

# The Cedars Surgery

## Quality Report

8 Cookham Road, Maidenhead, Berkshire, SL6 8AJ

Tel: 01628 620458

Website: [www.thecedarsurgery.co.uk](http://www.thecedarsurgery.co.uk)

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

### Ratings

#### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Requires improvement



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 Cedars Surgery on 19 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- All staff had received safeguarding relevant to their role.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice used innovative and proactive methods to improve patient outcomes. For example, identifying and using social prescribing services to support patients to live healthier lives.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure failsafe systems are in place to ensure results were received for all samples sent for the cervical screening programme.

# Summary of findings

- Ensure patient outcomes are reviewed to ensure that patients with long term conditions receive appropriate care and treatment.
- Review of the system in place to promote the benefits of cervical screening in order to increase patient uptake.

**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.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Safeguarding was an agenda item on the weekly clinical meeting and referrals made to, or received by the multi-agency safeguarding hub were discussed. Risk sharing was encouraged amongst the whole practice team.
- Risks to patients were assessed and well managed.
- The practice had the necessary equipment and training for dealing with emergencies.
- Recruitment checks were conducted in line with current legislation.

### Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were average compared to the national average. Overall QOF achievement was 95% compared to the national average of 95% and the CCG average of 97%.
- However exception reporting in some areas were higher than the local and national average. For example, CCG average of 11% and national average of 13%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a system to identify when staff had training and when it would need to be updated. Staff were given protected time to complete training.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice holds an in-house physiotherapy clinic for patients with musculoskeletal problems.
- The practice held regular sessions designed to improve public health outcomes, including Live well, contraception, travel and chronic disease clinics.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed patients rated the practice below others for some aspects of care. For example, 75% of patients describe their overall experience of this surgery as good (CCG average 83%, national average 85%). 30% of patients usually get to see or speak to their preferred GP (CCG average 53%, national average 59%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. This including leaflets in easy to read formats and other languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- Practice staff 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. For example, the practice took part in the local social prescribing schemes.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

# Summary of findings

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with multi-disciplinary teams in the care of older vulnerable patients.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line with local and national averages. For example, the number of emergency admissions per 1,000 population was 14, compared to the CCG average of 12 and the national average of 14.
- 100% of patients aged 50 or over (and who have not attained the age of 75) with a fragility fracture and confirmed diagnosis of osteoporosis, were currently treated with an appropriate bone-sparing agent. This was higher when compared to the local clinical commissioning group average (61%) and national average (81%).
- Immunisation campaigns for the elderly such as flu, shingles and pneumonia were advertised through posters, messages on prescriptions, website updates and letters, with follow up phone calls to those who have not attended.
- The practice works closely with community matrons and care co-ordinators to promote better health.
- The practice refers elderly patients to age concern and a service which combines exercise with an activity club to improve socialising and health outcomes.

### People with long term conditions

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

Good



- The lead GP and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 93% which was higher than the clinical commissioning group (CCG) average of 80% and national average of 89%.
- Longer appointments and home visits were available when needed.

# Summary of findings

- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the lead GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice participates in the clinical commissioning group complex case management scheme which provides proactive care for those at highest risk of emergency admission.
- Long term condition review clinics were held by the practice nurses. The nurses are trained in management of chronic obstructive pulmonary disease, cardiovascular disease, asthma and diabetes (including insulin initiation).
- Performance for chronic obstructive pulmonary disease (COPD, a collection of lung diseases including chronic bronchitis and emphysema) indicators showed the practice had achieved 91% of targets which was similar when compared to the CCG average (94%) and the national average (96%).
- The practice has recently employed an advanced nurse practitioner to support GP's with minor illness management to enable GPs to allocate more time to patients with long-term conditions.
- The practice holds an in-house physiotherapy clinic for patients with musculoskeletal problems.

## 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.
- In response to comparative data showing that A&E attendances in the 0-5 years population was high, the practice implemented a campaign to improve self-management skills amongst parents. A key component of this was to expand the range of educational materials included in the "New Baby Pack". Frequent attenders were proactively invited to attend appointments to discuss how to appropriately access health services.
- The practice was fully involved with safeguarding procedures. They held regular meetings with health visitors to discuss vulnerable children and families, and those on the safeguarding register.

Good





# Summary of findings

- Safeguarding is an agenda item on the weekly clinical meeting and referrals made to, or received by the multi-agency safeguarding hub are discussed. Risk sharing is encouraged amongst the whole practice team.
- Childhood immunisation rates for the vaccinations given was comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 93% (CCG average 73% to 95%) and five year olds from 85% to 97% (CCG average 81% to 94%).
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice follows the 'You're welcome' principles to enable them to be young person friendly. The Department of Health set 'You're Welcome' Quality Standards with the aim of improving young people's health services and becoming more young people friendly. The criteria is based on the principle that 'all young people are entitled to receive appropriate health care wherever they access it'. The practice offer after school appointments and will see young people without their parents if deemed appropriate. They have confidentiality and consent policies in place that are in line with current interpretation of Gillick competency and the Fraser guidelines.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provides a range of in-house contraceptive, maternity and child health services.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The surgery offered extended pre-bookable appointments during evenings and weekends via the Prime Ministers Challenge Fund.
- The practice was proactive in offering online services for repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.

**Good**



# Summary of findings

- The practice used IT to improve access for patients. Including online appointment booking, automated 24 hour telephone booking and cancellation of appointments. Text reminders were used to encourage attendance at appointments and to remind patients of services such as flu clinics.
- The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 83% and the national average of 82%.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had completed 100% of learning disability health checks, which is above the national average of 44%.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- GPs worked within a multi-disciplinary team to ensure the best outcomes for vulnerable patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

## 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).

Good



- 84% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the local average of 83% and the national average of 84%.
- 96% of patients with a severe mental health issue who had a comprehensive, agreed care plan documented in the last 12 months, which was comparable to the local average of 92% and the national average of 88%.

# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Proactive dementia screening was undertaken for at risk patients. The practice identified a low prevalence of dementia diagnosis compared to expectation (based on the patient demographic). To improve this they trained the Healthcare Assistant to offer dementia screening opportunistically and by telephone consultations to the at risk population. Patients requiring further assessment were booked for dementia screening blood tests and appointment with the GP, which has increased the diagnosis and enabled patients to receive earlier intervention to manage the condition.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The administration team regularly recall patients for mental health checks and offer reminder calls on the day of appointment for those with dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below the local and national averages. 284 survey forms were distributed and 119 were returned. This represented 1.1% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the national average of 73% and the CCG average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85% and the CCG average of 86%.
- 75% of patients described the overall experience of this GP practice as good compared to the national average of 85% and the CCG average of 84%.

- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and the CCG average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were nearly all positive about the standard of care received. Comments included that doctors and nurses are very caring and efficient, reception staff are very helpful when booking an appointment and doctors provide an excellent service.

We spoke with 17 patients during the inspection. Most of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The negative comments focused on the ability to get an appointment with a named GP.

# The Cedars Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an assistant CQC inspector.

## Background to The Cedars Surgery

Cedars Surgery is a practice within Windsor, Ascot and Maidenhead clinical commissioning group (CCG). A CCG is a group of general practices that work together to plan and design local health services in England. They do this by commissioning or buying health and care services. Cedars Surgery provides GP services to around 11,000 patients in a suburban area of Maidenhead. It is based in an area of mixed ethnicity and this is reflected in its patient list. The locality has a relatively medium level of deprivation, with a higher working age population (between 25 and 40 years) compared to the national average and average life expectancy.

The practice has three GP female partners and four salaried GPs. There are seven members of the nursing team including an advanced nurse practitioner, practice nurses and health care assistants. There are 13 members of patient services team, including a practice manager, deputy practice manager, receptionists, secretaries and prescription clerk.

The practice became a training practice in 2012 for medical students and foundation year doctors. They are expanding this commitment to training student nurses from 2017.

Cedars surgery comprises three floors. The upper floor was added as an extension in 1997. The building is physically linked to a pharmacy and a second GP surgery, which all operate independently. The practice has six GP consulting rooms and three nurse treatment rooms. There are two waiting areas situated on the ground and first floor. The third floor is for the management and administration team. The surgery has a lift for patients to access the second floor consulting areas. There is step free access to the main entrance, and automatic entrance doors.

The practice is open from 8am to 6.30pm Monday to Friday, with extended early morning appointments from 7.30am on Tuesdays, Thursdays and Fridays. Patients can also access appointments with a GP at St Marks Hospital via a service provided through the Prime Ministers Challenge Fund, which aims to help improve access to general practice and stimulate innovative ways of providing primary care services across the country.

Cedars Surgery operates with a General Medical Services contract. They offer enhanced services for childhood immunisations, improving patient online access, influenza and pneumococcal immunisations, annual health checks for patients with a learning disability and avoiding unplanned admissions.

Cedars surgery are registered for providing diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures and family planning.

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by East Berkshire primary care out of hours service and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained on a recorded message when the practice is closed.

# Detailed findings

Cedars Surgery is registered to provide services from the following location:

8 Cookham Road, Maidenhead, SL6 8AJ.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 October 2016.

During our visit we:

- Spoke with a range of staff (including five GPs, two nurses, five administration staff and a practice manager) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the nurse protocol for diabetic health reviews was changed when a diabetic eye screening referral was missed, to mitigate the risk of this happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had

received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.

- The practice were fully involved with safeguarding procedures. They held regular meetings with health visitors to discuss vulnerable children and families, and those on the safeguarding register. Safeguarding is an agenda item on the weekly clinical meeting and referrals made to, or received by the multi-agency safeguarding hub are discussed. Risk sharing is encouraged amongst the whole practice team.
- A notice in the waiting room and in the clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. They had attended external training and had allocated time to complete this extended role which included liaison with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer

## Are services safe?

medicines in line with legislation. Health Care Assistants were trained to administer vaccines, such as influenza, vitamin B12 and pneumococcal, against a patient specific prescription or direction from a prescriber.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure

enough staff were on duty at peak times of the day. The practice had experienced a significant amount of staffing change in the previous two years due to three GPs going on maternity leave. As a result the practice had a strategic approach to the use of locum GPs to respond to patient demand. A locum is a person who stands in temporarily for someone else of the same profession.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available. We noted that exception reporting overall was 10% which was comparable to the national average of 9%. (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).

- Performance for diabetes related indicators was 90% which was comparable to the clinical commissioning group average of 94% and national average of 89%.
- Exception reporting for diabetes related indicators was 10% which was comparable to the clinical commissioning group (CCG) average of 12% and national average of 12%.
- Performance for mental health related indicators was 96% which was above the CCG average of 92% and the national average of 88%.
- Exception reporting for mental health related indicators was 31% which was above the CCG average of 11% and national average of 13%.
- Exception reporting for rheumatoid arthritis was 40% which was above the CCG average of 7% and the national average of 7%.

- Exception reporting for chronic obstructive pulmonary disease was 21% which was above the CCG average of 10% and the national average of 11%.

The practice could not offer an explanation to justify why the exception reporting was higher than the local averages for these conditions. High exception reporting is an indicator that patients were at risk of not receiving appropriate care and treatment.

There was evidence of quality improvement including clinical audit.

- There had been 14 clinical audits undertaken in the last two years, four of these were second cycle completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a recent audit in prescribing Mirabegron, for treating symptoms of an overactive bladder, identified that 19% of patients had not recently had a blood pressure check and of those that had 23% had hypertension (high blood pressure) (this medicine should not be used for patients with hypertension). The practice identified the affected patients and contacted them to review their treatment and discuss the options. A new recall system was introduced for patients newly commenced on this medication to ensure that their blood pressure was reviewed. Following a second audit 100% of patients had a blood pressure review and no patients had hypertension.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, such as diabetes, staff were supported to attend training and mentored by the clinical lead for that area.
- Staff administering vaccines had received specific training which had included an assessment of competence. Staff who administered vaccines could

# Are services effective?

## (for example, treatment is effective)

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.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.
- Patients with Chronic obstructive pulmonary disorder (COPD) were offered a referral to a Singing Lung health group funded by the British Lung Foundation.

The practice's uptake for the cervical screening programme was 75%, which was lower than the CCG average of 83% and the national average of 82%. The practice were aware that their uptake for cervical screening was low and had started looking into ways of improving this. The practice showed us that their uptake had increased to 95% this year.

There were no failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme; however this was rectified on the day of inspection. The practice followed up women who were referred as a result of abnormal results.

Following the inspection the practice sent us a copy of an audit to ensure all results had been received for the previous 12 months.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 53% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was similar when compared to the CCG average (55%) and national average (58%).
- 76% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was comparable to the CCG average (77%) and the national average (72%).

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

## Are services effective?

(for example, treatment is effective)

immunisation rates for the vaccinations given to under two year olds ranged from 85%% to 93% compared to national averages of 73% to 95%, and five year olds from 85% to 97% compared to national averages of between 81% to 94%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Patient Care Quality Commission 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Three comment cards outlined concerns that getting an appointment with their named GP can sometimes be difficult.

We spoke with four members 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.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 98% and the national average of 97%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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

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

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice told us that over the last three years they had a lot of changes within the practice due to maternity leave of three of the partners. This meant that patients were often seeing locum GP's. The practice felt that this contributed to the lower satisfaction scores with GP treatment. Although the maternity leave has now finished the practice has not had sufficient time to show improvement.

## Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language and some practice staff were bilingual.
- Information leaflets were available in easy read format.

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

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

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 165 patients as carers (1.5% of the practice list). They were identified at registration, by district nurses and from discussion with patients during consultations. Carers were coded on the system and offered a yearly flu vaccine. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and a sympathy card was sent to families. This call was followed by giving them advice on how 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 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. For example, the practice had identified that there was deprivation within their local population which was not easily identifiable via statistics. For example, there were elderly patients who were not able to heat their homes properly and living conditions, which was highlighted as a concern by clinicians during home visits. The practice approached the clinical commissioning group with this information and agreed to undertake a social prescribing pilot with the aim of supporting these patients.
- The practice also refer patients to Age concern, who offer advice about health and wellbeing and offer opportunities for socialising. The aim of this pilot is to give elderly people a sense of community and belonging.
- The practice offered appointments from 7.30am three days a week for working patients who could not attend during normal opening hours. Patients could also access appointments from 6.30pm to 9pm Monday to Friday, 9am to 5pm on Saturday and 11am to 4pm on Sundays, with a GP or a nurse, at the local community hospital as part of the Prime Ministers challenge fund.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice has well designed premises. All treatment and consulting rooms were situated on the ground floor. There were automatic doors for ease of access, disabled toilets and there was parking available, including disabled parking.

- Patients could book appointments in person, online or through a 24 hour automated phone service.
- Text appointment reminders were sent to patients 24 hours before all appointments.
- The practice has recently employed an advanced nurse practitioner to support GP's with minor illness management to enable GPs to allocate more time to patients with long-term conditions.
- The practice holds an in-house physiotherapy clinic for patients with musculoskeletal problems.
- In response to comparative data showing that A&E attendances in the 0-5 years population was high, the practice implemented a campaign to improve self-management skills amongst parents. A key component of this was to expand the range of educational materials included in the 'New Baby Pack'. Frequent attenders were proactively invited to attend appointments to discuss how to appropriately access health services.

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday, with extended early morning appointments from 7.30am on Tuesdays, Thursdays and Fridays. Patients can also access appointments with a GP at St Marks Hospital via a service provided through the Prime Ministers Challenge Fund (PMCF). In addition to pre-bookable appointments that could be booked up to six weeks in advance, 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 lower than the national averages.

- 64% of patients were satisfied with the practice's opening hours compared to the national average of 76% and CCG average of 69%.
- 70% of patients said they could get through easily to the practice by phone compared to the national average of 73% and CCG average of 73%.
- 82% of patients said they found the receptionists at the surgery helpful compared to the national average of 87% and the CCG average of 85%.
- 30% of patients said they usually get to see or speak to their preferred GP compared to the national average of 59% and the CG average of 53%.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice told us that patients were not satisfied with the opening hours at the beginning of the year because the PMCF service was not fully accessed. The amount of patients accessing this has since increased recently as the practice were more proactive in promoting the service.

The practice has had three GP's on maternity leave in as many years and struggled to recruit locums to cover this. This was resolved at the time of inspection and the surgery were fully staffed. The practice told us this was contributing to low satisfaction with accessing the preferred GP.

The most recent friends and family test for September 2016 showed that 87% of patients were likely or extremely likely to recommend the surgery to their friends and family.

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

The practice had a system in place to assess:

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

Patients were asked the nature of their problem and if they felt it needed to be seen that day. If they did need to be seen then an emergency appointment or telephone call with the duty doctor would be offered. In cases where the urgency of need was so great that it would be

inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

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

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled and there was openness and transparency with dealing with the complaint etc. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, when a complaint was received regarding the way a trainee GP dealt with a complaint the practice sent a written apology to the patient within the timescale detailed in the practice policy. A protocol was developed to ensure complaints regarding trainee staff were dealt with appropriately in the future.



# 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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice aimed to provide 'proactive, personalised care and support to all patients in the most appropriate setting'.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice told us that the service was monitored by administrative recall systems and clinical audits.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements, although the practice could have completed more of these to further improve patient outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however, the practice had failed to identify the risk of not ensuring all cervical screening results were received.

### 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 partners supported the theory that happy staff means better outcomes for patients. They ensured the staff were involved in decisions relating to the practice and patient care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people 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 in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held with the aim of improving team work and maintaining and improving staff morale.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The surgery had allocated lead roles within the practice to ensure workload and responsibility was equally shared. These lead roles covered safeguarding, end of life care, information governance, clinical governance and infection control.
- Senior GPs were allocated as leads in different areas to ensure workload was distributed and actioned appropriately.

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



# Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they suggested that diabetes awareness could be increased. To respond to this
- The practice had regular meetings to ensure there was opportunity for staff to communicate and build relationships.

- The practice had gathered feedback from staff through staff meetings, away days and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example,

- The practice took part in a local pilot scheme including social prescribing (which the practice identified the need for)
- To improve patient access the practice was signed up to the Prime Ministers Challenge Fund (PMCF).
- The practice referred suitable patients to the proactive care pilot, which involves healthy lifestyle advice and exercise.