

# Chacewater Health Centre

## Quality Report

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Date of inspection visit: 27 January 2016

Date of publication: 20/04/2016

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# 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 Chacewater Health Centre on 27 January 2016. Overall the practice is rated as Requires Improvement

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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There were areas of practice where the provider must make improvements are:

- The provider must ensure there are risk assessments in place for all staff in roles deemed not to need a Disclosure and Barring Service check. Staff undertaking chaperone duties must have received (DBS) checks.
- New staff should have an induction that includes mandatory training.

# Summary of findings

- Written protocols for pre employment for Locum GPs should be in place.
- Review procedures for storing and recording blank prescriptions to ensure national guidance is followed and ensure that processes are in place to check that medicines are stored at the appropriate temperature
- Dispensary staff must be aware of National Reporting and Learning System (NRLS) reporting and feel able to use it. There should be consistency of approach to errors and near misses across both sites.

- The provider must have in place a formal review process to check training was being completed

The areas where the provider should make improvement are:

- The provider should review governance processes to ensure all aspects of recruitment, medicines management and training support the practices service quality and improvement plan.

**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.

- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Formal induction processes for new staff were not in place.
- Prescription forms were not monitored or stored safely and processes were not in place to ensure dispensary staff were able to use national reporting systems. Processes were not robust for staff to check that medicines were stored at the appropriate temperature.

**Requires improvement**



### Are services effective?

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

- Data from the Quality and Outcomes Framework 2014/2015 showed patient outcomes were at or above average for the locality and 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, however not all training had been completed.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

**Requires improvement**



### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the National GP Patient Survey July 2015 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 to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

**Requires improvement**



- 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. However there were areas where improvements were required for example, Recruitment and chaperone processes did not follow safe procedures, checks on locums were not effectively recorded, aspects of the dispensary processes and medicines management were not robust.

# 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 knowing about 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.
- We found training needs had not been monitored and managed.

# 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 provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Every patient at the practice including older patients aged over 75 years had a named GP for continuity of care. Patients told us they could change their named GP if they wished to do so.
- The practice GPs visited patients in three local residential care homes during weekly visits.
- The practice provided home visits to and enabled rapid access appointments for the most needy 2% of vulnerable patients who were most at risk of an unplanned admission to hospital.
- The practice followed up newly discharged patients.
- The practice had supported patients in the completion of their End of Life treatment escalation plans and comprehensive care plans where appropriate.
- Annual structured medicine reviews were in place for patients on multiple medicines (polypharmacy)
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data from the Quality and Outcomes Framework showed that outcomes for patients were good for patients with long term conditions. For example, 91.36% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received an annual health check review within the past 12 months.
- Longer appointments and home visits were available when needed.

**Requires improvement**



# Summary of findings

All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice was SAVVY Kernow, accredited, this is a local scheme which encouraged young people to become savvy and seek help and advice about their health, wellbeing or everyday life.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 86%, this was better than the national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

**Requires improvement**



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

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

**Requires improvement**





# Summary of findings

## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice was registered with Cornwall Council 'Safe Place' scheme – for patients with learning disabilities. All staff were aware of what to do should a patient require extra support on arrival at the practice.
- A health care assistance undertook annual health reviews for patients with a learning disability and we saw written examples of where physical ailments had been highlighted and treatment given following a referral to their GP.
- The practice regularly worked with multi-disciplinary teams 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

Requires improvement



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

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 97.4% of patients diagnosed with mental health issues had received a face to face review within the last 12 months. This was better than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



## Summary of findings

- 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 published on 2 July 2015 showed the practice was performing in line with local and national averages. 244 survey forms were distributed and 123 (50%) were returned. This represented 2.1% of the practice's patient list.

- 95.9% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 81.8% and a national average of 73.3%.
- 99.1% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89.7% and national average 85.2%).
- 97.3% of patients described the overall experience of their GP practice as fairly good or very good (national average 89.94%).
- 95.76% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (national average 79.11%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. Patients had written comments which included praise for staff professionalism, kind and caring behaviour and the delivery of a high standard service.

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

The practice participated in the friends and families survey which asked patients how likely they were to recommend the practice to friends and family. The latest published results showed that 97% of 152 patients were likely or extremely likely to recommend the practice.

## Areas for improvement

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

- The provider must ensure there are risk assessments in place for all staff in roles deemed not to need a Disclosure and Barring Service check. Staff undertaking chaperone duties must have received (DBS) checks.
- New staff should have an induction that includes mandatory training.
- Written protocols for pre employment for Locum GPs should be in place.
- Review procedures for storing and recording blank prescriptions to ensure national guidance is followed and ensure that processes are in place to check that medicines are stored at the appropriate temperature

- Dispensary staff must be aware of National Reporting and Learning System (NRLS) reporting and feel able to use it. There should be consistency of approach to errors and near misses across both sites.
- The provider must have in place a formal review process to check training was being completed

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

- The provider should review governance processes to ensure all aspects of recruitment, medicines management and training support the practices service quality and improvement plan.

# Chacewater Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser, a CQC pharmacist specialist, and a practice manager specialist adviser.

## Background to Chacewater Health Centre

The Chacewater and Devoran Surgeries was inspected on Wednesday 27 January 2016. This was a comprehensive inspection.

The main practice is situated in the rural village of Chacewater, Cornwall. There is also a branch surgery in Devoran. The practice provides a general medical service to 5,700 patients of a diverse age group. The practice is a teaching practice for medical students.

There was a team of four GPs partners, two male and two female. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, a deputy practice manager, a nurse practitioner, four nurses, three healthcare assistants and additional administration staff.

The practice also has a dispensary at each location, overseen by a dispensary manager.

Patients using the practice also have access to community nurses, community matron and midwife who are based at the practice. Other health care professionals visit the practice on a regular basis.

Both practices are open between the NHS contracted opening hours 8am - 6.30pm Monday to Friday. Appointments can be offered anytime within these hours. The practice offered a range of appointment types including book on the day, telephone consultations and advance appointments. Extended hours surgeries are offered every Saturday morning at the Chacewater practice for pre-bookable appointments between 8.30am and 11.30am.

Outside of these times patients are directed to contact the out of hour's service by using the NHS 111 number.

The practice have a General Medical Services (GMS) contract with NHS England.

The Chacewater practice provides regulated activities from the main site at Chacewater as well as the smaller branch at Devoran. During our inspection the whole team visited the main site at Chacewater and the Care Quality Commission pharmacy inspector visited the dispensary at the Devoran practice.

## Why we carried out this inspection

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

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

# Detailed findings

## 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 27 January 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, administrative staff and dispensers. We also spoke to three members of the Patient Participation Group (PPG) and spoke with five patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to patient's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients 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 Care Quality Commission at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events through their weekly meetings and monthly clinical meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident where a patient became very unwell had highlighted that not all staff were aware of the panic button system, difficulties were experienced when telephoning for an ambulance. Treatment areas had also been left unclean over the weekend. Following this incident a discussion was held with all clinical staff, administration staff and the practice cleaners. This meeting resulted in ensuring all staff were aware of the location of the panic buttons to summon assistance. The practice wrote a set protocol for staff to follow when ordering an ambulance and identified the location of the spill kits for cleaning.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

We noted that there were not clearly defined systems, processes and practices in place to keep patients safe and safeguarding from abuse. For example, not all staff had completed safeguarding training. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended always provided reports where necessary for other agencies. We found that not all staff had received training in safeguarding for adults and/or children. GPs were trained to Safeguarding level three for

children. The practice responded positively when this was highlighted and we received confirmation that all staff had completed on line training for safeguarding training immediately following our inspection.

A notice in the waiting room advised patients that chaperones were available if required. We found that not all the staff who acted as chaperones had received training for the role and not all staff had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A written risk assessment for not requiring DBS checks had not been produced. There was therefore a risk that patients may be supported by staff who may be unsuitable to work in that role.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the last in January 2016, and we saw evidence that action was taken to address any improvements identified as a result.

There were arrangements for obtaining, prescribing, recording and handling medicines, including medicines which require extra security (Controlled Drugs), in the practice which kept patients safe. There were systems in place for the highlighting of high risk medicines. Medicines were stored safely in the dispensaries; however, vaccines were seen to be stored in a fridge at Devoran Surgery where the temperature was not checked every day. Minimum, maximum and actual temperatures were recorded on some days but not others. This means that vaccines stored in this fridge might be used when the fridge had not kept them at the required temperature. Some medicines requiring storage in a fridge were delivered to patients if needed, using a refrigerator built into the delivery van. This fridge was not monitored to ensure it was at the correct temperature to store medicines. Medicines awaiting collection at Devoran Surgery were partly stored above a radiator and the area was not temperature monitored. Out of date medicines were found in the clinic room at Devoran Surgery.

## Are services safe?

The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed. However we noted dispensary staff were not fully aware of National Reporting and Learning System (NRLS) reporting system and were not fully competent to use it. We also noted there was not a consistent approach to errors and near misses by the dispensing team across both sites.

Medicines deliveries were made to patients who could not easily access the surgeries to collect their medicines. Systems were in place to ensure that medicines were delivered safely, however, on the day of our inspection; we were told that confidential information was shared in a way that could not guarantee that unauthorised persons could not access it. This was resolved the following day and we received assurance that confidential information regarding deliveries was no longer shared.

Blank prescription forms for use in printers, and also pre-printed prescription pads were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times.

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a GP or nurse were on the premises.

We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks for clinical staff through the Disclosure and Barring Service. However, we found that there was no written protocol for checks required for locum GPs when being used.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked in January 2016 to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 88.8% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 78.07% which was similar to the national average of 77.54%.
- The percentage of patients with hypertension having regular blood pressure tests was 86.11% which was better than the national average of 83.65%.
- Performance for mental health related indicators was 97.11% which was better than the national average of 88.47%.

Clinical audits demonstrated quality improvement.

- There had been 12 clinical audits completed in the last two years, for example minor surgery, use of antibiotics, diabetes and fragility. These were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

The practice was committed to providing person centred care. Information about patients' outcomes was used to make improvements. For example, a recent audit looked at whether patients where their death was expected and where it was appropriate were being allowed to die at home, when they had expressed a wish to do so. This audit showed that although some patients had been admitted to hospital, the admissions had been appropriate. For those patients who had died at home the appropriate care and support had been given, the correct paperwork and medicine regimes had been in place.

### Effective staffing

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

- The practice did not have a written induction programme for all newly appointed staff. A plan for shadowing staff was in place.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions. 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 during sessions, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules and in-house training, although not all staff had undertaken this training and there was no formal governance process in place to check training was being completed.

### Coordinating patient care and information sharing



# Are services effective?

## (for example, treatment is effective)

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Staff 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 patients, 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.

- These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 86.6%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

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

Patients aged 60-69, screened for bowel cancer in last 30 months was 64.8% which was better than the clinical commissioning group (CCG) average of 60.9% and the national average of 58.3%

Females, aged 50-70, screened for breast cancer in last 36 months was 80.3% which was better than the CCG average of 76.9% and the national average of 72.2%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.3% to 100% and five year olds from 83% to 95%. (CCG 90.4% to 100% and 88.6% to 92.9%)

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.

Adjustments were made to patients medicines and how they were managed according to need. For example, large print labels were used if people had difficulty reading the label and reminder charts where patients may need some help remembering to take their medicines at the right time. Dispensary staff made considerable efforts to communicate information about medicines directly to the patient and made adjustments to their communication style as needed for patients with learning disabilities.

All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three 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. Care Quality Commission comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (July 2015) showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93.9% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91.7% and national average of 88.6%.
- 96.2% of patients said the GP gave them enough time (CCG average 90.8%, national average 86.6%).
- 99.4% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95.2%)
- 92.8% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89.5% national average 85.1%).
- 98.3% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4%).
- 98.3% of patients said they found the receptionists at the practice helpful (CCG average 90.9%, national average 86.8%)

### 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 on the comment cards we received was also positive and aligned with these views.

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

- 91.5% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90.4% and national average of 86%.
- 89.3% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 87.1% and national average 81.4%)
- 98.9% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88.7% and national average 84.8%)

## Are services caring?

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.

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

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

The practice did not have systems in place to identify carers, other than patient carers who looked after patients with a diagnosis of dementia.

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 offered a Saturday morning service for working patients who could not attend appointments during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulties attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Examples were seen where dispensary staff had been responsive to individual patient needs, for example, when they were unable to take their medicines as prescribed due to a side effect or swallowing difficulties. Alternative preparations are investigated and discussed with the GP to ensure that patients could take their medicines.
- The practice was registered as a safe haven for patients diagnosed with a learning disability.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

Both practices were open between the NHS contracted opening hours of 8am - 6:30pm Monday to Friday. Appointments were offered anytime between 8:30am to 6pm. The practice offered a range of appointment types including book on the day, telephone consultations and

advance appointments. Extended hours surgeries were offered every Saturday morning at the Chacewater practice for pre-bookable appointments between 8:30am and 11:30am. Urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment better than local and national averages.

- 89.5% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 79.9% and national average of 74.9%.
- 95.9% of patients said they could get through easily to the practice by phone (CCG average 81.8% and national average 73.3%).
- 87.8% of patients said they always or almost always see or speak to the GP they prefer (CCG average 67.1% and national average 60%).

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

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The 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. There was a poster displayed and summary leaflets available.

We looked at the six complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

However, other areas of governance were less well managed and required reviewing. For example;

- Recruitment and chaperone processes did not follow safe procedures;
- Checks on locums were not effectively recorded;
- Aspects of the dispensary processes and medicines management were not robust; and
- Training was not monitored effectively to ensure all staff had completed basic learning or annual updates.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. The GPs met weekly, the nurses six weekly, and the administration staff bi monthly.
- 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 in doing so and felt supported if they did.
- 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. The practice 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), through surveys and from complaints received. There was an active PPG of seven members which met regularly, and

# Are services well-led?

Requires improvement 

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

a virtual forum group that were involved with giving feedback by email. The group carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had made changes to the reception area to improve on sound travel and increase confidentiality.

- The practice had gathered feedback from staff 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.

## Continuous improvement

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

The practice was a teaching practice for medical students with a GP medical student trainer.

The practice had expanded its medicine delivery service to patient's homes; this was patients who found it difficult to leave their homes.

## 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 Safe Care and Treatment</b></p> <p><b>12 (2) (g) The proper and safe management of medicines</b></p> <p><b>How the regulation was not being met:</b></p> <p>Blank prescription forms for use in printers, and also pre-printed forms, were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times.</p> <p>Medicines could not be guaranteed to be stored at the current temperature, particularly in the vaccine fridge at Devoran Surgery.</p> <p><b>12(2)(g)</b></p> <p>Dispensary staff must be aware of National Reporting and Learning System (NRLS) reporting and feel able to use it. There should be consistency of approach to errors and near misses across both sites.</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 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>Regulation 18(1)(2)(a)(c)</b></p> <p><b>How the regulation was not being met:</b></p> <p>Risk assessments should be in place for all staff in roles deemed not to need a Disclosure and Barring (DBS) checks.</p> <p>Staff undertaking chaperone duties must have received DBS checks</p>