

# Gatehouse (Health) Ltd

## Quality Report

Fens Medical Centre,  
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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?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Fens Medical Centre on 9 June 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised. However we found that on three occasions the fridge temperature was above the recommended temperature and no reason or action had been recorded.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events referred to in the practice as critical incidents.
- 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 treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. The practice promoted a no blame culture and encouraged staff to raise concerns and possible risks.
- The majority of patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
  - Feedback from patients about their care was consistently positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

In addition the provider should:

- The practice should assure themselves that they have process in place to ensure that the fridge temperatures are monitored and vaccines are stored at the correct temperatures.
- Address the infection control issues identified during the inspection

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. This was shared verbally and on teamnet with the whole team.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice promoted a non-judgemental approach to dealing with incidents which encouraged staff to report all concerns.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. There were some variations due to the low number of patients with certain conditions.
- 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. There was a strong focus on education and learning.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice average or higher than others for several aspects of care.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The size of the practice meant the staff were familiar with many of their patients and knew them by name.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- Practice staff 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.
- Patients could access appointments and services by telephone, online or person.
- The practice building was small but had adequate facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



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

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was small but joined with the local residents group to provide feedback to and from the practice. The local residents group are active groups in the local community, helping to improve their local area.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had clearly identified areas of risk and improvement required which informed their future planning.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 had a named GP and nurse led annual reviews.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was delivering 'The Care Home Scheme' locally. This scheme ensured patients living in care homes had structured annual reviews. The care homes were visited on a fortnightly basis and home visits to the home when required. The staff visited the care homes to administer the flu vaccine.
- The practice had identified and reviewed the care of those patients at highest risk of admission to hospital. These patients who had an unplanned admission or presented at Accident and Emergency A&E had their care plan reviewed.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 80%. This was 3% below the local CCG average and the same as the England average 80%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had introduced a care plan 'Be The Best you can Be'. This is an annual health review and patient held care plan. The aim was to involve the patient in a holistic approach to the

# Summary of findings

management of their care and conditions. This involved patients setting their own goals. The practice had commenced this work with patients suffering from chronic obstructive airways disease (COPD).

- The practice promoted self-management for some long term conditions. Examples of these were the use of rescue packs for patients with chronic lung disease (COPD) which has been successful. The practice was involved in the healthy lung and healthy heart checks.

## 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.
- The practice held weekly clinical forum meetings attended by the practice leads and clinicians where they reviewed child safeguarding and discussed those children who did not attend pre-booked hospital appointments, GP or immunisation appointments.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 87 %. This was above the local CCG average which was 83% and the England average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and school nurses.
- Young people were able to access contraception and screening for sexually transmitted diseases (STD).

Good



## 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).

Good





# Summary of findings

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

## 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 and provided a supportive and non-judgemental approach. Examples of these patient groups were drug and alcohol and 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. 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.

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).

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Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 100%, which was comparable to other practices and above the national average.
- 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.

Good



# Summary of findings

- 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.
- Patients on medicines requiring regular monitoring and share care with mental health services were monitored regularly in the practice. Those patients with complex problems were reviewed regularly at multi-disciplinary meetings held in the practice. For patients who felt the stigma of attending mental health premises the practice offered the opportunity of having a consultation with the psychiatrist/therapist in the practice if they wished.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 205 survey forms were distributed and 91 were returned. This represented 3.3% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 64% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received a total of 19 comment cards which were all positive about the standard of care received. Patients told us they were greeted courteously, in a friendly manner and received good care. We did receive some comments about the difficulties of booking appointments via the telephone and access to appointment.

We received feedback questionnaires from nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were approachable, committed and caring. We received several comments about the concerns patients have about the future of the practice.

# Gatehouse (Health) Ltd

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Gatehouse (Health) Ltd

Gatehouse (Health) Ltd also known as the Fens Medical Centre, 434 Catcote Road, Fens Estate

Hartlepool, Cleveland. The practice is an Alternative Provider Medical Services APMS practice. These practices are primary care services provided by outside contractors. The practice is situated on the outskirts of Hartlepool town centre in a converted and extended dental premises behind a shopping centre. There is parking available near the practice. Many of the patients live within walking distance of the practice and there is good access to public transport. There is a mixed client group predominantly from the surrounding estates. There are 2719 patients on the practice list. The practice scored four on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services. The practice population mirrors the practice average across England.

There are two GPs, one is the principle GP (female) and a salaried GP (male). There are two practice nurses, one advanced nurse practitioner, plus another practice nurse delivering diabetes care. There is one health care assistant (HCA) (all female). Much of the back office services such as human resources, finance, monitoring of significant events and the production of policies and procedures are

provided by the company head office situated in another practice in Spenymoor. The practice has an acting senior medical administrator who takes on the day to day role of a practice manager.

The practice is open from 8am to 6.30pm, Monday to Friday. The practice provides some extended hours on a Saturday morning between 9am and 12.30pm. Appointments can be booked by walking into the practice, by the telephone and on line. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Northern Doctors via the NHS 111 service.

## 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 9 June 2016.

During our visit we:

# Detailed findings

- Spoke with a range of staff including GPs, nurses, practice management and administration staff. We spoke with patients who used the service. We visited the head office in Spenymoor and spoke with the business manager and administrative staff involved with the Fens practice.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Is it well-led?

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the Senior Medical Administrator or the lead GP of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Incidents occurring were discussed on the same day or at the next available meeting. The practice held weekly meetings with management and lead clinicians. The results were shared with staff on TeamNet and at meetings where the investigation and action plans were discussed. TeamNet is an information management system used for sharing, exchanging and collaborating information in the practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example raising an alert with the acute hospital when patient discharge information was sent to the wrong practice.

### 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 what constituted abuse and 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 provided examples of when they had raised a safeguarding concern. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.

- We were told the practice displayed information on a television communication screen in the main practice however this was not switched on during our visit. We did not see any notices advising patients that chaperones were available if required. However the patients we spoke with were aware of the opportunity for a chaperone. Only clinical staff provide the role of chaperone and were trained for this 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). Some non-clinical staff had received training but did not currently provide chaperoning.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However we saw some areas where action was required. Examples of these were the storage of cleaning equipment and supplies.
- 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. The practice carried out regular medicines

## Are services safe?

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However we saw the storage of blank prescriptions was in a locked cupboard in the patients waiting area. Staff told us that they only go into the cupboard before appointments start however patients may be aware of what is stored here should the cupboard be opened or unlocked during surgery hours. One of the nurses had qualified as an Independent Prescriber and could prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We looked at the storage of vaccines and we saw that on three separate occasions the fridge temperature was above the recommended storage temperature and no action was detailed. The bag used to transport vaccines we were shown did not meet approved standards and the practice told us they would action this immediately.

- 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

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and regular fire drills

carried out during the past year. 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 told us that they supported each other during sickness and holidays and there was a policy in place to ensure this.

### 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 99% of the total number of points available; with 10% exception reporting which is 1.2% percentage points below CCG Average and 0.8% above the England Average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for some areas of QOF (or other national) clinical targets. However this had been reviewed and identified as being due to the low number of patients. Data from 2014/15 showed;

- Performance for diabetes related indicators was 99% which is 4% above the CCG Average, and 10% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 81% which was below the national average of 83% and CCG average of 86%.
- Performance for mental health was a 88% for all related indicators which was 6% below the CCG average and 4% below the national average.

There was evidence of quality improvement including clinical audit.

- There had been three audits undertaken in the last 12 months all of which have had two cycles where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. Examples of recent action taken as a result of an audit, included ensuring patients receiving anticoagulation medicine (a medicine that prevents the blood from clotting) had their records reviewed and updated and the ordering of repeat prescriptions for this medicine updated to prevent errors.

Information about patients' outcomes was used to make improvements such as ensuring the templates required for screening patients and prescribing guidelines were available on the information system used by the practice.

### 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. All members of staff received a handbook which provided a wide range of information.
- 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 and had attended recent courses.
- The learning needs of staff were identified through a system of appraisals, supervision, 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



# Are services effective?

## (for example, treatment is effective)

support, 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. We saw that nurses had regular supervision meetings and records were kept of these.

- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules, local courses 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, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However we identified some members of staff who told us they required further training. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. The practice currently did not record written consent for treatment

### 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 and minor ailments. Where appropriate, patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 83% and the national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice also followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were below CCG and national averages for some immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 97% and five year olds from 76% to 97%.

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 for healthy heart and lungs. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice also provided appointment request slips which were used to allow booking of potentially sensitive examinations e.g. requesting cervical screening in a busy reception area.
- We saw GPs coming out of their rooms to greet their patients coming from reception.
- Patients told us that staff often helped them book appointments at the local acute hospital and arrange transport when they found the process difficult.

All of the 18 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 one member of the patient participation group (PPG) and one member of the residents association who also support the practice. They 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 and respectfully when they needed help and provided support when required. Many patients described the practice as providing a family like environment where they felt safe and cared for.

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

- 84% 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%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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

- 85% 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%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.

## Are services caring?

- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language or unable to communicate verbally.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 88 patients as carers (3.2% of practice list). All patients identified as carers were offered support and an annual flu vaccine. 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 and the practice sent them a sympathy card. This call was either followed by a patient consultation or home visit to meet the family's needs and by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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. Examples of these were improving the management of patients with learning disabilities and improving medicines optimisation in the practice.

- The practice offered an extended hours service on a Saturday Morning between 9am and 12.30pm for working patients who could not attend during normal opening hours.
- We saw the practice had increased their telephone lines by one and offered more appointments with the advanced nurse practitioner following the results of the patient survey.
- There were longer appointments available for patients with a learning disability and those who were vulnerable.
- 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 were disabled facilities, a hearing loop and translation services available.

#### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.30am to 12midday and 2.30pm to 6pm daily. Extended hours appointments were offered on a Saturday morning from 9am to 12.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments

were also available for people that needed them. Patients were also offered to be placed on a cancellation list whereby if an appointment was cancelled they were offered the appointment.

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

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

In response to the results of the patient survey the practice had developed an action plan to address areas of concern identified in the patient survey. Examples of these were improving telephone access and increasing access to appointments by extending the number of ANPs appointment slots.

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

#### Listening and learning from concerns and complaints

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

- 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.
- Information was available to help patients understand the complaints system for example the practice had a summary leaflet.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from the analysis of trends. Action was taken as a result to improve the quality of care. For example, ensuring that systems were put in place to ensure no items were missed from repeat prescription and that staff were fully aware of maintaining patient confidentiality at all times.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection the principle GP and management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the principle GP and managers 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 clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and weekly clinical forum meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly however the group was small with only three members as they struggled to recruit. To manage this the PPG worked closely with the local residents group. They used this forum to feedback patients concerns, ideas for improvement and to also inform patients about health issues and future developments using the resident's group newsletter. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to

# Are services well-led?

Good 

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

give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had identified their future challenges and concerns. Examples of these were GP recruitment and the future of the practice contract.