

# Dr Joseph L Practice

## 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?

Good



Are services effective?

Good



Are services caring?

Requires improvement



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 Joseph L Practice on 20 September 2016. Overall the practice is rated as good.

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

- Staff were aware of their responsibilities regarding safety, and reporting and recording of significant events. There were policies and procedures in place to support this.
- The practice assessed most risks to patients and staff. There were systems in place to manage most of these risks. Improvements needed to be made the monitoring of the issue of prescription printer paper and patient group directives needed to be kept onsite (Patient Group Directives or PGDs are a direction to a nurse to administer prescription only medicines such as the flu vaccine).
- The practice responded appropriately to patient and medicine safety alerts when they received them however they were not necessarily getting the latest alerts.
- Although electric sockets had been inspected regularly, there was no system for checking small electrical appliances. However this was rectified a few days after our inspection and evidence provided of this. An ongoing contract for this testing was put in place.
- Staff received appropriate training to provide them with the necessary skills, knowledge and experience to fulfil their role. They had access to further role specific training if appropriate.
- There were some areas where infection control and prevention could be improved. For example, the infection control audit had not been dated and had no action plan attached.
- The practice used national available guidelines to ensure best patient care, however the systems for ensuring they had access to the most current guidance could be improved.
- Patients we spoke with and responses on our comments cards told us that the majority of patients were satisfied with the service received by the practice.

# Summary of findings

- Information about how to complain was available for patients. Complaints investigations and documentation showed that these were investigated fully.
- Patients told us that they had easy access to appointments. Patients said if all appointments for that day were booked and a cancellation came up then they would be slotted in from those who had been unable to obtain a same day appointment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the patient participation forum.
- The practice facilities met the needs of its patient population.
- There was a clear management structure and staff told us they felt supported and able to make suggestions to improve the quality of service provision.
- The previous practice manager had been responsible for the maintenance of the practice website but the practice had not been able to access it since they left, therefore information was incorrect.

- The culture of the practice was open and honest, and the practice complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Introduce a system to monitor the use of prescription stationery.
- Patient Group Directives (PGDs) should be available on the premises.
- Infection control audits should be clearly dated and that the action plan needs to be kept with the audit and updated to reflect action taken, if any required.
- Improve the identification of carers.
- Review the care and treatment provided for patients with long term conditions and improve the performance for patients in this group.
- Respond to patient feedback from the National GP Survey in relation to the satisfaction rates about clinical staff at the practice.

**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



- Staff were aware of their responsibilities regarding safety, and reporting and recording of significant events. There were policies and procedures in place to support this.
- If there was unintended or unexpected safety incidents, there were systems in place to investigate these and ensure that patients would receive reasonable support, information, and a written apology.
- We saw evidence that any lessons learned were shared with appropriate staff during meetings and as a result action was taken to improve safety in the practice.
- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse.
- The practice had arrangements in place to ensure the safe management of medicines. However the practice was not monitoring its printer prescription paper.
- There were patient group directives (PGDs) in place for nurses to provide vaccinations however these were not always kept on site.
- There were some areas where infection control and prevention could be improved. For example, the infection control audit had not been dated and had no action plan attached.
- Appropriate recruitment checks had taken place before staff were employed.
- There was a system to ensure that clinical staff remained registered with their professional bodies and had received appropriate immunisations.
- Portable electronic appliances had not been tested; however this was completed a few days after our inspection and evidence sent to us.
- The practice assessed risks to patients and staff. There were systems in place to manage these identified risks.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2015-2016 showed most patient outcomes were at or above

# Summary of findings

average for 13 clinical domains and below average compared to the CCG and national average for 6 clinical domains. The practice overall QOF score was 89% which was in line with the CCG average and lower than the national average.

- The percentage of patients with chronic obstructive pulmonary disease (COPD) with an annual review was 74% which was lower than the CCG or national average.
- Staff assessed needs and delivered care in line with evidence based guidance. The practice used nationally available guidelines and alerts to ensure best patient care.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. They told us that they had access to further role specific training if appropriate.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked effectively with other health care professionals plan care, support and treatment that met patients' ongoing needs.

## Are services caring?

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

- All four patients we spoke to during the inspection told us that they felt treated with dignity and respect by staff and that staff were helpful and friendly. They felt involved in decisions about their care. These views were backed up by responses on the comments cards we received.
- Data from the national GP patient survey, published in July 2016, showed patients rated the practice in line with others for several aspects of care but lower for others. For example the percentage of patients that said the last GP they saw was good at listening to them was 70% which was lower than the local and national averages. 90% of patients found the receptionists at the practice helpful which was in line with both the CCG and national averages.
- We saw that staff treated patients with respect and kindness.
- The practice had identified 19 carers which was 0.9% of the patient list.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice housed the local weekend 'hub' GP and nurse pre-bookable service.

**Good**



# Summary of findings

- The four patients we spoke with told us that access to appointments was good.
- Data from the GP survey with regards to access to the service was in line with or above the CCG and national averages.
- The practice website needed updating as the information within was incorrect.
- The practice had good facilities, was accessible and was well equipped to treat patients and meet their needs.
- Information on how to complain was clearly displayed in the waiting area and in the practice leaflet.

## Are services well-led?

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

- There was a clear leadership structure in place and staff felt able to bring forward their thoughts for improvements to the quality of patient care.
- The practice had policies and procedures in place, which were regularly reviewed and updated as required. These provided a governance framework for the practice to provide good quality care and improve outcomes for patients.
- There were systems in place for knowing about safety incidents and evidence showed that the practice complied with the duty of candour when investigating and reporting on these incidents.
- The practice acted upon feedback from their patient participation group (PPG).

**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.

- All patients had a named GP.
- Home visits were available for house-bound patients.
- The practice was accessible for those with limited mobility.
- Flu vaccinations were available.
- Nurses liaised with district nursing regarding the care and best dressings for patients with leg ulcers and other conditions requiring regular dressing and review.

Good



### People with long term conditions

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

- The practice nurse was responsible for the reviews of patients with long-term conditions and had received training in diabetes, COPD and asthma.
- The practice performance for some long term conditions indicators was lower than the CCG and national average.
- Longer appointments and home visits were available when needed.

Requires improvement



### Families, children and young people

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

- There were systems and processes in place to enable staff to identify and take appropriate action to monitor and safeguard children and young people living in disadvantaged situations. For example, children with a large number of A&E attendances.
- Immunisation rates were in line with CCG and national averages for all standard childhood immunisations. For example, all eligible 12 month olds at the practice had received the vaccinations required at this age.
- Patients told us that children and young people were treated appropriately.
- Pre-bookable appointments were available at the GP 'hub' at the weekend. Weekday appointments were available at the end of school hours.

Good



# Summary of findings

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

Good



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

- Pre-bookable appointments were available at the GP 'hub' at the weekend.
- The percentage of women aged 25-64 who have had a cervical screening test in the past 5 years was 76% which was in line with the CCG and national average.
- The practice had available online access so that patients could book and cancel appointments, review their record summary and request repeat medicines.

## **People whose circumstances may make them vulnerable**

Good



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

- The practice offered longer appointments for those patients who needed them.
- The practice worked with other health care professionals as needed in the case management of vulnerable patients.
- The practice sign-posted vulnerable patients to various support groups and voluntary organisations.
- The practice assisted patients in accessing support if they required it.
- Staff had received training in identifying and reporting possible signs of abuse and the practice kept registers of different groups of people whose circumstances make them vulnerable.
- The practice had identified 19 carers which was 0.9% of the patient list.

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

Good



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

- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, was 92% which was above the CCG and national average.
- Performance data for the number of patients with a mental health diagnosis with a blood pressure recorded in the last 12 months was higher than CCG and national average. Upon investigation by the practice this was found to be due to incorrect use of coding.



# Summary of findings

- The practice worked closely with mental health professionals to deliver coordinated care in the community.
- Longer appointments were available for patients experiencing poor mental health.
- The practice sign-posted patients to local voluntary support services.

# 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 lower than local and national averages for the majority of questions asked. 343 survey forms were distributed and 107 were returned. This represented a 31% response rate.

- 92% of patients found it easy to get through to this practice by phone compared to the CCG and national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average 82% and a national average of 85%.
- 71% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and a national average of 85%.

- 53% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average 70% and a 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 30 comment cards of which 29 were positive about the standard of care received and one partially positive. For example, they told us that staff were friendly and helpful, and listened to them. Responses were positive about access to appointments and caring nature of staff.

We spoke with four patients during the inspection. All four patients' comments reflected those on the comments cards with regards to the attitude of staff and their treatment.

## Areas for improvement

### Action the service SHOULD take to improve

- Introduce a system to monitor the use of prescription stationery.
- Patient Group Directives (PGDs) should be available on the premises.
- Infection control audits should be clearly dated and that the action plan needs to be kept with the audit and updated to reflect action taken, if any required.
- Improve the identification of carers.
- Review the care and treatment provided for patients with long term conditions and improve the performance for patients in this group.
- Respond to patient feedback from the National GP Survey in relation to the satisfaction rates about clinical staff at the practice.

# Dr Joseph L Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

### Background to Dr Joseph L Practice

This practice is situated in Grays opposite a college on a pedestrianised area. It has a level access entrance. There is a very small car park at the back of the practice. Grays railway station is a short walk away from the practice.

The current list size of the practice is 2100. There are two GPs, one female and one male, although there is only ever one GP on the premises. There are two part-time female practice nurses and a number of other staff carrying out administrative duties.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 11am and 4.20pm to 6pm Monday to Friday (except Thursday afternoon which is for emergencies only). The practice also provides minor surgery and joint injections.

Thurrock Clinical Commissioning Group (CCG) has recently launched a weekend system called 'Thurrock Health Hubs'. Patients are able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hubs'. The practice premises houses the local weekend 'hub'.

When the practice is closed patients are advised to call 111 if they require medical assistance and it cannot wait until the surgery reopens. The out of hour's service is provided by IC24.

### 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 20 September 2016.

During our visit we:

- Spoke with a range of staff including a GP, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients who used the service and their family members.
- 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?

# Detailed findings

- 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.

- We asked staff to explain the process of reporting significant events to us. They told us that they would either inform the lead GP or complete a significant incident form. We saw evidence to show that any significant incidents were discussed with all staff at monthly practice meetings.
- Significant incident forms and the evidence of the analysis showed that when a significant incident directly affected a patient, a thorough investigation was completed. If a patient was affected they would be informed of the incident, given appropriate information and support and a written apology outlining any actions taken to prevent the same thing happening again. For example, we saw that an incident affected a newly registered patient living in a care home who had not yet been seen by the GP, the practice changed their systems so now reception staff inform the lead GP of all newly registered care home patients so that they can be visited as soon as possible by the GP.
- We reviewed safety records, incident reports, patient safety alerts and medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and minutes of meetings where these were discussed. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The lead GP was responsible for ensuring these were disseminated to the appropriate staff and staff signed to say they had been read. We saw evidence that action was taken to review and improve safety in the practice. For example, following a patient medicine safety alert relating to possible issues with a particular type of syringe we found that the practice had completed a search to ensure that it did not affect any of their patients.

### 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:

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. These systems took into account the latest relevant legislation and Thurrock council requirements. Policies were accessible to all staff. The lead GP was responsible for safeguarding and acted as a contact point for staff. The GP told us that they attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We found that staff understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- There was a small notice at reception which advised patients that chaperones were available if required. Staff informed us that notices were usually in all clinical rooms as well but had been taken down to update them. We checked and found that only staff who were trained for the role and had received a Disclosure and Barring Service (DBS) check were used as chaperones (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 generally visibly clean and tidy. There was an infection control protocol in place and staff had received up to date training. However there were some areas where infection prevention and control could be improved. For example, the storage of cleaning equipment by external cleaning staff. The infection control audit we viewed had not been dated and had no action plan was attached.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. For example, for one high risk medicine the patient's latest blood results were checked before the repeat prescription was authorised. The practice had support from the local medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

## Are services safe?

- We found that blank prescription pads were securely stored and the practice had systems in place to monitor their use. However the prescription paper in the printers although stored securely had no system for monitoring its use. The practice used Patient Group Directions to allow nurses to administer medicines in line with legislation. We were unable to check all of these as they were taken off the premises and kept by the practice nurses.
- We reviewed five 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. We found that there were systems in place to review the ongoing professional registration of staff and checks for locums.

### Monitoring risks to patients

Most risks to patients were assessed and well managed.

- The practice had systems in place to assess and monitor most risks to staff and patients. The practice had up to date fire risk assessments. There was a contract in place with an external company to check that all clinical and electrical equipment was safe to use and working properly. However at the time of our inspection there was no system for checking small electrical appliances. This was rectified a few days after our inspection and an ongoing contract for this testing was put in place. There were assessments in place for 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 administrative and nursing staff to ensure enough staff were on duty. Quality and Outcomes Framework (QOF) data was also used to determine staffing in terms of need for patient reviews.

### 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 alert button on the computers in all the consultation and treatment rooms which staff could press to summon other staff in an emergency situation.
- Staff had received training on basic life support and use of a defibrillator. There was a defibrillator available on the premises and oxygen in an accessible place with adult and child masks.
- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. We checked the medicines and found them to be stored securely and within their expiry date, with a system for checking the dates in place.
- The practice had a comprehensive business continuity plan in place for major incidents such as IT failure or flooding. The plan included emergency contact numbers for staff and relevant utilities.

# 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 patients' needs.

### Management, monitoring and improving outcomes for people

The practice was aware of the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes and used it to monitor and improve outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

- The most recent published results, from 2015 to 2016, indicated the practice achieved 89% of the total number of points available compared with the CCG average of 94% and the national average of 95%.
- Performance data from the QOF website showed the practice performed much lower than CCG and national averages for some indicators relating to chronic obstructive pulmonary disease (COPD), depression, diabetes and hypertension.
- For example, the percentage of patients with COPD who have had an annual review was 74% compared to a CCG average of 91% and a national average of 90%.
- Performance data for the number of patients with a mental health diagnosis with a blood pressure recorded in the last 12 months was 100% compared to 90% CCG and national average. The exception reporting for practice was 25% which was higher than the CCG and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice told us that they tried to avoid exception reporting. The practice told us that they had determined

that some of the high exception rates were due to poor coding of the data. Following our inspection, the practice planned to review how the data was coded to ensure a more accurate exception reporting in the future.

We found that there were good systems in place for the monitoring and review of patients with long term mental or physical health conditions, as well as opportunistic reviewing when patients attended for other health issues.

There was evidence of quality improvement including clinical audit.

- The lead GP informed us that they had completed four clinical audits in the last two years. We viewed one of these relating to a high risk medicine. We saw that all patients prescribed this medicine were included in the audit to assess whether patients were receiving reviews according to current guidelines. We saw the audit showed evidence of having improved outcomes for patient safety. The practice planned to re audit the following year to ensure that patient safety was maintained.
- The practice participated in local benchmarking. For example, we viewed prescribing data, from June 2016, with the lead GP for antibiotics, non-steroidal anti-inflammatory medicine and hypnotic medicine prescribing, and found that they were below the CCG average for all of them.
- We saw that findings were used by the practice to maintain and improve the quality and safety of service provision.

### 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, including GP locums. Core training for staff covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, information governance and confidentiality.
- Staff received role-specific training and updating as relevant. 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. They also had access to peer support systems.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice



# Are services effective?

## (for example, treatment is effective)

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 and informal one-to-one meetings. All staff had received an appraisal in the last 12 months.

### 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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans and actions were routinely reviewed and updated for patients with complex needs and adult or child safeguarding concerns. Staff liaised with other professionals on a regular basis outside of these meetings too. Staff had working relationships through these meetings with school nurses, health visitors, social workers, community matron and other community nurses. We found that there were effective safeguards in place to avoid missed referrals.

### 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 documented this appropriately.

### 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, those requiring advice on their diet and alcohol cessation. Patients were signposted to the relevant service.
- The practice referred older people who may be isolated to Age UK for support.
- Smoking cessation advice was available from an external agency via referral from the GP.

The practice's uptake for the cervical screening programme was 76%, which was in line with the CCG average of 80% and the national average of 82%. There were 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.

Data for other national screening programmes such as bowel and breast cancer showed that the practice uptake was in line or slightly below CCG and national averages. For example;

- The uptake for the screening of bowel cancer by eligible patients in the last 30 months was 47% for the practice, compared to 54% average for the CCG and 58% national average.
- The uptake for females aged between 50 to 70 being screened for breast cancer in the last 36 months was 66% compared with the local average of 66% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable or above CCG and national averages. For example,

- The percentage of childhood 'five in one' Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza immunisation vaccinations given to under one year olds was 100% compared to the CCG percentage of 95% and national average of 93%.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 96% compared to the CCG percentage of 92% and national average of 91%.



# Are services effective?

(for example, treatment is effective)

- The percentage of childhood Meningitis C vaccinations given to under five year olds was 94% compared to the CCG percentage of 96% and the national average of 83%.

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 years. Some of these health checks were completed by an external agency working in partnership with the practice and others by practice staff. For example, health checks for patients with a learning disability where completed by the GP and verbal advice given to patients and/or carers as appropriate.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff to be friendly, helpful and approachable when dealing with patients. As there were two waiting areas staff discreetly reminded patients where they needed to wait.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Room doors were also lockable and patients were offered paper towel to cover themselves when preparing for intimate examinations.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- If patients wanted to discuss sensitive issues, appeared distressed or would be uncomfortable waiting in the main waiting areas there was a private room that staff could offer them.

29 of the 30 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 a member of the patient participation group (PPG). They also told us staff had a good attitude and were helpful and said their dignity and privacy was respected.

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was in line with averages for some aspects of patient satisfaction on consultations with GPs and nurses and below for others. For example:

- 70% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 80% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.

- 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice told us that they were aware of these results and had an improvement plan which included trying to give patients more time if they felt they would need it, for example, by booking double appointment slots.

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

Patients told us on the day that they felt involved in decision making about the care and treatment they received. They felt treatment options were explained enabling them to make an informed decision about care and treatment. Patient feedback from the comment cards we received was also positive and aligned with these views. Results from the national GP patient survey, published in July 2016, showed patients' responses were lower than local and national averages when responding to questions about their involvement in planning and making decisions about their care and treatment.

For example:

- 68% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice told us this area was also covered in their improvement plans.

The practice accessed a translation service via telephone for patients who did not have English as a first language. The GPs also spoke some other languages. This enabled those patients to be involved in decisions about their care:

## Are services caring?

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Staff told us they would verbally sign post patients to services and support them in self-referring.

The practice kept a register of carers so GPs and other staff knew if a patient was also a carer and could offer appropriate support. The practice had identified 19

patients as carers (0.9% of the practice list). Carers were offered an annual flu vaccination and the practice assisted them in setting up respite care if this was required. Written information and posters were available in the waiting area to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP sent them a condolences card and would also call if they had significant involvement with the patient.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had engaged with the local Clinical Commissioning Group (CCG) to respond to the needs of patients using the service, regarding use of their premises for the weekend 'hub' service. This meant that their patients wouldn't have to travel to another location for a weekend appointment.

- Longer appointments were available for those patients that required them.
- 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 those with a disability available. The consulting rooms on the first floor had lift access.
- Baby changing facilities were available at the practice within the accessible toilet.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11am and 4.20pm to 6pm Monday to Friday (except Thursday afternoon which was for emergencies only). The practice also provided minor surgery and joint injections. Appointments could be pre booked. The practice told us that the waiting time for a non-urgent GP appointment was between a week to one and a half weeks. For nurses the waiting time for non-urgent appointments was between 3 days to one week. Patients told us that if the surgery appointments list for the day was full, then they may be contacted if an urgent appointment became available through cancellation by another patient.

Patients were able to pre book a weekend appointment for a local 'hub' service through the practice to see either a doctor or a nurse (not from the practice) between 9.15am and 12.30pm. The practice premises housed the local weekend 'hub'.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or above local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.
- 73% of respondents describe their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 85%.
- 84% usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 62% and the national average of 65%.

All four patients spoken with on the day of the inspection told us that they were able to get appointments when they needed them. The national GP patient survey published in July 2016 reflected that patient satisfaction with the appointment system was either comparable with or above local and national averages.

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. Requests were passed to the GP who would contact the patient for more details, prior to determining the necessity for a visit. 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, patients could self-refer to the local rapid response service.

The practice website was incorrect and staff told us they were unable to update it since the departure of the previous practice manager.

### Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager handled all complaints with clinical support from the GPs.
- We saw that there were posters in the reception and leaflets to help patients understand the complaints system.

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at the two complaints received in the last 12 months and found that these were handled in a satisfactory manner. Due to the nature of the complaints

there were no changes required to the systems and process of the practice. The practice were open and honest in their review and account of this complaint and made reference to relevant national guidelines in their response.

# 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 provide patients with access to high quality healthcare, with the patients' care being their number one priority.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The GP partners had given much thought into how to structure the organisation to gain the best outcomes for patients.

- There was a clear staffing structure and that staff we spoke with were aware of their own roles and responsibilities and those of other staff.
- There were practice specific policies which were implemented, updated and were available to all staff.
- Clinical performance data was reviewed regularly and used to assist coordination of the monitoring and review of patients.
- The practice used clinical audit to improve outcomes for patients.
- There were arrangements in place for identifying, recording, reviewing and managing risks, issues and implementing mitigating actions. Some of these areas could be further improved. For example, improvements to the tracking system for printer prescription paper or ensuring that completed infection control audits are clearly dated.

### Leadership and culture

Staff told us the partners were approachable and always took the time to listen to 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). We found staff we spoke with were transparent, open and honest in explaining aspects of the service.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a written apology.
- The practice kept records of written complaints.

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

- Staff told us the practice held regular team meetings.
- Staff had the opportunity to raise any issues both at team meetings and outside of these and felt confident that action would be taken to resolve these concerns.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. For example, the PPG had raised a query about the availability of nurses and by the next PPG meeting a nurse had been recruited.
- The practice had gathered feedback from staff through staff meetings and informal conversations. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.