

# Dr P Craven and Dr N J Cunningham

## Quality Report

Allen Street Clinic

Allen Street

Cheadle

Staffordshire

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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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	10
Background to Dr P Craven and Dr N J Cunningham	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	19

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr P Craven and Dr NJ Cunningham (Allen Street Clinic) on 12 January 2017. Overall the practice is rated as good.

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

- Risks to patients were assessed and managed.
- 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.
- Patients said 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 some difficulty in making an appointment with a named GP.
- The practice was equipped to treat patients and meet their needs.
- There was a 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. (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 areas where the provider must make improvement are:

- Ensure Patient Group directions are signed and authorised.
- Ensure infection control issues are monitored and actioned accordingly.

The areas where the provider should make improvement are:

# Summary of findings

- Ensure the INR blood levels of all patients on repeat warfarin are closely monitored before prescriptions are issued.
- Make arrangements for the refrigerator in the dispensary to be replaced by a suitable medicines' refrigerator.
- Formally record and review significant events and disseminate the learning from them
- Undertake GP appraisals.
- Maintain dignity and privacy of all patients.
- Consider a training update around Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- Review the use of the partition between clinical rooms, where consultations can be overheard.

**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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Patients did always receive a verbal and written apology.
- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, patient group directions (PGDs) were not signed. There were also some infection control issues which required action.
- Some clinical staff were not aware of any learning from significant events and had never reported an incident for many years.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- On the day of inspection, patients made positive comments about the service they receive.
- Patients, on the whole, said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Some patients commented that there was no privacy curtain in a treatment room. Some patients were unhappy at having to queue outside the building in inclement weather to secure an appointment.

**Good**



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

We saw evidence that staff had a good rapport with patients.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice had reasonable facilities and was 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 patient participation group (PPG) was very active and responsive to the needs of the practice.

Good



## Are services well-led?

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

- The practice had a 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 leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a good level of staff recruitment and retention.

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.

- 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.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported (2015/2016) data showed the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 70% which was below the local CCG average of 77% and England average of 78%.
- 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.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data (2015/2016) showed that the percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 80% which was similar to the local CCG average of 82% and the England average of 81%.

Good



# Summary of findings

- 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.

## **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 range of health promotion and screening that reflects the needs for this age group.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

All relevant safeguarding documentation was available on the computer desktop of each clinician.

**Good**



## **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).

- Nationally reported data showed that the percentage of patients with schizophrenia, bipolar affective disorder and

**Good**



# Summary of findings

other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% which is better than the local CCG average of 88% and the England average of 88%.

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was worse than the England average of 83%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing mostly in line with local and national averages, with the exception of its telephone accessibility results. 213 survey forms were distributed and 108 were returned. This represented 2.6% of the practice's patient list and a response rate of 51%.

- 55% of patients found it easy to get through to this practice by phone compared to the local CCG average of 72% and the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 78% and the national average of 76%.

- 90% of patients described the overall experience of this GP practice as good compared to the local CCG average of 88% and the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 83% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were mostly positive about the standard of care received. Some patients commented that they found booking an appointment to be a very stressful and time consuming experience. However, patients also commented that they found the practice staff to be helpful, and that they were 'brilliant' and 'friendly'.

## Areas for improvement

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

- Ensure that the refrigerator in the dispensary is replaced by a suitable medicines' refrigerator.
- Ensure Patient Group directions are signed and authorised.
- Ensure infection control issues are monitored and actioned accordingly.

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

- Ensure the INR blood levels of all patients on repeat warfarin are closely monitored before prescriptions are issued.

- Formally record and review significant events and disseminate the learning from them
- Undertake GP appraisals.
- Maintain dignity and privacy of all patients.
- Consider a training update around Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- Review the use of the partition between clinical rooms, where consultations can be overheard.

# Dr P Craven and Dr N J Cunningham

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Dr P Craven and Dr N J Cunningham

Allen Street Clinic, Allen Street, Cheadle, ST10 is a semi-rural dispensing practice in North Staffordshire. Cheadle is a small market town situated 11 miles from the city of Stoke on Trent and is served by limited public transport.

The demographic profile of the practice population predominantly describes themselves as white British. There is a higher than average proportion of patients in the 60-85+ age range. Children and young people make up a lower than average proportion of the practice's patient list. The deprivation index of seven indicates that there is reasonable affluence among the practice population. The lower the Indices of Multiple Deprivation (IMD) decile, the more deprived an area is. People living in more deprived areas tend to have greater need for health services. The practice has 4083 patients registered with them.

There are three GP partners and one salaried GP. Two are male and two are female. There are three female practice

nurses and a phlebotomist. In addition to the clinical staff there are dispensary, administrative, reception and cleaning staff and a practice manager. In total there are 14 members of staff.

The premises open between 8.30am and 6pm on Mondays, Tuesdays, Wednesdays and Fridays. It does not close over lunchtime. With the exception of Thursdays, GP appointments are available from around 8.30am or 9am until 11am or 11.30am. Home visits are made daily, after the morning clinic session. GP appointments are available in the afternoon from around 2pm until 4pm (except Thursdays). The GP 'on duty' sees patients between 3.30pm and 5.30pm. Nurse appointments are available for most of the day, with the exception of a short break at lunchtime. On Thursdays the practice is open from 8.30am until 1pm and the premises closes in the afternoons. At 6pm, or when the practice is closed on Thursdays, the telephone lines close and patients are advised to telephone the NHS 111 service where they can access care from North Staffordshire Urgent Care team. At weekends, appointments can be accessed via the federation at a nearby practice between 9am and 12pm. The practice has a General Medical Services (GMS) contract.

### 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

# Detailed findings

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 12 January 2017. During our visit we:

- Spoke with a range of staff (GPs, nurses, dispensary assistants, non-clinical staff) and we spoke to patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke to members of the patient participation group.
- Spoke to patients.

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 system in place for reporting and recording significant events.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Patients did always receive a verbal and written apology.
- Some clinical staff were not aware of any learning from significant events and had never reported an incident for many years.

### 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 were in place 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. 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 observed the premises to be tidy but some areas required a higher standard of cleaning. For example,

there was a covering of dust in at least one clinical room, above the examination couch. A couch in an examination room was visibly rusty and posed an infection control risk. Some carpets looked worn and these were in clinical areas where blood samples were being obtained.

- 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 an action plan was in place to address identified improvements. However, some of the infection control issues identified by the inspection team, on the day, did not form part of the action plan.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed. The dispensary staff had received appropriate training and had annual appraisals and competency assessments. We saw standard operating procedures (SOPs) which covered aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary, and there was a named GP who provided leadership to the dispensary team. Near miss dispensing errors and errors which reached patients were recorded and were discussed as part of team meetings. Actions were taken upon receipt of alerts and updates and these were recorded and disseminated to all relevant staff.
- The practice ensured prescriptions were signed before being issued to patients. Repeat prescription review dates were assessed as part of the prescription clerking system and there was a system in place to ensure medication review dates were not exceeded. Staff told us about procedures for monitoring prescriptions that had not been collected and this was effectively managed.
- No system for the checking of INR results at the point of issuing a prescription for Warfarin was in place. (INR is a blood result which informs the dosage of a high risk medicine, warfarin.) INRs were undertaken at Cheadle

# Are services safe?

hospital but no GP checked these results before issuing warfarin repeat prescriptions to patients. The practice did have systems in place for other high risk drugs such as Methotrexate blood monitoring.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. Balance checks of controlled drugs had been carried out on a regular basis. Staff knew the procedures for the destruction of CDs.
- There was a procedure to check medicines were within their expiry date. Expired and unwanted medicines were disposed of in accordance with waste regulations.
- We checked medicines refrigerators. The medicine refrigerator in the dispensary did not comply with guidance as it was not a validated medicines refrigerator. Refrigerators in the practice were found to be secure with access restricted to authorised staff. Temperatures were recorded in accordance with guidance and were within the recommended range, including the refrigerator in the dispensary.
- Vaccines and injections were administered by nurses using Patient Group Directions (PGDs). PGDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription. However on the day of the inspection we found that PGDs were not effectively managed by the practice as many were not signed by an authorising manager or the individual health professional working under the direction.
- Emergency medicines and equipment were kept at the practice and these were managed appropriately.
- The receipt of blank prescription forms were handled in accordance with national guidance and the practice kept them securely. However there was no procedure in place to track prescription pads through the practice following their receipt; this was rectified by the practice on the day of the inspection.
- 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.

## Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- Staff had annual infection control training.
- There was no couch in a nurse's room. The room was used for taking blood samples and it may have been difficult to keep the patient safe in the event of a patient feeling unwell during this procedure.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 94% of the total number of points available. Exception reporting was low (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was similar to the national average. Nationally reported data showed that the percentage of patients with diabetes, on the register, in whom the last IFCHbA1c was 64 mmol/mol or less in the preceding 12 months, was 74% compared to the local CCG average of 78% and the England average of 78%.
- Performance for mental health related indicators showed mixed results in comparison to the national average: Nationally reported data showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a

comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the local CCG average of 88% and the England average of 88%.

- Nationally reported data showed that 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was worse than the England average of 83%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included a 42% reduction in the prescribing of an antibiotic, co-amoxiclav.

### 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, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. 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. 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 with other nurses, although there were no structured nurses' 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,



# Are services effective?

## (for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months, however not all salaried GPs had received a GP appraisal.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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, with the exception of those patients being prescribed repeat warfarin on prescription. Meetings took place with other health care professionals. 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.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance; however some staff did not demonstrate they understood the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- 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 were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 75% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. When attendance at the local breast screening facility started to decline, the practice manager and PPG used various initiatives to increase attendance, including submitting an article to the local newspaper to raise awareness of the service.

Childhood immunisation rates for the vaccinations given were better than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 100% and five year olds was 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and talked to them with dignity and respect.

- Curtains were provided in most consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However one consulting room did not have a curtain insitu.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in most rooms could not be overheard, except in two clinical rooms which shared a partition to separate them.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All except one of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and listened to them.

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 their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% 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. We also saw that care plans were personalised. Patient feedback from the comment cards we received was mostly positive and aligned with these views, although there were some comments indicating that to book an appointment was a stressful or time consuming event.

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 87% and the national average of 86%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. However, this was rarely required.

### 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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 107 patients as carers (2.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There was ramp access for disabled patients and visitors, but the ramp was temporary and had to be reinstalled each time it was needed.
- The car park was in need of resurfacing work.
- Patients found it very difficult to get through to the practice by telephone.

### Access to the service

The practice was open between 8.30am and 6pm every weekday except Thursday, when it closed at 1pm. On days where the practice opened all day, GP appointments were from 8.30/9am until 11/11.30am every morning and 2pm-5.30pm each open afternoon. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 55% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were mostly able to get appointments when they needed them, but that the system to do so was lengthy or stressful. Patients formed a queue each day outside of the practice, in the car park. This was in order to try and secure an appointment, as they told us they found great difficulty in getting through to the practice by telephone. Some of these patients were unwell, vulnerable or elderly.

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.

The practice had an approach of trying to visit everybody who requested a home 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, 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 in the waiting area to help patients understand the complaints system.

We looked at one complaint received in the last 12 months and found that this was satisfactorily handled and dealt with in an open and transparent way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken to as a result to improve the quality of care. For example, when a written complaint was received about a clinician's attitude, the practice offered an apology and invited the patient to the practice to discuss the events. This was also discussed with the clinician involved who responded directly to the patient, in writing.

# 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 strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained by the practice manager.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- However arrangements for identifying, recording and managing risks, issues and implementing mitigating actions could be improved, for example, the ineffective monitoring of patients taking warfarin.
- Nursing meetings were not formally taking place, although they did meet for a discussion each morning before clinics began.
- A senior clinician was unaware of the whereabouts of a business continuity plan.

### 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 quality of 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice..

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: The proper and safe management of medicines.</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users:</p> <ul style="list-style-type: none"><li>• Patient Group Directions were unsigned and unauthorised.</li><li>• There was a visible coating of dust in clinical areas</li><li>• A treatment room couch was rusty</li><li>• Carpets were present in clinical areas where blood samples were being obtained.</li></ul> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>