

# Benfleet 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

On 16 September 2015, we carried out a comprehensive announced inspection. We rated the practice as inadequate overall. The practice was rated as inadequate for providing safe, effective and well-led services, requires improvement for providing responsive services and good for providing caring services. As a result of the inadequate rating overall the practice was placed into special measure for six months.

At this time we identified several areas of concern including:

- Inadequate emergency medical equipment.
- Significant risks associated with health and safety, fire and infection control.
- Inadequate recruitment checks for staff.
- Inadequate governance arrangements for assessing and monitoring risks and the quality of service provision.
- Inadequate system for the identification, handling, recording, and responding to complaints.

- Inadequate system for ensuring staff received appropriate training.
- There was insufficient evidence of a programme of continuous audit to demonstrate improvement.
- Prescriptions were not all stored securely and there was no system in place to monitor their use.
- Translation services were not available should they be needed.
- Carers had not been actively identified in order to offer additional support.
- There had been limited attempts to gain patient feedback and there was no patient participation group.

An additional focused inspection was carried out on 11 November 2015. At this inspection some improvements were identified and a report was published.

Practices placed into special measures receive another comprehensive inspection within six months of the

# Summary of findings

publication of the report so we carried out an announced comprehensive inspection at Benfleet Surgery on 1 June 2016 to check whether sufficient improvements had been made to take the practice out of special measures.

As a result of this inspection we have now rated the practice as requires improvement overall; requires improvement for providing safe services and good for providing effective, caring, responsive and well-led services.

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

- There was an effective system in place for reporting and recording significant events. All staff understood this system and significant events were routinely discussed at practice meetings and outcomes shared with all staff to ensure improvements were made.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. There was a system in place to share new guidance. Patient safety alerts and medicine alerts were closely monitored; initial audits and monthly checks were made on patients affected by any new guidance, safety or medicine alerts to ensure their safety was protected.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about how to complain was available in several formats and was easy to understand. The practice was now proactively reviewing complaints at practice meetings and improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice sought feedback from staff and patients where possible, work was underway to commence a virtual patient participation group (PPG) to engage further with patients and to seek feedback to drive improvement.
- Risks to patients were being assessed and managed, some risks associated with health and safety the control of substances hazardous to health still needed to be assessed.
- There was informal engagement with other health and social care organisations to deliver a multidisciplinary care package to patients with complex needs.
- We found that staff Smart cards were left in an unsecure location accessible by patients, thus putting patient confidentiality at risk.
- The practice management had begun a programme of renovation to the practice which was due to continue. The area completed at the time of our inspection displayed a high quality finish to improve the environment for staff and patients as well as to ensure effective infection control measures.
- The practice management displayed a clear leadership structure and had undertaken significant, documented succession planning for the future. Staff felt supported and motivated to continue the improvements already made.
- The provider was aware of and complied with the requirements of the duty of candour.

Areas where the provider must make improvement are:

- Ensure risk assessments related to health and safety and the control of substances hazardous to health are carried out and actions taken to address any risks identified.
- Ensure the security of staff Smart cards.

Areas where the provider should make improvement are:

- Continue to review and implement the new governance framework.
- Continue the newly implemented programme of continuous audit to drive improvement in patient outcomes.
- Implement the planned virtual patient participation group to encourage feedback from patients.
- Ensure all patients with complex needs are identified

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

**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 which all staff understood and they were encouraged to identify such events.
- Significant events and safety alerts were standing items on the agenda of staff meetings to ensure lessons were shared regularly to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice was equipped to deal with medical emergencies.
- Prescriptions were all stored securely and there was a system in place to monitor their use.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, staff had a good understanding of their roles and responsibilities and knew where to get further guidance if required.
- Risks to patients related to infection control and fire were assessed, monitored and well managed. Risks associated to health and safety and the control of substances hazardous to health had not been assessed.
- Recruitment checks were carried out in line with legislation to ensure staff were suitable for the role and to keep patients safe.
- Staff Smart cards were not stored securely putting patient confidentiality at risk.

### Are services effective?

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

**Good**



- Unverified data from the Quality and Outcomes Framework (QOF) for 2015/2016, showed patient outcomes had significantly improved in the last 12 months when compared to CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance. New guidance was regularly discussed and shared with clinical staff.

# Summary of findings

- A programme of clinical audits to demonstrate quality improvement had commenced with comprehensive, single cycle audits having been carried out; these audits had dates set for repeat cycles.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice encourage staff to maintain their on-going professional development and supported this with protected time to learn with the CCG and with online training.
- There was evidence of appraisals and personal development plans for all staff.

## Are services caring?

The practice is rated as good for providing caring services.

- All staff in the practice were highly motivated to offer compassionate care. Patient feedback confirmed a high level of satisfaction with patient care. Patients had recently nominated the practice for a CCG Patient's Choice Award.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The GPs routinely contacted families who had suffered bereavement to offer support and advice.
- The practice had identified 1.4% of the practice list as carers and offered these patients additional support.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services in response to our previous inspection.
- 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 offered home visits for patients when required.
- Information about how to complain was available in several formats and was easy to understand. Evidence showed the practice responded efficiently to issues raised. Learning from

Good



# Summary of findings

complaints was regularly shared with staff at monthly meetings and with other stakeholders when required. Verbal and written complaints were recorded and responded to. Learning outcomes were shared with all staff.

- The practice had recently launched a new practice website to increase the availability of online services to their patients.

## Are services well-led?

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

- The practice had a clear focus on delivering a caring, compassionate, quality service to all patients.
- Since our last inspection the practice had focused on the future of the practice and had undertaken significant, documented succession planning.
- There was a clear leadership structure and staff felt supported by the GPs and the practice manager. The practice had written and implemented a number of new, practice specific policies and procedures to govern activity and discussed clinical governance regularly at practice meetings.
- There was now a governance framework in place which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, although the practice acknowledged there were still areas such as health and safety to address.
- 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 sought feedback from staff and patients, through discussion, national surveys and complaints. The practice had been actively promoting a virtual patient participation group and this was on the agenda for discussion at the next practice meeting.
- The practice now had a focus on continuous improvement in the facilities provided, the care provided and the patient outcomes recorded.

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

Good



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

- The practice had a good awareness of their older population and aimed to provide proactive, personalised care to meet their needs.
- New guidance was implemented to ensure the appropriate care and treatment of older people.
- The GPs offered home visits to older patients who were unable to attend the practice.
- Nationally reported data for 2014/2015 showed that outcomes for patients for conditions commonly found in older people were below local and national averages. However, unverified data for 2015/2016 showed considerable improvements in performance.

### People with long term conditions

Good



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

- GPs and the practice nurse shared the responsibility for the management of chronic diseases such as diabetes and COPD.
- Patients who had been admitted to hospital were identified and followed up.
- Data from 2014/2015 showed the practice performance for diabetes indicators was generally in line with local and national averages. For example, 40% of patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015); this was below to the CCG average of 85% and the national average of 88%. However, unverified data for 2015/2016 showed good improvements in this data.
- Longer appointments and home visits were available when needed and staff felt supported in offering these services.
- All these patients had a named GP. A programme of structured annual reviews had been commenced to check their health and medicines needs were being met.

### Families, children and young people

Good



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

# Summary of findings

- GPs were able to identify 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. Staff had received appropriate levels of safeguarding training and had access to information regarding who to contact with safeguarding concerns.
- Immunisation rates for 2014/2015 were mixed when compared to local averages for standard childhood immunisations. Data for 2015/2016 showed improvements in these rates.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Staff had a good understanding of Gillick competency.
- The practice performance for cervical screening was comparable to local and national averages; 80% of women aged 25-64 had a record of a cervical screening test performed in the preceding five years (01/04/2014 to 31/03/2015), compared to a CCG average of 87% and a national average of 82%.
- Appointments were available outside of school hours.
- The premises were being renovated and plans included facilities for children and babies.

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

Good



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 were being identified and the practice were adjusting the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice had launched a new practice website to enable them to offer additional online services to patients.
- Appointments were available until 6.30pm Monday to Thursday to assist working age people access appointments.

## People whose circumstances may make them vulnerable

Good



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

- The practice had recently compiled a register of patients living in vulnerable circumstances including those with a learning disability.



# Summary of findings

- There was a policy for registering patients with no fixed address and we saw evidence of these patients being cared for.
- The practice offered longer appointments for patients who needed them.
- The practice informed vulnerable patients about how to access support groups.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were all trained to a suitable level in safeguarding and 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 had identified patients who were carers and signposted these patients to support groups and offered them additional support.

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

Good



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

- Data from 2014/2015 showed 9% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015); this was below the CCG average of 77% and the national average of 88%. However, unverified data from 2015/2016 showed a considerable improvement in performance.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and information was available on their new website.
- Staff had an 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 in January 2016. The results showed the practice was performing above local and national averages. 301 survey forms were distributed and 106 were returned. This represented a 35% completion rate.

- 93% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 69% and the national average of 73%.
- 85% 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 85% and the national average of 85%.

- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 89% 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 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards, all of which were positive about the standard of care received and the professional caring approach from all staff.

## Areas for improvement

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

- Ensure risk assessments related to health and safety and the control of substances hazardous to health are carried out and actions taken to address any risks identified.
- Ensure the security of staff Smart cards.

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

- Continue to review and implement the new governance framework.

- Continue the newly implemented programme of continuous audit to drive improvement in patient outcomes.
- Implement the planned virtual patient participation group to encourage feedback from patients.
- Ensure all patients with complex needs are identified.

# Benfleet 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 Benfleet Surgery

Benfleet Surgery is located in a residential area of Benfleet in Essex. There are good commuter links in the town, a small car park as well as on-road parking for patients. At the time of our inspection the practice was undergoing considerable renovation work to improve facilities and access.

The patient demographics show a larger than average population aged five to 24 years old and aged 40 to 55 years old. The practice has a lower than average deprivation score than the CCG and national average.

The practice has a General Medical Services (GMS) contract.

At the time of our inspection the practice had a patient list size of approximately 3,500.

There are two partner GPs; one male and one female. There is also a practice nurse, a practice manager and four receptionists.

The practice is open from 8am to 6.30pm Monday to Thursday and from 8am to 1pm on Friday. Appointments are available from 8am to 1pm on Monday to Friday and from 3pm to 6.30pm Monday to Thursday.

When the practice is closed, patients are directed to 111 for out of hours services provided by Integrated Care 24.

### Why we carried out this inspection

The practice had previously been inspected in September 2015 and rated as Inadequate overall and placed into special measures. An additional focused inspection was carried out in November 2015. Care Quality Commission inspect practices in special measure six months after publication of the report.

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 1 June 2016. During our visit we:

- Spoke with staff including a GP, the practice manager and reception staff.
- Observed how patients were being cared for.
- 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.

# Detailed findings

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 GP of any incidents and recorded it in an incident book held at reception. There was a recording form available on the practice's computer system which would then be filled in with the relevant information. The incident recording form allowed for a detailed account of what happened and supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- When things went wrong with care and treatment, patients were made aware of the incident. The practice provided reasonable support, an honest account, an apology and told those affected about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events. This was a standing item on the agenda of practice meetings. To encourage learning between the GPs and non-clinical staff a memorandum was circulated to inform them of learning outcomes.

We reviewed safety records, incident reports, MHRA alerts and patient safety. There was a robust system of recording such alerts and an action log which recorded an audit of patients affected and measures taken to protect these patients. We saw these alerts were a standing item on the agenda of practice meetings and were discussed to encourage learning.

### Overview of safety systems and processes

The practice had 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. Practice specific policies were available and these policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was

a lead GP as well as a deputy member of staff for safeguarding children. Clinical staff had an awareness of vulnerable children within the practice as a monthly record was kept of patients known by social services or who were deemed to be vulnerable. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level 3 and non-clinical staff received level one training.

- A notice in the waiting room, and in every clinical room, advised patients that chaperones were available if required. Staff acting as chaperones had received training and a Disclosure and Barring Service (DBS) check, in line with the practice policy and risk assessment. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Three members of staff made up the practice infection control team who ensured all staff were up to date with best practice. Staff had also completed online training with regards to infection control. There was an infection control protocol in place and regular infection control audits had been carried out with action plans in place for areas requiring improvement.
- 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 by the GP as well as monthly checks to monitor patient reviews. Vaccines were stored appropriately and records were kept to ensure the cold chain was maintained. The practice carried out regular medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there was a system in place to record and monitor their use.
- The practice nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for

## Are services safe?

specific clinical conditions. Patient Group Directions were available in case a locum nurse was required to allow nurses to administer medicines in line with legislation.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken in response to the previous CQC inspection. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been sought. A risk assessment had deemed it unnecessary to seek references for existing staff but would be taken for newly appointed staff prior to employment.

### Monitoring risks to patients

Most risks to patients were assessed and well managed.

- Since the last CQC comprehensive inspection a new fire alarm system, emergency lighting and firefighting equipment had been installed. Regular checks of this equipment were carried out and documented.
- There were procedures in place for monitoring and managing most risks to patient and staff safety. There was a health and safety policy available and a poster in the reception office with details of the local health and safety representatives, however a health and safety risk had not been carried out. At the time of our inspection there was no policy or risk assessment related to the control of substances hazardous to health (COSHH). The practice had carried out a fire risk assessment and had carried out a fire drill as per the practice policy. All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

had risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella risk assessment was due to be updated once the renovation work was completed.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Due to the small number of staff this was managed by a simple rota system.

### Arrangements to deal with emergencies and major incidents

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

- The practice used a computerised patient record system which provided an instant messaging system on the computers in all the consultation and treatment rooms to alert staff to any emergency.
- All staff had received annual basic life support training. There were emergency medicines available in a grab bag stored in a consultation room. All staff knew of the location of emergency medicines and all the medicines we checked were in date and stored securely.
- The practice had purchased a new defibrillator and there was emergency oxygen available with adult masks but no child masks. When we made the practice aware of this, a child mask was ordered. A first aid kit and accident book were also available and staff knew of their location.
- The practice had a 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. Guidelines from NICE were shared on an on-going basis between clinical staff who used this information to deliver care and treatment that met patients' needs. New guidelines were discussed at practice meetings and changes to care plans were made to ensure patient's received appropriate treatment.
- The practice monitored that these guidelines were followed through monthly checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2014/2015 showed the practice achieved 43% of the total number of points available; this was below the CCG average of 90% and the national average of 95%. The practice had overall exception reporting of 4% which was below the CCG average of 7% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice were aware of this data and had made efforts to improve it; at the time of our inspection the 2015/2016 data was unverified but showed the practice had achieved 89% of the total number of points available which was a large increase on the previous year.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was below local and national averages. For example, 43% of patients with diabetes, on the register, had their last blood pressure reading (measured in the preceding 12 months) as 140/80 mmHg or less

(01/04/2014 to 31/03/2015); this was below the CCG average of 72% and the national average of 78%.

- Performance for mental health related indicators was below local and national averages, for example 50% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (01/04/2014 to 31/03/2015); this was below the CCG average of 83% and the national average of 90%.

Again, indications from the unverified 2015/2016 data demonstrated a vast improvement in these areas.

The practice had recently started to drive quality improvement through a programme of clinical audit.

- There had been three comprehensive clinical audits completed in the last year, at the time of our inspection, these were single cycle audits but had repeat cycles planned in the following four months.
- Clinical staff had proactively engaged with external training opportunities and peer review groups to gain knowledge and understanding of clinical guidelines.

### 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 had only recently been implemented but all existing staff had gone through the induction process since its implementation and had new contracts issued to ensure all personnel files were up to date.
- The practice had implemented a system to demonstrate how they ensured role-specific training and updating for relevant staff. All staff had undertaken a program of online training in the last six months that included safeguarding, fire safety awareness, infection control, basic life support and information governance. Staff had access to and made use of e-learning training modules, external and some in-house training.
- The practice nurse administered vaccines and took samples for the cervical screening programme; she had received specific training which had included an assessment of competence. She also attended CCG training sessions as well as peer reviews and updates.
- The learning needs of staff had been identified, in the last six months, through a system of appraisals, practice



# Are services effective?

## (for example, treatment is effective)

meetings and a review of practice development needs in response to the last CQC inspection. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included one-to-one meetings, protected time to learn through the CCG and facilitation. All staff had received an appraisal within the last 12 months.

- The lead GP attended a variety of peer review meetings with GPs from other practices in the local area as well as external training days.

### 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 all staff were aware of how to access this information.

- 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.

There was some multidisciplinary care being provided. We were told that, at the time of our inspection there were no patients identified as having palliative care needs but there was discussion between the GPs and links with external organisations to assess this situation. There was some engagement 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.

### 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. Clinical staff had an understanding of Gillick competency.
- 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:

- Carers, those at risk of developing a long-term condition, those at risk of hospital admission and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was slightly lower than the CCG average of 87% and comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates, for 2014/2015 for most of the vaccinations given were below CCG averages. For example:

- The percentage of childhood PCV vaccinations given to under one year olds was 93% compared to the CCG percentage of 97%.
- The percentage of childhood PCV booster vaccinations given to under two year olds was 82% compared to the CCG percentage of 97%.

Data we viewed from 2015/2016 was showing an improvement in these immunisation rates.

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 were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

Throughout the inspection we observed members of clinical and non-clinical staff who were kind, courteous and helpful to patients and treated them with dignity and respect, both in person and on the telephone.

- Screens 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 to protect patients' privacy.
- We witnessed staff communicating with patients in a way to respect their dignity.

All of the 36 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patient feedback included positive comments regarding the respect shown by all staff to patients when being seen at the practice. The practice had also recently been nominated for a Patient's Choice Award with the CCG, an award for patient care for which nominations are made by the patients.

At the time of our inspection, the practice did not have an active Patient Participation Group (PPG), however they had been actively encouraging patient's to join a virtual group and had received eleven applications. This topic was on the agenda for the next practice meeting.

Results from the national GP patient survey, published in January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the CCG average of 84% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 96% 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%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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

Patient feedback informed us they were satisfied with the standard of care received and that they felt involved in decisions about their treatment. Comments included satisfaction with GP and nurse consultations and the information and choices provided by clinical staff.

Results from the national GP patient survey, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that telephone translation services were available for patients who did not have English as a first language and there was a sign in the treatment room with the access details for staff.
- There was no hearing loop available.

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

There was a very limited range of patient information leaflets and notices available in the patient waiting area.

## Are services caring?

The literature that was available, told patients how to access some local and national organisations. Information about a variety of support groups was also available on the new practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 49 patients as carers which represented 1.4% of the practice list. These patients were offered a flu vaccination and signposted to support organisations and additional services.

Staff told us that if families had suffered bereavement, the GP contacted them by telephone to offer help, advice or support as required as well as an opportunity to make an appointment for a consultation.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

In response to the previous CQC inspections, the practice had engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) in an attempt to secure improvements.

- The practice offered appointments until 6.30pm Monday to Thursday for patients unable to attend during normal working hours.
- The practice had recently made a website made available online to increase engagement with their patients but did not offer online prescriptions.
- There were longer appointments available for patients who needed them, for example patients with a learning disability.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with urgent medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were no specific baby changing facilities; however there were plans to address this during the renovations.
- There was restricted access to the practice due to a narrow, uneven entrance and multiple doors without assisted entry. There was no lift to access the first floor; however there was a policy in place to relocate staff to the ground floor when possible or to refer patients to an alternative GP practice for procedures if necessary whilst the building was undergoing renovation.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Thursday and between 8am and 1pm on Fridays. Appointments were available from 8am to 1pm Monday to Friday and from 3pm to 6.30pm Monday to Thursday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

The practice accepted requests for home visits. Reception staff recorded requests for home visits and passed these to the GP who would triage the calls and contact the patient by telephone if required to decide if a home visit was necessary. If required the GP would make emergency arrangements for patients requiring more urgent assistance. All 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.
- The GP was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, this information was contained within a practice leaflet and a specific complaints leaflet.
- The practice routinely recorded verbal complaints as well as written complaints.
- Complaints were a standing item on the agenda of practice meetings for discussion amongst the GPs. Any learning outcomes were shared with other staff via a system of memorandums which staff signed to acknowledge.

We looked at 14 complaints, both verbal and written, received in the last 12 months and found these were recorded in detail and responded to in a timely and professional way. Apologies were given when appropriate and patients were made aware of actions taken to improve the situation. Complaints were routinely discussed at practice meetings. Lessons were learnt from individual concerns and complaints and also from an analysis of trends.

# 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

Since our last inspection there had been a strong focus on delivering good patient care whilst undertaking succession planning to protect the practice in the future. These plans were documented and demonstrated a plan to drive improvement by implementing an improved governance framework, enhanced recording of information and better communication between staff. The partner GPs and the practice manager had invested financially and with time and effort to address the concerns raised in our previous inspection reports.

### Governance arrangements

The practice had implemented a governance framework which supported the delivery of the strategy and good quality care. There were still some areas being worked on at the time of our inspection but the practice were able to demonstrate how they were protecting patient safety and clinical care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- A significant number of practice specific policies had been written and implemented; these were available to all staff.
- A better understanding of the performance of the practice had been gained in the last six months and improvements could be seen in more recent locally and nationally acquired data. The practice was aware of areas for improvement were taking actions to implement change.
- A programme of clinical and internal audit to monitor quality and to make improvements had begun. Comprehensive, detailed, single cycle audits had been carried out and dates were set for a repeat cycle to complete these audits. The GPs and the practice manager were engaged with this programme and were keen to target areas affecting their patients directly to improve patient outcomes.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Some areas such as health and safety and

COSHH were still to be addressed but the practice were aware and planned to address this immediately. All staff shared the responsibility of identifying such risks and alerting management as required.

### Leadership and culture

On the day of inspection the GPs and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure good quality care. There had been a significant improvement in the leadership displayed by management which had allowed for improvements in the environment and in the care delivered to patients. We witnessed a professional approach to the running of the practice and all staff were well respected. They told us they prioritised high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff, they told us they could speak to management at any time regarding any concerns they may have.

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:

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

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

- We saw evidence of monthly practice meetings between the GPs and practice manager. These meetings had several standing items on the agenda to ensure subjects such as significant events, safety alerts and complaints were always discussed. Information from these meetings was then disseminated to all other staff via a memorandum which was signed by them to acknowledge receipt of the information.

# Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues on an ad-hoc basis and felt confident and supported in doing so. There was also an incident book for staff to record any issues on a day to day basis.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager. All staff were involved in daily 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**

Since our last inspection, the practice had made significant attempts to encourage feedback from patients, the public and staff.

- The practice had promoted a virtual patient participation group (PPG) and had received several

applications to join; we saw this was on the agenda to be discussed at the next practice meeting. Additional patient feedback was gained through national surveys and complaints received.

- The practice had gathered feedback from staff through appraisals, practice meetings and on an on-going, day to day basis. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt supported in doing so.

## **Continuous improvement**

Since our last inspection the practice had a strong focus on driving improvement within the practice. Significant renovations had begun to improve the condition of the building and to address concerns regarding safety and infection control. There had been a considerable amount of work to improve the governance framework and all staff were now engaged with this process. Staff also had a proactive approach to drive improvement in patient outcomes and to be able to demonstrate this through local and national data.

This section is primarily information for the provider

## 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with health and safety and the control of substances hazardous to health. Patient confidentiality had not been ensured as staff Smart cards were being stored securely.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	