

# Churchwood Medical Practice

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Churchwood Medical Practice on 3 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 and transparent approach to safety. Staff understood and fulfilled their responsibilities to raise concerns and report significant events. Such information about safety was recorded, monitored, reviewed and appropriate action taken.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. They received training appropriate to their roles.
- 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.
- Urgent and some booked appointments were available on the 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 very well 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 show improvement are:

Ensure that PAT testing is carried out.

Ensure that a Legionella risk assessment is completed.

Continue to assess and respond to feedback from patients and staff in respect to access to appointments and customer service.

# Summary of findings

**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.

- Staff understood and fulfilled their responsibilities to raise concerns and report significant events. Such events were discussed and lessons learnt.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information and an apology and were told about any actions to improve processes to prevent the same thing happening again.
- All staff were trained in the safeguarding of children and vulnerable adults and the practice had clearly defined and embedded systems, processes and practices in place to keep people safe.

Risks to patients were assessed and well managed. However although a Legionella risk assessment and PAT testing had been booked with outside agencies, they had not yet been completed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable to other practices for the locality.
- 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 evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

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

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group to secure improvements to services where these were identified. Key outcomes are to improve quality of proactive and reactive care of patients 75 or older and those with complex needs to reduce avoidable hospital admissions.
- An improved appointments service had been put in place with longer morning surgeries and improved telephone and internet access in response to patient feedback. Urgent appointments were available on the day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- It 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 this.
- 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 knowing about notifiable safety incidents
- 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.

The practice offered proactive, personalised care to meet the needs of the older people in its population. Those living alone were identified and with their consent the practice worked closely with family members to ensure their needs were met. It was responsive to the needs of older people, and offered home visits for the housebound. Patients in care homes were dealt with as a priority and any phone calls or faxed information were passed directly to the on-call GP for appropriate action, including home visits or liaising with other health professionals. The practice had identified patients over 75, with enhanced needs, that were at risk of unplanned hospital admission and regularly reviewed them. Hospital admissions and discharges were reviewed on a live dashboard daily to ensure a prompt and appropriate response when the patient returned home.

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. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the GP team worked with relevant health and care professionals to deliver a multidisciplinary package of care and host monthly multidisciplinary team (MDT) meetings which included a range of service providers including social care, a local voluntary agency specialising in mental health and one specialising in dementia, as well as community nursing and palliative care teams. The practice also worked closely with the community matron to ensure that patients with long term conditions and requiring extra support received additional input.

The clinical team worked closely with other service providers and referred to, or encouraged patients to attend, local support programmes such as ESTER, a hospital based scheme which provides additional advice for patients with Type 2 diabetes, and Rebalance which provides advice and support on weight loss.

Good



# Summary of findings

## **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. All children under child protection procedures were coded appropriately on the clinical system and highlighted by an alert when their notes were accessed. There was a robust child safeguarding policy in place and all staff had been appropriately trained. Letters were sent to parents of any children who had missed a hospital appointment to encourage them to return to the practice for re-referral. This was because the practice recognised that they may feel uncomfortable at having missed an appointment or may be expecting to be sent a new hospital appointment automatically. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were offered outside of school hours and the premises were suitable for children and babies.

There was a midwifery service available once a week on the premises. The cervical screening results were that the percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test had been performed in the preceding 5 years (net of exceptions) was 85% which was 1.1% above the clinical commissioning group (CCG) average and 3.2% above the national average.

Good



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

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered extra booked appointments for three Saturday mornings and one Thursday evening a month. These additional clinics included both practice nurse and health care assistant (HCA) appointments alongside GP appointments. GPs also offered advice by telephone each day for those patients who had difficulty attending the service. Patients could book or cancel appointments using an online booking system via the practice web page.

It was also possible to order repeat prescriptions online, update personal details or clinical records and sign up to receive the practice newsletter by email. The practice was proactive in offering a

Good



# Summary of findings

full range of health promotion and screening that reflects the needs for this age group including an in-house smoking advisor. There was a sexual health clinic available which is also offered to patients not registered with the practice.

## **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 with a learning disability. Each patient had an annual review either by one of the GPs or the practice nurse and the team worked closely with the patient's carers and residential home managers to complete the reviews in their familiar surroundings. Longer appointments were offered for people with a learning disability and where possible at the beginning or end of a surgery when the waiting room was quieter.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and Out of Hours.

The practice were aware that their local population included a high level of income deprivation and were actively involved in the Reducing Health Inequalities programme which was planning to develop a multi service provider centre to improve access to a range of support services.

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).

Of people diagnosed with dementia, 96.7% had received a review of their care in a face to face meeting in the last 12 months (14.9% above the CCG average, 12.7% above the national average) and 91.4% with severe mental health needs had a comprehensive care plan documented in the record in the last 12 months (1.2% below CCG average, 3.1% above national average). Staff had a good understanding of how to support people with mental health needs and dementia, for example all staff members had attended an in-house dementia awareness workshop. Reception staff would phone patients with dementia (or if appropriate a carer) to remind them of an appointment. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The MDT included members of local groups working with people

Good



## Summary of findings

with mental health issues and dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations having implemented a referral pathway in conjunction with the Community Wellbeing Service. It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. They hosted a local agency working with patients with mental health issues and a counselling service for adults who have been victims of abuse in childhood.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing below local and national averages for access to appointments. 339 survey forms were distributed and 134 were returned.

- 61% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 65% found the receptionists at this surgery helpful (CCG average 89%, national average 87%).
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 85%).
- 89% said the last appointment they got was convenient (CCG average 94%, national average 92%).
- 60% described their experience of making an appointment as good (CCG average 80%, national average 73%).
- 43% usually waited 15 minutes or less after their appointment time to be seen (CCG average 66%, national average 65%).

However the national GP patient survey was carried out July - September 2014 and January - March 2015 and the results aggregated. In response to patient feedback significant changes were made to the bookings system in October 2014, when the telephone appointments started opening at 8am, 30 minutes before the doors opened instead of after they opened. Also more recently the GPs have increased the length of their morning surgeries and the online booking system has also now been linked to the website and more widely publicised. On the day of the inspection we noted that there were unbooked pre-bookable appointments still available for that evening and the next morning. The practice were constantly monitoring patient feedback about this. We also noted that customer care was specifically discussed at practice meetings.

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 all positive about the standard of care received. Staff were considered to be caring, professional and polite.

We spoke with four patients during the inspection and four members of the PPG. All eight patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

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## Areas for improvement

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

Ensure that PAT testing is carried out.

Ensure that a Legionella risk assessment is completed.

Continue to assess and respond to feedback from patients and staff in respect to access to appointments and customer service.

# Churchwood Medical Practice

## 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 advisor, a practice manager specialist advisor and a second CQC inspector.

## Background to Churchwood Medical Practice

Churchwood Medical Practice offers personal medical services to the population of St Leonards On Sea. There are approximately 5,784 registered patients.

Churchwood Medical Practice is run by two partner GPs. The practice is also supported by a salaried GP, two practice nurses, two healthcare assistants, a phlebotomist, a team of receptionists, administrative staff, a practice manager and a deputy practice manager. There are two male GPs and one female GP. The practice is a training practice and currently has two GP registrars. These are qualified doctors who are undergoing further specialist training in general practice and hospitals with a view to becoming GPs.

The practice is open between 8am and 6pm Monday to Thursday and 8am to 5pm on Friday. Appointments are from 8.30am to 12am every morning and 3pm to 5pm in the afternoon. Extended hours surgeries are offered between 6.30pm to 8pm one Thursday a month and 9am to 10.30am on three Saturdays a month which are for pre-bookable appointments only.

When the practice is closed cover is provided by IC24 Ltd and is accessed via NHS111

Patients can be seen in general clinics which can include health checks, annual reviews for patients suffering from chronic diseases including amongst others, coronary heart disease, previous stroke, hypertension, mental health issues, chronic kidney disease, asthma and diabetes. Dressings, anti-coagulation, spirometry and smoking cessation clinics are also offered.

Child immunisations are held throughout the week.

Well person checks are available with the nurses and this can include a smear test for women if indicated.

Sexual health advice and investigations are offered in confidence to patients even if not registered with the practice.

Nurses also offer dietary advice and advice on exercise and weight loss and run travel clinics.

Some minor surgical procedures such as steroid joint injections and cryotherapy are also available following GP referral.

Annual flu vaccination clinics are held in October, November and December some of which are held on Saturdays.

Community midwives hold a weekly clinic at the practice on Thursday mornings.

The practice has a slightly higher than average population of 5-24 year olds and 45-69 year olds and slightly less than

# Detailed findings

the national average population of 25-45 year olds. The percentage of registered patients suffering deprivation (affecting both adults and children) is higher than average for England.

## 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 to share what they knew. We carried out an announced visit on 3 November 2015. During our visit we spoke with a range of staff including GPs and GP registrar, the practice manager, practice nurses, health care assistant, administration and reception staff.

We talked with four patients and observed staff interaction with patients. We reviewed policies, procedures and operational records such as risk assessments and audits.

We reviewed 21 comment cards completed by patients who shared their views and experiences of the service in the two weeks prior to the visit. We also spoke to four members of the Patient Participation Group (PPG).

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.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent culture and effective system in place for reporting and recording significant events. Staff told us that they recorded any significant events on a form and then reported directly to the practice manager. The events were thoroughly analysed and discussed at regular practice meetings so that all staff could learn from them. People affected by significant events received a candid and timely apology and were told about any actions to improve care where appropriate.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident occurred where a referral was faxed by a member of staff who thought that the fax had been received. Unfortunately it was not noticed that the verification report stated that the line was busy rather than that the fax had been received. It was not until a later date that it was discovered that the referral had not been sent. The practice reviewed their procedures and a proforma was produced alongside the existing protocol. This required staff to record the date and time that the fax was sent and confirmation that it was received. The proforma was situated next to the fax machine. The incident was discussed at the next staff meeting.

### 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 clearly displayed behind the reception area and accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was a lead member of staff for all safeguarding. The GPs would attend safeguarding meetings when required and where necessary would provide reports for other agencies. Staff demonstrated they understood their responsibilities and all had received training to safeguarding level three.

- A notice in the waiting room advised patients that they could ask for a chaperone, if required. There were currently three members of staff who acted as chaperones. All 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). There were plans to train more staff for the role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local senior infection control nurse specialist to keep up to date with best practice. There was an infection control protocol in place and staff had received recent in-house training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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 medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations. We saw up to date copies of these directives.
- The practice had a comprehensive recruitment policy and the files that we reviewed showed that appropriate 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

## Are services safe?

health and safety policy which all staff could access. The practice had up to date fire risk assessments and carried out evacuation drills six monthly. We saw proof that the fire alarm and emergency lighting systems had been fully serviced and that an appointment had been booked for repairs. Clinical equipment had recently been checked and calibrated to ensure it was working effectively. The practice also had a variety of other risk assessments in place to monitor safety on the premises including the use of computer screens. We saw that an in-house risk assessment for Legionella including recordings of the water temperature in each room had been carried out and as a consequence of this an appointment had been booked for a further assessment by a specialist company on 17 November 2015. .

The practice had noted that electrical appliance testing (PAT testing) was out of date, but an appointment had been booked for the testing to be carried out on 10 November 2015. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were both adult and child adrenaline pens accessible to all staff with the emergency equipment, other emergency medicines were accessible to the GPs in a secure area. The medicines were regularly checked, in date and fit for use.
- The practice had a defibrillator available on the premises, a pulse oximeter and oxygen with adult and children's masks. There was also a first aid kit and accident book available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. All staff that we spoke to were aware of the plan.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. 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 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 97% of the total number of points available, with 7.3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was comparable to the CCG and national average. (84.9%)
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average. (100%)
- Performance for mental health related indicators was comparable to the CCG and national average for (88.5%)
- The dementia diagnosis rate was comparable to the CCG and national average.

Data analysis also suggested that the practice were reporting a prevalence of Coronary Heart Disease below that that would be expected.

Clinical audits were carried out to assess areas where the quality of patient care could be improved. All appropriate staff were involved, if indicated changes were made and then the audits were repeated to ascertain whether patient outcomes had improved.

Information about patients' outcomes was used to make improvements such as an audit that was carried out on the prescribing of antibiotics for sore throats. As a result of analysis of initial data collection, the practice intensified the campaign in the practice to discourage patient expectation of antibiotics using waiting room posters and by the GPshanding out the information sheet "Treating your infection". A second, later data collection showed a significant drop in the number of antibiotic courses prescribed for sore throats.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We saw evidence that all staff had received training in subjects such as basic life support, adult and child safeguarding, information governance awareness, equality and diversity awareness and fire procedures. Staff had access to and made use of e-learning training modules and in-house training.
- 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 these learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months.
- All the staff that we talked to said that if they identified a training need, they felt that they could ask the practice manager and the practice would do their best to organise appropriate training to meet that need.

### 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 people to other services.

# Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they had been discharged from hospital. We saw that one member of staff monitored a live dashboard of hospital admissions and discharges and informed the relevant clinical staff and other services to update them. We also saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

## Consent to care and treatment

Staff always sought patients' consent to care and treatment in line with legislation and guidance. We saw that staff had had training in and 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, where appropriate, recorded the outcome of the assessment. The practice ensured it met its responsibilities within current legislation and followed the relevant national guidance.

## Health promotion and prevention

Patients who may be in need of extra support were actively identified by the practice and where appropriate, offered

extra help. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet and those who wished to stop smoking or needed alcohol cessation. Patients were then signposted to the relevant service, for example to the local Rebalance programme which provides advice and support on weight loss or to the in-house smoking advisor.

The practice has a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 83.9% and the national average of 81.8%. There was a policy to offer telephone reminders or letter for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.4% to 98.3% and five year olds from 81.4% to 100%. Flu vaccination rates for the over 65s were 70.21%, and at risk groups 47.99%. These were also comparable to CCG and national averages.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients and treated people with dignity and respect whether speaking face to face at the reception desk or on the telephone. 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 and that conversations taking place in these rooms could not be overheard. The reception area was a large open area and staff were aware that there was the potential for conversations to be overheard. In view of this a private area had been created behind reception where any sensitive issues could be discussed in confidence, also music was played in the waiting area during surgery times.

All of the 21 patient CQC comment cards we received were positive about the service experienced. Patients felt that staff were professional, helpful and caring and that they were treated with dignity and respect and most described the service they received as good, very good or excellent.

We spoke to four patients all of whom were positive about the practice. Reception staff were described as helpful and friendly and they were treated with dignity and respect.

We also spoke with four members of the patient participation group. They also told us that the GPs and their team provided an excellent service and that they had a very caring and dedicated approach.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The results were mixed, some results being above and some below CCG and National averages. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 85%, national average 87%).
- 87.9% said they had confidence and trust in the last GP they saw (CCG average 93.7%, national average 95.5%)

- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 83.3%, national average 85.1%).
- 82.7% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7%, national average 90.4 %).
- 65.1% said they found the receptionists at the practice helpful (CCG average 89.4%, national average 86.8%)

The figures above differed from our observations, those of the patients that we spoke to, observations on the comment cards and those of the PPG, which were generally far more positive. There was evidence that the practice had made significant changes to the booking system and had addressed customer care issues in practice meetings.

Two senior receptionists had completed reaching excellence training and the newest receptionist had had customer service training.

### 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. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 90.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.4% and national average of 86%.
- 82.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 81.8%, national average 81.4%)

We saw that the practice had a register of patients at risk of unplanned hospital admissions and these were regularly reviewed by the GPs and unplanned admissions co-ordinator as part of the unplanned admissions avoidance service. The unplanned admissions co-ordinator monitored the local admissions dashboard daily so that

## Are services caring?

the practice was aware of admissions and discharges before being informed by the Trust. To promote continuity of care, the co-ordinator also reviewed the Out of Hours service and Walk in Centre attendances to identify frequent attenders and assess if there were ways in which the practice could support patients to attend the practice where appropriate. We saw that care plans were in place for for patients with long term conditions, patients requiring end of life care and patients with learning difficulties.

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

Notices and a folder in the patient waiting room told patients how to access a number of support groups and organisations.

One of the patients that we interviewed told us how supportive the GP and the practice had been when his wife was ill and specifically how supportive they were of him as her carer at the time. Notices in the waiting room encouraged carers to inform the practice that they are carers.

Staff told us that if families had suffered bereavement, their usual GP would phone or visit them at home to offer support. The practice had access to variety of support and counselling services and would refer the bereaved person as appropriate.

# 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 one GP and the practice manager are members of a steering group working with a small number of practices working on a local initiative Everybody Counts. Key outcomes are to improve quality of proactive and reactive care of patients 75 or older and those with complex needs to reduce avoidable hospital admissions.
- The practice held additional surgeries on one Thursday evening and three Saturdays a month. These were staffed with a practice nurse and HCA as well as GPs to offer a more flexibility to working patients.
- Extra appointments were offered at the end of normal clinics to help increase surgery access for working patients and telephone consultations were available throughout the day until 6.30 pm.
- A significant change to the booking system was made at the end of 2014 with the telephone lines opening at 8am and the doors opening at 8.30am, which was the reverse of the previous system. This was done in response to patient feedback.
- Patient Access has been introduced and actively promoted. This is an online service which alongside the email service allows patients to book appointments, order repeat prescriptions and communicate with the surgery. All reception staff had access to the practice email, which was checked regularly throughout the day and responded to promptly.
- There were longer appointments available for people with a learning disability at the beginning or end of a surgery when the waiting room is quieter, and the annual health reviews were held at the patients homes/ residential homes so that they were in familiar surroundings.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.

- A dedicated area was created away from main reception to allow patients to speak to reception staff in confidence. This was done in response to a patient survey (audit).
- Seats were removed from outside a treatment room as conversations could be overheard from within the room.
- There were disabled facilities, baby changing facilities and a hearing loop available. There was a bell on the front entrance for disabled patients to ring which alerted reception staff to offer them help if required.
- The practice had recently converted the manager's office on the ground floor into a treatment room and relocated the office to the lower ground floor. This was done in response to a patient survey so that all patients had access to the Practice Nurse or Health Care Assistant without having to negotiate stairs.
- The Memory Assessment Clinic was hosted on a weekly basis so that patients don't have to travel to unfamiliar premises.
- Elderly or vulnerable patients and the parents of children who miss appointments are telephoned and offered a further appointment.
- A text message reminder service was offered to all patients, with their consent.

### Access to the service

The practice was open between 8am and 6pm Monday to Thursday and 8am – 5pm on Friday. It closed between noon and 2pm daily for staff training. Appointments were from 8.30am to noon every morning and 3pm to 5pm daily. Extended hours surgeries were offered on one Thursday a month between 6.30pm and 8pm and three Saturdays a month between 9am and 10.30am. Extended hours surgeries were advanced bookings only, when the practice also offered appointments with the Practice Nurses and Health Care Assistants. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available. A GP was always available on site until 6.30pm to take emergency calls until handing over to the on-call service.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment were worse than local and national averages. However the practice had made changes to the

# Are services responsive to people's needs?

## (for example, to feedback?)

appointments system and people told us on the day that they were able to get appointments when they needed them and that things had improved with the changes in the system.

- 59.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 74.9%.
- 61.4% patients said they could get through easily to the surgery by phone (CCG average 77.1%, national average 73.3%).
- 60.1% patients described their experience of making an appointment as good (CCG average 80.3%, national average 73.3%).
- 43% patients said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average 64.8%).

### **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. Information was available to help patients understand the complaints policy in the form of posters in the waiting room and also on the website.

We looked at 10 complaints received in the last 12 months and found that they were dealt with in a timely manner and

an open and transparent way. In each case an investigation was carried out, with staff involved being interviewed and an appropriate response, which might include an apology if necessary, was sent to the complainant. Complainants were offered an opportunity to discuss the matter further with the practice manager if necessary. We saw evidence that complaints were discussed at weekly business meetings between the partners and practice manager. Any topics brought up in a complaint were discussed in staff meetings and lessons learnt. Action was taken to promote improvements to the quality of care. For example, a patient wrote in to complain about the unhelpful telephone attitude of a member of staff regarding a second prescription request, when a pharmacy had run out of stock of the medication. The patient was also unable to access a complaints form. The member of staff was interviewed, gave an explanation given and asked the practice to apologise for any offence caused. The letter explained the outcome of the investigation, and the apology from the staff member was forwarded, they also responded regarding the issue of the medication being unavailable at the pharmacy. The patient was advised that in these circumstances it is best to check with another pharmacy to see if they have the item in stock. The letter also expressed dismay with regard to difficulty locating a complaints form, and that a reminder would be made to all staff at the next practice meeting. The staff were reminded about complaints forms at the next practice meeting.

# 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 provide accessible, high quality, primary care services that meet the health needs of our patients and are delivered by well trained, highly motivated and compassionate staff.' We found details of how they planned to attain this in their statement of purpose.

The members of staff that we spoke to all demonstrated these objectives and values in our discussions and all spoke very positively about the practice.

### 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
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- Risks were identified, recorded and managed.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice. They told us that they have an open door policy. The staff that we spoke to confirmed that they felt that they could have access to the Practice Manager or a partner at any time if needed when GPs/practice manager were not seeing patients or other staff. Staff told us that they were approachable and always take the time to listen to all members of staff.

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

Staff told us that there was an open culture within the practice. There were regular team meetings at which they were supported in raising issues and felt comfortable in doing so. They felt respected, valued and supported by the partners and the practice manager.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and when an unexpected or unintended safety incident occurs, the practice gives affected people reasonable support a clear and truthful explanation

When there were unexpected or unintended safety incidents the practice gives affected people reasonable support, truthful information and an apology.

### 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 had 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 submitted proposals for improvements to the practice management team.
- The practice had also gathered feedback from staff encouraging them to add agenda points to practice meetings and bringing up issues that concerned them. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

There was a strong 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 such as their involvement as primary care champions. The practice manager and one of the GPs provide an advisory role at steering group meetings of local agencies encouraging the implementation of local Social Prescribing initiatives within the practice. Social prescribing is a means of enabling

# Are services well-led?

Good 

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

primary care services to refer patients with social, emotional, or practical needs to a range of local, non-clinical services, often provided by the voluntary and

community sector. They were working with the local Health Inequalities Programme Team to develop a multi service provider centre near the practice that would allow the local population access to several agencies all under one roof.