

# Hardwicke House

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hardwicke House on 3 October 2016. Overall the practice is rated as good.

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

- The practice served a large population across five sites. Some staff worked across more than one site, generally, the practice managed communication well. Hardwicke House site was the administration centre for the practices.
- There was an open and transparent approach to safety and a system was in place for reporting and recording significant events. However the practice did not record errors that would identify trends and allow early interventions to encourage improvements.
- The practice used a range of assessments to manage the risks to patients.
- Practice staff assessed patients' needs and delivered care in line with current evidence based guidance.

- Staff had been trained to provide them with the skills, knowledge, and experience to deliver effective care and treatment. However, the management oversight of the training undertaken needed to be improved.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it relatively easy to make an appointment with a named GP.
- 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.

#### Action the provider MUST take to improve:

# Summary of findings

- Ensure that risk assessments are carried out to determine the need to hold appropriate emergency medicine for contraceptive procedures undertaken in the practices.
- Ensure that medicines are managed appropriately. This must include ensuring that appropriate action is taken and documented when the temperature of the medicine refrigerators is outside of the recommended range. This must also include the implementation of an effective system to check the expiry date of medicines. Also the production of an effective standard operating procedure and log books for the recording of the destruction of medicines, including controlled drugs.
- There was scope for the practice management to improve the standard operating procedures which govern dispensing processes. The procedure should be comprehensive and available at all dispensaries.
- There was scope for the practice management team to improve their governance systems and oversight, including the update and sign off of patient group directives for the nursing staff.
- There was scope for the practice management team to improve the oversight of staff training, through accurate and complete records.
- Improve governance arrangements by maintaining and disseminating minutes from practice meetings.

**Action the provider SHOULD take to improve:**

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system in place for reporting and recording significant events. Lessons from significant events were shared to make sure action was taken to improve safety in the practice. However in the dispensary, errors that had been identified, had not been recorded or reported which meant that opportunities to learn from these were missed.
- When things went wrong patients received reasonable support, detailed information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes, and practices in place to keep patients safe and safeguarded from abuse.
- We reviewed four personnel files and found that all of the appropriate recruitment checks had been undertaken for all staff 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.
- The practice had five sites; some of these were listed buildings which presented challenges for managing health and safety. We found that risks to patients and staff were assessed and managed.
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### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for 2014-2015 were above local and national averages.

# Summary of findings

- Practice staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Practice staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had a record of clinical audits to encourage quality improvement.
- Practice staff had the skills, knowledge, and experience to deliver effective care and treatment. However, the practice management oversight had scope to be improved.
- All practice staff had received an appraisal training opportunities were available.
- Practice staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with 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 practice staff treated patients with kindness and respect, and information confidentiality.
- We saw that practice staff made every effort to maintain patient confidentiality at the front desk and on the telephone.

## 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. For example the practice offered an outreach clinic for patients with sleep apnoea (a condition where the walls of the throat relax during sleep and interrupt normal breathing). This enabled these patients to be seen closer to home and avoid the journey to the hospital.
- Patients said they found it relatively easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day, patient could be seen at any site.

# Summary of findings

- Appointments to see GPs, nurses and health care assistants were available on Saturday mornings.
- Despite the challenges of some of the premises, the practice had made every effort to provide 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.
- The practice recognised that they had a population of patients who lived in the surrounding villages. The practice undertook a significant number of home visits each day.
- The practice looked after a large number of care homes including a home for patients of all ages with a learning disability.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was scope for the practice management team to improve their governance systems and oversight.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff and appropriate action was taken. This process could be strengthened by documenting and checking that identified actions had been completed and monitored.
- The practice sought feedback from patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice proactively cared for patients who lived in care homes and undertook regular visits.
- Patients could be seen at any of the five practices, enabling patients to attend the one most convenient to them.
- The practice provided appointments on a Saturday for patients with complex dressing needs. This ensured that patient's dressings were changed timely to aid healing and better outcomes.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. All patients with diabetes were seen for six monthly reviews.
- Longer appointments and home visits were available when needed.
- 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.
- Appointments were offered at the branch sites to ensure that patients who had difficulty in travelling could access routine follow up.

### 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 in line with the national averages 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.
- 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.
- A full range of contraceptive care was offered at all sites including long acting contraceptives. Saturday appointments were available.

## 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. Emails from patients for administration purposes were managed effectively, they did not offer this for clinical care at this time, as the governance systems are complex, and we were told that they are working towards this in the future.
- The practice offered appointments on Saturday mornings for GPs, nurses and health care assistants enabling patients that could not attend during the weekdays to access appointments.
- Smoking cessation and NHS health checks were encouraged. The practice had over 1000 checks and 89% of these had been completed.
- Telephone appointments were available for those that wished to seek advice in this way.

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.

Good





# Summary of findings

- There was a lead GP and 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 regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice staff had received training, and knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The lead GP undertook regularly training and update sessions for GPs and practice staff.

## 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).

- The practice had 302 patients diagnosed with dementia on the register. 62% of these patients had received an annual review. Many of the remaining 28% lived in care homes and had GP reviews throughout the year. The reviews included advance care planning.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. GPs demonstrated that they managed complex patients with care plans and continuity of care.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing higher when compared with local and national averages. 225 survey forms were distributed and 123 were returned. This represented 55% response rate.

- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards, all of which were positive about the practice and the standard of care received.

We spoke with eleven patients during the inspection. Most of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Five patients told us they usually had to wait two to three weeks for an appointment with a preferred GP. Patients confirmed that they were able to get an emergency GP appointment on the same day.

## Areas for improvement

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

- Ensure that risk assessments are carried out to determine the need to hold appropriate emergency medicine for contraceptive procedures undertaken in the practices.
- Ensure that medicines are managed appropriately. This must include ensuring that appropriate action is taken and documented when the temperature of the medicine refrigerators is outside of the recommended range. This must also include the implementation of an effective system to check the expiry date of medicines. Also the production of an effective standard operating procedure and log books for the recording of the destruction of medicines, including controlled drugs.

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

There was scope for the practice management to improve the standard operating procedures which govern dispensing processes. The procedure should be comprehensive and available at all dispensaries.

There was scope for the practice management team to improve their governance systems and oversight, including the update and sign off of patient group directives for the nursing staff.

There was scope for the practice management team to improve the oversight of staff training, through accurate and complete records.

Improve governance arrangements by maintaining and disseminating minutes from practice meetings.

# Hardwicke House

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, two other CQC inspectors, a practice nurse specialist adviser. Member of the CQC medicines management team provided remote support.

## Background to Hardwicke House

The practice area covers the town of Sudbury and extends into the outlying villages. There are five surgery sites, and medicines are dispensed from three of these. The practice offers health care services to around 23000 patients and has consultation space for GPs and nurses as well as extended attached professionals including midwives, physiotherapists, and staff from services such as a sleep apnoea clinic. We visited the dispensary at Hardwicke House and Church Square, Bures. Hardwicke House is the practice where the administrative functions for the practice are managed.

The practice holds a Personal Medical Service (PMS) contract with the local CCG, and is a training practice providing education to medical students.

- There are seven GP Partners and seven salaried GPs at the practice (eight female and six male GPs). There are three healthcare assistants, two nurse practitioners, and six practice nurses. A team of sixteen dispensary trained staff support the medicines manager.

- A team of 40 administration and reception staff support the management team. The practice manager is supported by a deputy manager and an IT manager. Each branch site has a manager.
- The practice is open between 8am and 6.30pm Monday to Friday; extended hours are available on Saturday mornings each week.
- If the practice is closed IC24 provide emergency care, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.
- The practice demography is similar to the national average but each practice site has its own demography within their immediate area.
- Male and female life expectancy in this area is in line with the England average at 80 years for men and 84 years for women.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 October 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff (GPs, a practice manager, nurses, administrators, receptionists, healthcare assistants, and dispensers) and spoke with patients who used the service. We spoke with the managers of two care homes where the GPs care for patients.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Is it well-led?

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. However, the practice did not record errors that had occurred in the dispensaries and therefore the opportunity to identify trends was missed.

- Staff told us they would inform their manager or the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, detailed information, a written apology, and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We noted that the practice did not keep a log of safety alerts received to ensure that action had been completed, and to ensure future monitoring and learning. Minutes of meetings where the learning from significant events was shared but not always documented. There was scope for the practice to better assure itself that measures to ensure safety had been shared with all staff and that agreed actions had been completed.

### Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for

safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.

- The chaperone policy was displayed in the clinical rooms and advised patients that chaperones were available if required. We noted that the chaperone poster was not easy for patients to read. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We noted that the staff chaperone policy contained inaccurate information, on where a chaperone should stand during an examination. We spoke with the provider about this and they agreed to amend the policy and poster.
- 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.
- We reviewed four 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 through the Disclosure and Barring Service.
- Some of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice required improvement. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as Independent Prescribers

## Are services safe?

and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses without an independent prescribing qualification to administer medicines in line with legislation. However, some of these PGDs had expired. We discussed this with the practice and immediately following the inspection, they provided evidence to show that these had been put into place. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary, however not all dispensing staff were aware of who this was. All members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Staff in the dispensary did record significant events. However, errors which had been noticed before the medicine had been dispensed were not recorded. Therefore, opportunities to minimise risk to patients were not always learnt from. Staff told us that information and learning from significant events was shared at meetings. However, the meetings were not recorded, so the scope for learning by all staff was minimised.
- Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These were not all comprehensive, for example for the destruction of medicines. There was inconsistency over the two dispensaries we visited in which SOPs were available.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were arrangements in place for the destruction of controlled drugs. However, there was no log book to record this. Instead this was recorded in the controlled drug stock book. We were told that there was no system to record the destruction of the non-controlled drug medicines.
- The practice had a cold chain policy and staff we spoke with knew their responsibility in relation to this. However we noted on the recording sheet for refrigerator temperatures, where vaccines were stored, that on several occasions, these had been outside of the

recommended range and no action had been taken in response to ensure vaccine efficacy. We checked to see if medicines were within their expiry date. We found that they were in the dispensary. However, we found some expired medicines, which included a vaccine with an expiry date of February 2016, in the treatment room refrigerator. These were removed immediately by the practice.

### Monitoring risks to patients

Risks to patients were assessed and generally well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was available which identified staff with responsibility for health and safety within the practice. The practice had up to date fire risk assessments and we saw evidence that recommendations from these had been completed. 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 had other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. An accident book was available and staff we spoke with reported that any accidents were investigated and they were given support.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and stored securely. However, at the branch site,

## Are services safe?

the practice did not have the medicine and had not risked assessed the need for it, in the treatment of a specific complication that may arise during a contraceptive procedure.

- 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 and suppliers to the practice.



# 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 guidelines 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 patients' 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 were 99.8% of the total number of points available. The overall exception reporting rate was 12.4% which was 2.7% above the CCG average and 3.2% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- Performance for diabetes related indicators in 2014/2015 was 98% this was 9% above the national average and 7% above the CCG average. The exception reporting rate was 13% and this was in line the national (10%) and CCG (12%) exception reporting rates.
- Performance for mental health related indicators was 100% this was 7% above the national average and 8% above the CCG average. The percentage of patients with dementia who had had a face to face review was 72% which was lower than the national average of 84%. The exception reporting rate was 10% which was higher than the CCG average and the national average of 8%.

- The practice told us that they cared for a significant number of patients who lived in care homes. These patients did not always have an annual review but their needs were addressed more frequently through the routine visits they undertook at the homes.
- The practice had a programme of clinical audits completed in the past 12 months. These included completed audits on the effectiveness of Clopidogrel (a medicine prescribed to prevent blood from clotting). The second cycle of this audit showed improvements. An audit in relation to the use of antibiotics had been undertaken; this showed a higher use by the practice. The practice told us that they were reviewing this.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Practice staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Practice staff had received an appraisal within the last 12 months.
- The practice staff received training that included safeguarding, fire safety awareness, and basic life



# Are services effective?

## (for example, treatment is effective)

support and information governance, but the practice oversight had scope for improvement. Practice staff had in house, face to face training and some access to e-learning training modules.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records, and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support for example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation and dietary advice was available to patients using the practice.

The practice's uptake for the cervical screening programme was 94%, which was significantly above the CCG average and the national average of 82%. The exception reporting for this indicator was 17% this was significantly above the CCG average of 5% and the national average of 6%. We discussed this with the practice, they identified that there had been IT issues during the year 2014 to 2015 which had resulted in higher exception reporting. They told us that these have been addressed and exception reporting for 2015 to 2016 was lower.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Figures published by Public Health England show that 62% of the practice's target population were screened for bowel cancer in 2014/2015 which was above the national average of 58%. The same data set shows that 77% of the practice's target population were screened for breast cancer in the same period, compared with the national screening rate of 72%.

Childhood immunisation rates for the vaccinations given were mixed when compared with the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 95%, compared to the nation average of 73% to 95% and five year olds from 70% to 99% compared to the nation average of 81% to 95%. Practice staff told us that they actively tried to improve uptake, both clinical and non-clinical staff telephoned the parents or guardian of children to discuss and encourage attendance. The practice also offered a walk in baby immunisation clinic.

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

## Are services effective?

(for example, treatment is effective)

were identified. The practice had offered over 1000 checks and 884 of these had been completed. The practice actively offered these checks on Saturday morning enabling those patients who worked during the week to access appointments convenient to them.

# 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.

All three 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 members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said that they felt included, consulted and valued by the practice.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.

- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

- The practice had a low number of patients whose first language was not English, practice staff told us that translation services were available if needed. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 313 patients as carers, 1.5% of the practice list. The practice told us that 153 of these patients had received an annual review, and that they reviewed all carers' needs at each opportunity during consultations. Young carers were also identified and the practice ensured that their needs were met. The practice had plans to develop a website to include an application for mobile devices to enable younger patients to access information and appointments easier.

Written information was available to direct carers to the various avenues of support available to them.

Practice staff told us that if families had suffered bereavement, their usual GP contacted them. 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

- Appointments were available outside school and core business hours to accommodate the needs of children and working people. Appointments with GPs, nurses and health care assistants were on Saturday mornings each week.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were facilities for patients with disabilities and translation services were available.
- The practice worked closely with community midwives, mental health link workers, and promoted provision of these services from the surgery premises where possible.
- The practice dispensed weekly packs for people who needed support to manage their medicines.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours were offered on Saturday mornings 9.30am to 12.30pm. In addition to pre-bookable appointments that could be booked up to four 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 were generally positive when compared with the local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.

- 64% of patients with a preferred GP usually got to see or speak with that GP compared to the CCG average of 63% and national average of 59%.

Comment cards we reviewed and patients we spoke with told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

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

Fifteen written complaints had been received in the past 12 months. Each complaint had been fully detailed and lessons were learnt. For example, a sample from a patient had been rejected; the sample taker apologised to the patient and arranged a second sample.

We noted that the practice did not log verbal feedback; the opportunity to learn from trends and prevent further complaints was not used. We discussed this with the practice, they told us that they would implement a system to capture the feedback and share with the practice teams.

# 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 vision to deliver a high standard of care and promote good outcomes for patients, with a well-trained and highly motivated primary health care team.

- The practice had a mission statement which was available to staff and staff knew and understood the values.
- The practice had a business plan, with short, medium, and long term plans; this reflected the vision and values and was 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. Some of the standard operating procedures (SOPs) for use in the dispensary were not comprehensive. The SOPs were not all available in the two dispensaries that we inspected.
- A comprehensive understanding of the clinical performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions. There was scope for the practice to improve its oversight of medicines management and staff training.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity, and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, detailed information and a verbal and written apology.
- The practice kept written records of written correspondence but did not record verbal feedback.

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

- Staff told us the practice held regular team meetings, within their respective department. However, minutes are these meetings were not taken to ensure shared learning across the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- 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 feedback from patients, the public, and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), through surveys and complaints received. The PPG met every two months and were involved in improvements to the practice. For example they attended the flu vaccination clinics in order to promote the PPG and ascertain the views of patients. The PPG also produced a newsletter. The September edition, provided feedback on the patient survey carried out in April and provided information on a range of services, including family carers and animal companionship.
- The practice had gathered feedback from staff through staff meetings, appraisals, and discussion. Staff told us

# Are services well-led?

Good 

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

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 focus on continuous learning and improvement at all levels within the practice. The practice

was a teaching practice for medical students. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. The practice is currently negotiating funds to build new premises, and is investigating ways to use email more widely.

The practice is looking at future models of care and the options of federating practices.

## 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>How the regulation was not being met:</b></p> <p>The practice had not risk assessed the need to make available emergency medicine to treat patients who might develop complications during contraceptive procedures.</p> <p>The practice did not ensure that medicines that required refrigeration were safely managed.</p> <p>We found medicines, which included vaccines, had expired, and were still available for use.</p> <p>There was no standard operating procedure, and log books for recording the destruction of medicines, including controlled drugs.</p>