrected. There was evidence to show that areas for improvement were being actioned.
- A range of infection control protocols were in place including handwashing and needle stick injury guidance. We saw evidence to demonstrate that staff had received appropriate training in infection control.
- The arrangements for the rotation of vaccinations were safe. Details of stock levels of all drugs and expiry dates were maintained on an electronic database. Two clean medicine fridges both had daily temperature recording evident, however the temperature recording template for November 2015 indicated elevated temperature readings. On two separate occasions the temperature in the fridge had been recorded at +9 degrees Celsius; No incident form was completed for either temperature spike in line with practice policies. Staff told us that this was due to the protocol not being followed correctly and assured us this would be addressed.
- Patient Group Directions and Patient Specific Directions for immunisations and vaccines were in place and signed by all relevant staff. Medicines audits were undertaken.
- Appropriate emergency medicines were available and in date and the emergency bag contained appropriate emergency equipment. Evidence of regular checks were recorded.

## Are services safe?

- We observed that only GPs amend the patient medicines records and alerts on the system were used to highlight changes to prescriptions. Blank prescriptions numbers were not being recorded to prevent these being misused or misappropriated.
- We reviewed five staff files which were well organised and evidenced that the appropriate pre-employment checks had been undertaken. We found evidence of appraisals, references, professional registration, induction and appropriate DBS checks.

### Monitoring risks to patients

Most risks to patients were assessed and managed.

- We saw evidence that fire drills were carried out annually and the practice arranged for external fire inspections and fire extinguisher checks, both of which were carried out November 2015 and October 2015 respectively. Fire extinguishers were checked by the caretaker for pressure loss and the practice had dedicated fire marshals.
- There were comprehensive risk assessments available which were in date and due for review December 2015. Health and Safety training had been carried out during 2015 with the exception of domestic staff. Liquid nitrogen for cryosurgery clinics was kept on the premises but no COSHH assessment was in place, nor was there a risk assessment to ensure it was stored correctly and used safely.

- We reviewed the practice legionella policy dated 12 October 2015; monthly visits were undertaken by Managed Water Services to ensure the water systems were safe and we saw evidence of this.
- The mix of staff and experience within the team was kept under review. We reviewed staff rotas and were satisfied that there were systems in place to ensure leave and sickness cover.

### Arrangements to deal with emergencies and major incidents

- The practice had arrangements in place to respond to emergencies and major incidents.
- All staff had received annual basic life support training. Staff were aware of their roles and responsibilities in the event of an emergency as staff were able to give examples of their responses.
- The practice staff had a defibrillator on site as well as oxygen and there were systems in place to check emergency equipment was fit for use. The staff had received defibrillator training.

There was a practice business continuity plan dated 8 July 2015 and this identified critical function, non-critical services which may be suspended and for how long. Minimum staffing requirements for all critical functions were identified.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and considered current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines when delivering care and treatment. We saw evidence to show these guidelines were discussed in staff meetings.

### 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 indicated the practice had achieved 93% of the total number of points available, with 10.7% 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.

Data from 2014/15 showed the practice mainly provided in line with CCG and national averages in most clinical areas but there was some variable performance;

- Performance for diabetes related indicators showed that the practice had achieved 88% of all their points which was 6% above the CCG and 1% below the national average.
- Performance in respect of depression related indicators was 100% which was 14% above the CCG and 8% above the national average. However the exception reporting for this indicator was also slightly above the CCG average and significantly above the national average (at 2% and 9% above respectively.) The prevalence of depression was also higher than both the CCG and national average.
- The practice performance in respect of Chronic Obstructive Pulmonary Disease (a collection of lung diseases) was 83% which was 11% below the CCG and 13% below the national average. Exception reporting was broadly in line with local and national levels for all indicators.

- 95% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was 11% above the CCG and England average achieved with no exception reporting.

The practice staff were aware that some of their exception reporting rates were high, for example those around depression and they had looked into the reasons for this. They identified the issues were incorrect coding and having insufficient clinical capacity previously to follow up those who did not attend for review. They were addressing the coding issues with staff and were aiming to recruit an additional GP and had recruited a practice nurse. They told us they were confident this would address the issues.

The practice liaised with the CCG to monitor several performance indicators.

- Non-elective emergency referrals and Accident and Emergency attendances were below the CCG average.
- Elective referral rates were at or below CCG average except for ENT, dermatology and cardiology which were slightly above the CCG average. The practice staff were aware of this and had robust systems to ensure their referrals were appropriate. These included discussions between partners prior to referrals being made and reviewing whether the referral had necessitated further intervention from secondary care services which indicated the initial referral was the correct action to take.
- Information from the CCG indicated the practice had overspent on their indicative prescribing budget. The practice engaged with the CCG medicines management team to address this and was making changes to prescribing practice in response.
- There had been eight recorded clinical reviews/audits undertaken in 2015.

Clinical audits demonstrated quality improvement. For example;

- An Arterial Fibrillation and Anticoagulation audit was carried out over two cycles in May and July 2015. This audit looked at prescribing anticoagulants for patients with arterial fibrillation who were at elevated risk to prevent stroke and mortality in line with updated NICE guidelines. The audit looked at 102 patients and 18 were

# Are services effective?

## (for example, treatment is effective)

not on the correct medication. A comparison of the two cycles showed an improvement that 97.5% of patients on review were prescribed medicines in line with NICE guidelines as opposed to 79% previously.

### Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We saw that the practice had a comprehensive induction programme for both clinical and administrative members of staff. We also saw separate induction processes for locum GPs and registrars. The learning needs of staff were identified through a system of annual appraisals, meetings and reviews of practice development needs.
- Evidence of training and appraisal was witnessed in the employee staff files. Some training the practice considered to be mandatory had yet to be completed. We were assured this would be addressed.

### Coordinating patient care and information sharing

- We saw good evidence of multidisciplinary information sharing, meetings were well attended by the practice and community staff (district nurse and community specialists).
- We saw comprehensive minutes dating back to July 2014. The Red, Amber, Green system was used to illustrate patient risk and to highlight those most at risk of unplanned admission.
- Gold Standard Framework meetings (GSF) were held monthly. The practice had maintained comprehensive minutes dating back to 2010. We reviewed minutes which showed evidence of liaison with hospital specialists and the community team.

### Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- The practice had a consent policy in place and we saw consent forms for routine treatment and video consultations.
- We saw evidence of formal staff training in 2015 covering consent and Mental Capacity Act 2005 and this formed part of the annual mandatory training program. All clinicians were aware of the requirements in respect of

assessing capacity under the Mental Capacity Act, assessing risk and mental ill health under the Mental Health Act and children's maturity and competence to make medical decisions without parental consent. .

### Health promotion and prevention

- The practice identified patients who may be in need of extra support which included patients in the last 12 months of their lives, carers, and those at risk of developing a long-term condition.
- One member of staff ran a weight management classes for local patients. Giving up their own time, they tailored weekly classes to match the students' needs and provided the training program over twelve weeks. This would be attended by between two and 20 patients each week. Patient feedback indicated they valued this support, even if their weight loss was not substantial and they found the education around healthy eating to be valuable.
- The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 79% which was comparable to the CCG average of 79% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Their breast screening rates were 82% which was above the CCG average of 78% and bowel screening rates were in line with CCG averages at 60% compared to a CCG average of 59%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG average for 12 month olds at 97% compared with the CCG average of 95%, and between 90 and 98% for two year olds compared with the CCG average of 93 to 97%.
- Flu vaccination rates for the over 65s were 69.4%, and at risk groups 44.1%. These were below the CCG and national averages. The practice staff tried different proactive strategies to improve this and had organised five drop in clinics on different days and times, done information displays in the practice as well as promoting the vaccinations in the practice newsletter in an effort to increase uptake.
- Patients had access to appropriate health assessments and checks, these included health checks for new

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

patients and NHS health checks for people aged 40–74.  
The practice used a Patient Health Needs Survey

template to ascertain feedback on the service provided.  
Data from the showed that the practice had, as of  
September 2015, offered 221 health checks and  
completed 117 health checks.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

- Arrangements were in place to protect patients' privacy and confidentiality both in the reception area and when they were in consultations.
- 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 completed 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 one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The PPG told us that they were hoping to increase the number of annual meetings from four to six and told us they would welcome and encourage additional participation from the practice partners during the meetings.

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 doctors and nurses. For example:

- 92.9% said the GP was good at listening to them compared to the CCG average of 85.8% and national average of 88.6%.
- 90.6% said the GP gave them enough time (CCG average 85.3%, national average 86.6%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 93.8%, national average 95.2%)
- 87.7% said the last GP they spoke to was good at treating them with care and concern (CCG average 82.6%, national average 85.1%).
- 96.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.2%, national average 90.4%).
- 92.7% said they found the receptionists at the practice helpful (CCG average 87.9%, national average 86.8%)

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

Patients told us that they felt involved in decision making about the care and treatment they received. Views expressed in the comment cards assured us that patients 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 day of the inspection 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. Results were higher than local and national averages. For example:

- 91.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.1% and national average of 86.0%.
- 89.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 78.7%, national average 81.4%)

We saw notices in the reception areas informing patients that a translation 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 had a carer's list and had identified 2% of their patient list as having caring responsibilities. There was information on display in the practice and a proactive approach to identify carers at registration and when flu vaccinations were provided. One of the GPs was the carer's lead for the practice and we saw evidence to show they had undertaken training to help them undertake this role.
- We saw evidence of involving patients in their care and bereavement support, and observed that all staff exhibited a patient centred approach to their role. An example was given of a bereaved patient being signposted to CRUSE and an example of referring a patient to the LET'S TALK service for cognitive behavioural therapy.

# 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 extended hours on a Thursday evening until 8pm for working patients and families who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered Saturday morning influenza clinics during the flu season which allowed family members to bring the less mobile into surgery

The Patient Participation Group highlighted problems with the entrance and access to the practice, the practice responded and rectified the issue with new automated doors.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours surgeries were offered on Thursday evenings until 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, daily urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 84.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.6% and national average of 74.9%.
- 85.3% of patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73.3%).
- 84.1% of patients described their experience of making an appointment as good (CCG average 83.9%, national average 85.2%).
- 81.1% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 64.5%, national average 64.8%).

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a GP lead and an administrator lead for complaints within the practice.
- We saw that information was available to help patients understand the complaints system, for example, the practice complaints protocol was advertised throughout the practice which directed patients to the complaints lead.

We looked at the practice complaints policy and procedures and reviewed two complaint investigations for complaints received in the last 12 months. The two investigations showed the complaints were acknowledged, and investigated. Arrangements for recording the outcome of complaints were not robust and the records to provide an overview of complaints and outcomes needed to be strengthened. The practice staff acknowledged this.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

- The practice had a mission statement which was displayed in the waiting areas and on the practice web site and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The quarterly business plan we looked at dated September 2015 was comprehensive, it had sections for short, medium and long-term goals, succession planning, areas of responsibility and practice development.
- The practice carried out a staff satisfaction survey which showed mixed reviews, for example some staff were positive, others felt that 'information and knowledge to support their role was rarely shared' and that 'their work was not always valued'.

### Governance arrangements

The practice had an overarching governance framework which aimed to support 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 via the intranet.
- A comprehensive understanding of the performance of the practice was ensured by the engagement at locality meetings. The GPs attended local CCG meetings and participated in protected learning sessions, alongside the nurses and non-clinical staff.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks which in most cases were effective. Some systems and protocols were less effective or were not adhered to in all cases. For example the management and oversight of mandatory training.

### Leadership, openness and transparency

- The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The practice held key information sharing across the practice, minutes were well documented and dissemination was evident.
- The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The majority of staff we spoke to assured us that the practice was a good place to work and generally had a good team ethos.

When there were unexpected or unintended safety incidents:

- The practice offered affected people a verbal and written apology where appropriate. They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. The practice organised team building events and the next event was being planned.
- Staff told us that the practice held regular team meetings, some being split into separate staffing groups. Some staff felt this occasionally led to communications breakdown due to information not being shared.
- Staff said they felt respected, valued and supported, particularly by the manager and partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and

# Are services well-led?

Good 

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

submitted proposals for improvements to the practice management team. For example, new automated doors were fitted at the entrance to the practice after a request from the PPG to investigate alternate access.

- The PPG wanted to increase their meetings with the practice from four to six per year.

The practice had also gathered feedback from staff through the annual staff feedback questionnaire dated September 2015. Staff gave honest and open feedback in the questionnaire and there was post questionnaire evidence that discussions were held and any concerns or issues with colleagues were being addressed at all levels.