

# Dr JH Clarke and partners

## Quality Report

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Date of inspection visit: 15 December 2015

Date of publication: 29/03/2016

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

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr JH Clarke and Partners on 15 December 2015.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. However, recruitment records for locum GPs did not include a check of photographic identification although staff told us this was because they were previously known to the practice.
- 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 we spoke said they were treated with compassion, dignity and respect and they were

involved in their care and decisions about their treatment. However the national GP patient survey results indicated the practice was performing below average in involving patients in their care and decisions.

- Information about services and how to complain was available and easy to understand.
- Patients said they sometimes found it difficult to make an appointment with a named GP although those we spoke with told us they felt that there was continuity of care, with urgent appointments available the same day.
- The practice had a robust system for obtaining consent for invasive procedures, however their system for obtaining consent for the use of medical photography included recording verbal consent but not a record of written consent.
- 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

# Summary of findings

sought feedback from staff and patients, which it acted on. However, minutes of meetings did not always include a clear record of attendance and actions to be taken.

- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example the practice had achieved a children and young people's service Pacesetter award through the local CCG for their work in designing appropriate services for young people. In addition the practice worked closely with other services to host appropriate services on site at the practice. This had included dermatology clinics, a DVT service and a wound care service where patients would otherwise have had to travel 40 miles to hospital. In addition the practice regularly reviewed care plans with ambulance services to facilitate care in the patient's home and avoid hospital admission.

The areas where the provider should make improvement are:

- Ensure that recruitment records for locum GPs are of the same standard as those of permanent staff.
- Ensure written consent is obtained for the use of medical photography.
- Ensure that the results of the national GP patient survey are discussed and used to make improvements, for example in relation the GP consultations.
- Continue to address issues around patient access to appointments.
- Ensure minutes of meetings include a clear record of attendance and actions.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- There were appropriate recruitment checks in place for new staff, including DBS checks and identity checks. However, the system in place for locum GPs did not include all of the checks e.g. photographic identification checks.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were generally above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and ongoing re-audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. This included the hosting of external services within the practice to improve patient care and outcomes.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data showed that patients rated the practice lower than others for some aspects of care, including consultations with GPs and feeling involved in decision making. However, the practice was aware of these areas and was working with staff and the PPG to make improvements.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, one of the surgery partners was a member of the local CCG board and the practice was represented at monthly external locality meetings.
- 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and involved in the development of the practice.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice had created a role of care co-ordinator where the staff member would support and follow up older people when additional needs had been identified, for example on discharge from hospital.
- The practice had developed a project where they had employed a GP for a session each week to focus on care planning and reviews for older people.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better compared to the CCG (95.9%) and national average (89.2%) at 100%.
- The practice had an unplanned admissions register and used a risk stratification tool to identify patients at risk of an unplanned admission and held regular meetings with proactive care teams.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. For example, there was a section on the practice website that was dedicated to teenagers and the practice had developed a patient feedback survey that was specific to the needs of young people.
- The practice's uptake for the cervical screening programme was 77.7% which was comparable to the CCG average of 79.3% and the national average of 76.7%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and hosted some services on site to reduce the burden on patients of having to travel outside of the area.

Good



# Summary of findings

- It had told 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.

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

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

- 82.2% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared with CCG (85.5%) and national (84%) averages. The practice had employed a GP as part of a project to carry out dementia reviews and care planning.
- Performance for mental health related indicators was better compared to the CCG (95.3%) and national (92.8%) average at 100%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages in some areas although there were also areas where performance was below average. 236 survey forms were distributed and 125 were returned. This represented 0.9% of the practice population.

- 74% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 84% found the receptionists at this surgery helpful (CCG average 90%, national average 87%).
- 76% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 94% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 66% described their experience of making an appointment as good (CCG average 77%, national average 73%).
- 72% usually waited 15 minutes or less after their appointment time to be seen (CCG average 69%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. For example patients told us that staff were very thorough, that referrals were prompt and that care and treatment was of a high standard. Patients also told us that staff were kind and treated them with dignity and respect.

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

## Areas for improvement

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

- Ensure that recruitment records for locum GPs are of the same standard as those of permanent staff.
- Ensure written consent is obtained for the use of medical photography.
- Ensure that the results of the national GP patient survey are discussed and used to make improvements, for example in relation the GP consultations.
- Continue to address issues around patient access to appointments.
- Ensure minutes of meetings include a clear record of attendance and actions.

## Outstanding practice

- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example the practice had achieved a children and young people's service Pacesetter award through the local CCG for their work in designing appropriate services for young people. In addition the practice worked closely with other services to host appropriate services on site at the practice. This had included dermatology clinics and a wound care service where patients would otherwise have had to travel 40 miles to hospital.

# Dr JH Clarke and partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, and a practice manager specialist advisor.

## Background to Dr JH Clarke and partners

Dr JH Clarke and Partners surgery offers general medical services to people living and working in East Grinstead.

The surgery has six partner GPs (male and female) and two salaried GPs. The practice is a training practice and had both a Foundation Year 2 doctor and medical students at the time of our inspection. There are five practice nurses, including a nurse prescriber, a healthcare assistant and two phlebotomists. In addition the practice has two IT personnel and 21 administrative and reception staff. There are approximately 14,100 registered patients.

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.00am to 12.45am every morning and 1.30pm to 6.30pm daily. The practice offers extended hours appointments from 7.20am on various weekdays and pre-bookable appointments on some Saturday mornings. 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.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

Services are provided from:

Moatfield Surgery

St Michael's Road

East Grinstead

West Sussex

RH19 3GW

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (111).

The practice population has marginally higher than average proportion of elderly patients. They have a lower than average percentage of patients with a long term health condition and a lower than average proportion of patients who are unemployed.

## 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2015. During our visit we:

- Spoke with a range of staff including GPs, nurses and administrative staff, and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

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, we saw that changes had been made to the practice's business continuity plan following a recent power failure.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS

check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- 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 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, recruitment records for locum GPs did not include a check of photographic identification, although the practice told us this was because the partners had known the locum concerned.

### 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

## Are services safe?

also 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.

- 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, for example nursing staff worked a rota to ensure cover for early morning commuter clinics and flu clinics.

### **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. There was also a first aid kit and accident book 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 and we saw evidence that this had been used effectively and updated as necessary. 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 11.7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better compared to the CCG (95.9%) and national average (89.2%) at 100%.
- The percentage of patients with hypertension having regular blood pressure tests was better compared to the CCG (89.7%) and national (90.6%) average at 93.6%.
- Performance for mental health related indicators was better compared to the CCG (95.3%) and national (92.8%) average at 100%.
- The dementia diagnosis rate was 0.86% which was comparable to the CCG (0.85%) and national (0.73%) average.

Clinical audits demonstrated quality improvement.

- We viewed six clinical audits that had been completed in the last two years; we saw that these were completed audits where the improvements made were implemented and monitored. For example, we viewed a

haematology audit that had been carried out in response to a significant event and saw that improvements had been made and sustained in terms of closer monitoring of patients.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included increased review and closer monitoring of patients with dementia who had been prescribed antipsychotic medicines in secondary care.

Information about patients' outcomes was used to make improvements.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### 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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that internal multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated. Multi-disciplinary meetings with external specialist took place every two months.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

- The practice had a consent system in place for the use of medical photography; however this included the use of recorded verbal consent rather than recorded written consent.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and exercise. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the practice and a number of wellbeing services were hosted on site.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 77.7% which was comparable to the CCG average of 79.3% and the national average of 76.7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 88% to 97% and five year olds from 88% to 92%. Flu vaccination rates for the over 65s were 74.17%, and at risk groups 53.07%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for eligible patients. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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. The practice had put in place a floor marker in the reception area to show people where to stand so that it was away from the reception desk. Staff told us this was done to reduce the number of patients converging at reception and to allow each patient privacy when speaking with reception staff.

All of the 31 patient CQC 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 also spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients generally felt they were treated with compassion, dignity and respect. However, the practice was slightly below average for its satisfaction scores on consultations with doctors. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 88%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)

- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 84% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

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

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

However, results from the national GP patient survey showed slightly lower than average scores relating to patients responses to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)

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's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to establish need for further

## Are services caring?

support. 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.

- The practice offered a 'Commuter's Clinic' from 7.20am during the week and on Saturday mornings by appointment for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and we saw that this included a 30 minute annual review with their GP.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Part of the practice website had been developed following focus groups for teenagers.
- There was a carer support service available via a weekly support session and information for carers.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.00am to 12.45am every morning and 1.30pm to 6.30pm daily. On Fridays the door & telephone open at 9.00am to allow for regular multi-disciplinary team meetings whilst emergency calls are responded to during this time. The practice offers extended hours appointments from 7.20am on various weekdays and pre-bookable appointments on some Saturday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than average when compared to local and national figures. However, people told us on the day that they were able to get appointments when they needed them.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 74% patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 66% patients described their experience of making an appointment as good (CCG average 77%, national average 73%).
- 72% patients said they usually waited 15 minutes or less after their appointment time (CCG average 69%, national average 65%).

Six out of 31 comment cards returned to us included comments about difficulties accessing appointments at a convenient time. The practice were aware of the issues around access to appointments and cited problems with other practices having capped their patient lists, new housing in the area and difficulties recruiting nursing staff as contributing to this. They were working with the CCG and PPG to look for solutions and had recruited to vacant nursing posts. In addition they were in the process of implementing a web based GP consultation service.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example via the practice website and on a noticeboard in the waiting area.

We looked at eight complaints received in the last 12 months and found that these were satisfactorily handled in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw evidence that complaints were discussed at practice meetings and that learning opportunities were identified for staff involved and the practice as a whole.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the training/meeting room 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 an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

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

### Leadership, openness and transparency

The partners in the practice have 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 that they were approachable and always take 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 gives affected people 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 that the practice held regular team meetings. We viewed minutes of meetings and saw that there were standing agenda items to ensure issues such as complaints and significant events were discussed. However, not all minutes clearly indicated who had attended the meetings and actions taken as a result of discussions.
- Staff told us that 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 were supported if they did. We also noted that team meetings were held where staff would be involved in discussions about the practice strategy and initiatives.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys, supported the practice at events and clinics and submitted proposals for improvements to the practice management team. For example, they supported the practice during flu clinics and had worked with the practice to make the patient survey more user friendly.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and

# Are services well-led?

Good 

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discuss any concerns or issues with colleagues and management. They also told us the practice had an 'open door' policy and that partners and managers were approachable. 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. For example the practice had achieved a children and young people's service Pacesetter award through the local CCG for their work in designing appropriate services for young people. In addition the practice worked closely with other services to host appropriate services on site at the practice. This had included dermatology clinics and a wound care service where patients would otherwise have had to travel 40 miles to hospital.