

# Rowe Avenue Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rowe Avenue Surgery on 28 April 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 not always assessed and well managed. For example, the practice had not undertaken the necessary recruitment checks for all staff. There was no evidence that an up to date health and safety or fire risk assessment of the premises had been undertaken.
- Whilst the practice premises was observed to be clean, there were no cleaning schedules in place and not all waste was correctly stored.
- 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.
- 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 was easy to make an appointment although not always with the same GP. Urgent appointments were available on the day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had implemented innovative approaches to staffing with the employment of a paramedic practitioner who was able to provide an on the day minor illness service and home visits to patients where it was deemed clinically appropriate.

# Summary of findings

- 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 must make improvements are:

- Take action to address identified concerns with infection control.
- Ensure up to date risk assessments are undertaken in relation to fire and the safety of the premises.

- Ensure all necessary recruitment checks are undertaken for all staff.

The areas where the provider should make improvements:

- Ensure that there is a clear audit trail in relation to the management of, and response to complaints.
- Ensure that significant event recording forms include details of where and when the event was discussed and shared with staff.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- 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 an 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.
- Risks to patients were not always assessed and well managed. For example, the practice had not undertaken the necessary recruitment checks for all staff. There was no evidence that an up to date health and safety or fire risk assessment of the premises had been undertaken.
- Whilst the practice premises was observed to be clean, there were no cleaning schedules in place and not all waste was correctly stored.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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 was part of the CCG integrated pharmacy pilot project that involved having a pharmacist based in the practice to review the effectiveness of prescribing arrangements.
- 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 to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

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

Good



- 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 had a structure of meetings to support this.
- There was an overarching governance framework which supported the delivery of good quality care. However, arrangements to monitor and identify risk required improvement.

# Summary of findings

- 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.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients from the practice were able to access free community transport to local health service sites including acute and community hospitals and health centres.
- The practice worked with multidisciplinary teams to ensure those with complex health and social care needs had a care plan in place in order to prevent unnecessary, unplanned admission to hospital.
- The practice was able to refer older people to a community hospital based consultant geriatrician who enabled them to be seen closer to home and potentially avoid hospital admission.

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.
- 90% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) compared to the CCG average of 87% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- 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 practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 77% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (04/2014 to 03/2015) compared to the CCG average of 83% and the national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked closely with midwives, health visitors and school nurses.

## **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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## **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 identified patients living in vulnerable circumstances
- The practice offered longer appointments for patients with a learning disability.
- 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 knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good





# Summary of findings

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

Good



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

- As a result of an audit the practice had implemented a number of improvements to ensure its premises met the needs of people with dementia. This included artwork, signage and a clock designed especially to meet the needs of people with dementia.
- The practice made regular referrals to a local dementia café that provided social interaction and support for dementia patients and their carers.
- 94 % patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months compared to the CCG and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with or above local and national averages. 258 survey forms were distributed and 113 were returned. This represented 2% of the practice's patient list.

- 78% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 71% and the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of and the national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which all, except one, were positive about the standard of care received. Patients commented that they felt they received a high standard of care and that staff were caring and listened to them. One patient commented that they found it difficult to make an appointment to see the same GP which they felt compromised the continuity of care they received.

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

## Areas for improvement

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

The areas where the provide must make improvements are:

- Take action to address identified concerns with infection control.
- Ensure up to date risk assessments are undertaken in relation to fire and the safety of the premises.
- Ensure all necessary recruitment checks are undertaken for all staff.

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

The areas where the provider should make improvements are:

- Ensure that there is a clear audit trail in relation to the management of, and response to complaints.
- Ensure that significant event recording forms include details of where and when the event was discussed and shared with staff.

# Rowe Avenue Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Rowe Avenue Surgery

Rowe Avenue Surgery provides services to 6,700 patients living in the Peacehaven area of East Sussex.

There are three GP partners, two of who are male and one female. There is also one female salaried GP. There are four practice nurses, one paramedic practitioner and two phlebotomists. There is a practice manager and a team of secretarial, administrative and reception staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average percentage population over the age of 65. Income deprivation affecting older people and young children is higher than the local and national average.

The practice is open from 8am until 6pm Monday to Friday. The practice has extended opening hours on Monday evenings from 6.30pm until 7pm and on Tuesday and Friday mornings 7.30am to 8am. Appointments can be booked over the telephone, on line or in person at the surgery. Patients are provided with information on how to access the duty GP outside these hours or the out of hour's service by calling the practice. The practice's out of hour's provider is Integrated Care 24 Limited.

The practice provides a number of services and clinics for its patients including diabetes clinics, baby clinics, childhood immunisations, family planning, cervical smears and travel vaccinations.

The practice provides services from the following location:-

17 Rowe Avenue

Peacehaven

East Sussex

BN10 7PE

## 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 8 October 2015. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the practice manager and administrative and reception staff.

# Detailed findings

- Spoke with patients who used the service and members of the patient participation group.
- 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.
- We saw evidence that when things went wrong that staff completed a significant event form which provided brief details of what happened, the issues that arose and suggestions for improvements and an action plan. However it was not clear from the form when and where the details were discussed and shared with all staff. We saw evidence that when things went wrong with care, patients were informed of the incident and received an apology, however the details of this were not consistently recorded. All staff were aware of the duty of candour.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that action was taken to improve safety in the practice. For example, additional training had been put in place to update administrative and reception staff on practice policies and procedures following an incident relating to the need to arrange a home visit.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. 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 when possible 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.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role but not all 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 did not always maintain appropriate standards of cleanliness and hygiene. Whilst we observed the premises to be clean and tidy there were no cleaning schedules in place and apart from the toilet areas the practice did not undertake regular checks that cleaning tasks were being undertaken. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy 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. However, on the day of the inspection we checked the security of the clinical waste storage and found that the enclosure in which the locked clinical waste bins were kept was unlocked and that a bag containing infectious waste had been left on top of a locked clinical waste bin. This meant that patients and visitors could gain access to potentially harmful waste.
- The arrangements for managing medicines, including emergency medicines and vaccines, 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. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

## Are services safe?

- The practice was also part of an integrated pharmacy project which involved having a pharmacist based at the practice to review whether prescribing in the practice was safe and effective.
- We reviewed six personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For five out of the six records, we found proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS had been undertaken. However, for one nurse who had been recruited to the practice in March 2015 there was no evidence that a DBS had been undertaken. The practice did therefore not have assurance that this person was suitable to work alone with children and vulnerable adults.

### Monitoring risks to patients

The practice had arrangements in place to assess and manage risks to patients were assessed and managed, however not all of these were robust.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The carried out regular fire drills and checks of fire equipment. However, a fire risk assessment of the premises had not been undertaken since 2014. 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 manager told us that they undertook a regular health and safety assessment of the premises, however there were no records to confirm this to be the case. Whilst we saw that the practice had had a risk assessment undertaken for the

control of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) we saw that monthly water temperature checks had not always been undertaken as recommended in the risk assessment.

- 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.

### 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 as well as other local and national guidelines and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available compared to the CCG average of 95% and the national average of 96%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the local and national average. For example, 94% of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (04/2014 to 03/2015) compared to the clinical commissioning group (CCG) average of 83% and the national average of 80%.
- Performance for mental health related indicators was better than the local and national average. For example 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (04/2014 to 03/2015) compared to the CCG and national average of 88%. It was noted that the practice had higher than average exception reporting for mental health indicators. The practice told us that this was because there was a high number of patients who chose not to attend for a review of their mental health needs. The practice followed these patients up four times before removing them from the QOF register.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years. All of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved the recall and screening of patients with coeliac disease.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved the recall and screening of patients with coeliac disease.

### 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, 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. The practice encouraged staff to study for further qualifications for example two staff had diplomas on the management of diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.



# Are services effective?

## (for example, treatment is effective)

- 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. All staff attended protected learning events on a monthly basis.

### 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.
- The practice had worked closely with the local ambulance trust and shared records on their information systems about patients who had complex health needs. Paramedic staff could access these records and were encouraged to call the GPs at the practice to discuss and help plan care for patients they had been called out to. This helped avoid unnecessary hospital admissions and the practice had seen a reduction in unplanned admissions to hospital as a result.

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 on a monthly basis 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 and alcohol cessation. Patients were signposted to the relevant service. The reception staff at the practice had been trained to provide advice and support on smoking cessation.

The practice's uptake for the cervical screening programme was 77%, which was lower than the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 90% to 96% and five year olds from 90% to 98%.

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.

Five out of the six 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. One patient commented that they found it difficult to make an appointment to see same GP each time which they felt compromised the continuity of their care.

We spoke with two 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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 in line with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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. We saw notices in the reception areas informing patients this service was available.

## Are services caring?

### **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 134 patients as carers (2% of the practice list). 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or 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 worked with the CCG to develop a community based consultant geriatric clinic which enabled older people with complex health needs to attend the service closer to home and potentially avoid hospital admission.

- The practice offered extended hours on Monday evenings from 6.30pm until 7pm and on Tuesday and Friday mornings 7.30am to 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex needs or a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had recently appointed a paramedic practitioner who ran an on the day minor illness service.
- 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 and sign language were services available to patients who required them.
- The practice had undertaken and implemented the findings from an audit that looked at how the practice could improve its premises for patients with dementia. Improvements included signage, artwork and a 'dementia friendly' clock and calendar.

### Access to the service

The practice was open from 8am until 6pm Monday to Friday. The practice had extended opening hours on Monday evenings from 6.30pm until 7pm and on Tuesday and Friday mornings 7.30am to 8am. In addition to pre-bookable appointments that could be booked up to two weeks in advance for GP appointments and four weeks in advance for practice nurse appointments, 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 were above local and national averages.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.

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; and
- the urgency of the need for medical attention.

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 saw that information was available to help patients understand the complaints system including complaints a poster in the waiting area and a complaints form available at the reception desk.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled with openness and transparency and in a timely way. It was noted that the way the complaints were filed made it difficult to track how and when the complaint had been acknowledged, dealt with and responded to. Lessons were learnt from individual concerns and complaints which were discussed at clinical and non-clinical staff meetings. For example, enhanced systems had been implemented to ensure a patient was not issued with the wrong medication.

# 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, compassionate care to patients. The practice had a strategy and business plans which it had developed with staff and which outlined the future direction for the practice.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care. There were 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.
- However, arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always robust. For example, recruitment checks, infection control, fire risk assessments and the health and safety of the premises.

### Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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). 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 which included providing affected people reasonable support, truthful information and a verbal and written apology.

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 annually.
- 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.

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

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

- The practice had 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, the PPG fed back to the practice that patients found the television screen that displaying practice and local health information on a rolling basis moved too fast for patients to read so the practice adjusted this in response. They told us that the practice supported the production of a PPG newsletter for patients.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. 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. For example, the administrative staff put forward a suggestion that they were able to undertake the task of coding clinical letters more effectively than the GPs. This suggestion was taken up by the partners and implemented.

### 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 had worked with the CCG to develop a

# Are services well-led?

Good 

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

community based consultant geriatric clinic which enabled older people with complex health needs to attend the service closer to home and potentially avoid hospital

admission. The practice was also part of an integrated pharmacy project which involved having a pharmacist based at the practice to review the effectiveness of prescribing within the practice.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have effective arrangements in place for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. This included the absence of cleaning schedules, the unsafe storage of clinical waste and the lack of robust arrangements for detecting and monitoring legionella.</p> <p>The provider had not undertaken up to date risk assessments in relation to fire and the health and safety of the premises.</p> <p>This was in breach of regulation 12(1) (2)(a)(b)(d)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The provider was unable to demonstrate that appropriate recruitment procedures were in place to ensure that staff were of good character or had the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and were in good health as specified in Schedule 3.</p> <p>Regulation 19 (1)(2)(3)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>