

# Chessel Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# 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 Chessel Practice on 25 February 2016. Overall the practice is rated as requires improvement.

At the time of our visit the practice was preparing for a time of change and was being supported by Integrated Medical Holdings (IMH) who were providing back office functions and clinical support. IMH provided us with a comprehensive plan of how they were intending to work at the practice and the new practice manager had been recruited by IMH to introduce improvements at the practice.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough.

- Data showed patient outcomes were low compared to the locality and nationally. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvements are:

- Lessons must be learnt and action taken following significant event investigations to improve the safety in the practice.
- Carry out clinical audits and re-audits to improve patient outcomes.
- Carry out supervision and appraisals of all staff.
- Carry out a Legionella risk assessment.

In addition the provider should:

# Summary of findings

- Re-establish regular communication with all staff in a format that ensures staff are aware of the relevant changes in the practice.
- Review and update practice policy documents.
- Ensure that the relevant staff receive Mental Capacity Act 2005 training.
- Ensure all patients had a named GP, those requiring it had a personalised care plan or structured annual review to check that their health and care needs were being met.

**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, as there are areas where improvements should be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.

Although 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. Areas of concern were found around Legionella checking as the practice had not made a risk assessment and we were told that a legionella survey was being carried out the day after our inspection.

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were low compared to the locality and nationally. There was no evidence that audit was driving improvement in performance to improve patient outcomes.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review for the preceding 12 months (01/04/2015 to 31/03/2015) was 74% compared to the national average of 85%.
- The percentage of patients with hypertension having regular blood pressure tests was 84% and the same as the national average at 84%.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that includes an assessment of asthma control was 71% compared to a national average of 76%.

**Requires improvement**



### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. Such as 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw 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 requires improvement providing responsive services. There were, however, examples of good practice.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. An example seen was in the area of mental health and people in vulnerable circumstances, as contact details for support workers and carers were coded in patient's notes and referral pathways and steps to wellbeing were identified to ensure patients were allocated to the correct services.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Urgent appointments were usually available on the day they were requested.

**Requires improvement**



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.

**Requires improvement**



# Summary of findings

- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.

# 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 requires improvement for the care of older people.

The provider was rated as requires improvement for safe, effective, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice

- Longer appointments, urgent appointments and home visits were available for older patients when needed, and this was acknowledged positively in feedback from patients. The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.

**Requires improvement**



### People with long term conditions

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

The provider was rated as requires improvement for safe, effective, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 99% of patients with diabetes, on the register, had received influenza immunisation in the preceding 12 months
- Longer appointments and home visits were available when needed.
- The practice should ensure all patients had a named GP, those requiring it had a personalised care plan or structured annual review to check that their health and care needs were being met.

**Requires improvement**



### Families, children and young people

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

**Requires improvement**



# Summary of findings

The provider was rated as requires improvement for safe, effective, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours.
- Pregnant women had antenatal appointments with a GP; the practice also had a weekly midwife clinic.
- Safeguarding training for staff was up to date and an on-going priority area for the practice.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 82%.

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

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

The provider was rated as requires improvement for safe, effective, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 was open Saturdays 8am to midday for pre-booked appointments.

Requires improvement



## People whose circumstances may make them vulnerable

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

The provider was rated as requires improvement for safe, effective, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice had carried out annual health checks for patients with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

The provider was rated as requires improvement for safe, effective, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 understanding of how to support patients with mental health needs and dementia. Although not all staff had received relevant Mental Capacity Act training.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. 301 survey forms were distributed and 124 were returned. This represented about 1% of the practice's patient list.

- 35% found it easy to get through to this surgery by phone compared to a national average of 74%.
- 77% were able to get an appointment to see or speak to someone the last time they tried compared to a national average of 77%.
- 77% described the overall experience of their GP surgery as fairly good or very good compared to a national average of 86%.

- 63% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were all positive about the standard of care received. Comments made were that staff are good, but phone response was poor.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring. Although we were told that on some occasions patients were kept waiting to see the GP past the appointment time.

# Chessel Practice

## 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 practice manager specialist adviser.

## Background to Chessel Practice

The Chessel Practice is located in a purpose built medical centre at Sullivan Road, Sholing, Southampton, Hampshire, SO19 0HS.

This practice has a branch surgery at 4 Chessel Avenue, Bitterne, Hampshire, SO19 4AA. During this inspection we did not visit the branch surgery.

The medical centre includes the GP practice and an independent pharmacy. All consulting and treatment rooms are on the ground floor and there are appropriate toilet facilities for disabled patients and baby changing.

The waiting area is large and has an open and calm feeling. There is a self-check in system with automatic opening entrance doors. The waiting area also has the entrance to the independent pharmacy.

Chessel Practice has an NHS General Medical Services contract to provide health services to approximately 12700 patients in and around the east of the city of Southampton and surrounding area. The practice covers an inner city area with a significant numbers of disadvantaged patients and is in the fourth more deprived decile. This practice has a high percentage of patients aged 0-19 and 70 years and over.

At the time of our visit the practice had three male GP partners registered with the Care Quality Commission, there are a further four GPs, one male and three female and three female salaried GPs. The practice is preparing for four GPs to leave the practice in March 2016, leaving the three male GP partners and three female salaried GPs.

The practice has two advanced nurse practitioners, two practice nurses and two healthcare assistants and a phlebotomist. The practice also has two clinical support officers.

The clinical team are supported by a practice manager and a team of 21 receptionists, typist and administration support staff.

The practice is open Monday to Friday 8 am to 6:30pm and operates extended hours clinics on Saturdays between 8 am and mid-day. Phone lines are open from 8 am to 6.30pm Monday to Friday (excluding public holidays). The practice is closed between 1 pm and 2pm on a Monday for staff training. The practice does not operate prescription collections or walk-in appointments on a Saturday.

Same day appointments can be booked at any time from 8 am on the day the patients needed the appointment for. Routine appointments are available up to two months ahead with each GP and up to three months ahead with the nurses.

Urgent appointments are also available for people who needed them. Appointments can be made by phone, on line or by visiting the practice. The practice offered online booking of appointments and requesting prescriptions.

The practice offers telephone consultation appointments with the GP or nurses which can be arranged via the reception team. The practice also offers home visits if required and appointments with the practice nurses if the patient felt they did not need to speak with a GP.

# Detailed findings

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Out of Hours service via the NHS 111 service.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

## 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 25 February 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice had not carried out regular thorough analysis of the significant events. The last meeting minutes we were shown evidence of were May 2015.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were not always shared to make sure action was taken to improve safety in the practice. For example, two very similar significant events were recorded where an abnormal blood result had not been flagged to the duty GP as per the practice protocol but had been passed for review to an absent GP and therefore any necessary review or intervention was delayed. The events folder showed that this had happened on another occasion in the summer of 2015. Therefore the organisation was not learning from these significant events.

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

### Overview of safety systems and processes.

The practice had clearly defined 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children and had received vulnerable adult safeguarding training.

- Notices were displayed that 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 check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice had carried out a review, with the support of the local clinical commissioning group (CCG) pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. The nurse 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training and when a GP or nurse was on the premises.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

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 for most aspects of the practice.

- 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.
- The practice did not have a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We were told that this had been identified and a specialist company had been booked to complete this assessment the day after our visit.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### 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 fit for use.

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

- Performance for diabetes related indicators was similar to the national average. For example: the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91% compared to the national average of 89%. Exception reporting for this area was 17% compared to the clinical commissioning group average of 12%
- The percentage of patients with hypertension having regular blood pressure tests was 84% and the same as the national average at 84%. Exception reporting for this area was 2% compared to the clinical commissioning group average of 4%.
- Performance for mental health related indicators was comparable to other practices in the clinical commissioning group and national average.

We were told that there had been a number of clinical audits completed in the last two years. The practice was unable to supply any written evidence.

Information about patient outcomes was not demonstrated to lead to improvement however, there were some activities to promote better patient outcomes:

- One GP had presented recent updated NICE guidance about pathways for suspected cancer investigation and referral to GP colleagues last autumn in the practice and introduced a monthly 'peer review session'.
- Antibiotic and hypnotic prescribing was in line with or better than national average and there was guidance made available in the GP locum pack to promote this.
- Minor operations including for the insertion of contraceptive devices and implants were undertaken using single use instruments. Patients were counselled for family planning procedures at an advance appointment. Example consultations of each were viewed which showed clear written consent and explanation of risk. Patient information was provided to support this activity which was subject to checking including follow up of return of histology results. Patients were given a follow up appointment at 4-6 weeks and contacted if they did not attend. Reminder cards were given for when a device needed replacing and due diary dates were added to the computer.

### Effective staffing.

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment however, systems to support staff appraisal had not been completed for all staff. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Not all staff had received an appraisal in the last 12 months; some were not sure when they had received their last appraisal.
- The practice had an induction programme for all newly appointed staff. It 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



# Are services effective?

## (for example, treatment is effective)

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 at practice meetings.

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

### **Coordinating patient care and information sharing.**

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Although staff and practice meetings were not regularly taking place, we saw evidence that multi-disciplinary team meetings took place on a monthly basis.

### **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. Although staff training records showed that only two members of staff had received formal training, GPs had received the required 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was seen in patient records.

### **Supporting patients to live healthier lives.**

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

- These included patients in the last months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 82%. 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 using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable to clinical commissioning group and national averages. For example, childhood immunisation rates given to under two year olds ranged from 98% to 100% and five year olds from 82% to 99%.

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 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.

All of the three patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

- 88% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 96%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 82% said they found the receptionists at the practice helpful compared to the CCG average of 88% and 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 on the comment cards we received was also positive and aligned with these views.

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% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 86%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

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.

- The practice offered a 'Commuter's Clinic' on a Saturday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines 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 Monday to Friday 8 am to 6:30pm and operated extended hours clinics on Saturdays between 8 am and mid-day. Phone lines were open from 8 am to 6:30pm Monday to Friday (excluding public holidays). The practice was closed between 1 pm and 2pm on a Monday for staff training.

Same day appointments could be booked at any time from 8 am on the day the patients needed the appointment for. Routine appointments were available up to two months ahead with each GP and up to three months ahead with the nurses.

Urgent appointments were also available for patients who needed them. Appointments could be made by phone, on line or by visiting the practice. The practice offered online booking of appointments and requesting prescriptions.

The practice offered telephone consultation appointments with the GP or nurses which could be arranged via the reception team. The practice also offered home visits if required and appointments with the practice nurses if the patient felt they did not need to speak with a GP.

The practice had opted out of providing out-of-hours services to their own patients and referred them to the Out of Hours service via the NHS 111 service.

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

- 67% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 35% patients said they could get through easily to the surgery by phone compared to the national average of 74%.
- 24% patients said they always or almost always see or speak to the GP they prefer compared to the national average of 37%.

The practice had responded to the figures shown by placing patient satisfaction of the practice on the practice continuous professional development plan and were starting making improvements in patient experience. The practice felt that feedback from patients was crucial and were learning from that by implementing change to improve patient experience. The practice had worked to improve the phone system and the practice had put additional receptionists taking calls at peak times. Call waiting times and unanswered calls had just started to be monitored by the practice manager.

Patients 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.
- We saw that information was available to help patients understand the complaints system. Examples seen were complaints and comments leaflets available from reception or online. Also available online was a complaints form which could be filled in by the patient.

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency when managing the complaint. Lessons were learnt from concerns and complaints and action was taken as a result

# Are services responsive to people's needs?

(for example, to feedback?)

to improve the quality of care. For example, the telephone systems had been reviewed to make it easier for patients to contact the practice and the practice manager was monitoring and auditing call waiting times and missed calls. Extra reception staff were also taking calls.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy.

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

- The practice had a mission statement which was displayed in the waiting areas and senior staff knew and understood the values. Some staff we spoke with were not sure of the mission statement and were unsure what responsibilities the GPs had and who to go to with concerns.
- The practice was going through a period of change and we were shown plans presented by a national primary medical services provider as a vision for the future. Although we were told that some staff members were leaving the practice and there were concerns over replacement staff being employed.
- The practice had a strategy and supporting business plans which reflected the vision and values.
- A GP had introduced a monthly meeting attended by all GPs and if relevant nurses with locum cover to facilitate attendance. This meeting included discussion as needed about patients with vulnerable circumstances.

### Governance arrangements.

The practice had an overarching governance framework which supported the delivery of the strategy and patient 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. Although we were told that some staff members were leaving the practice and there were concerns over replacement staff being employed.
- Practice specific policies were implemented and were available to all staff although there were policies that required updating.
- We did not see evidence of programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions these were recently put into place and were not yet embedded.

### Leadership and culture.

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. However governance arrangements and risk management were not fully embedded. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

There was a changing leadership structure being put in place in place and staff in general felt supported by management but were uncertain about the future.

- Staff told us the practice used to hold regular team meetings, but these had stopped.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues, most we spoke with felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported at the time of our visit, particularly by the partners in the practice. Staff were sometimes involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had found difficulty in retaining patients to take part in a patient participation group (PPG) and was in the process of re starting a PPG. We saw that there

# Are services well-led?

Requires improvement 

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

was a meeting being organised for the new group to take place on 7 March 2016. The practice had been unable to gather feedback from patients through the patient participation group (PPG) although they were able to do so through surveys and complaints received. The practice was in the process of starting a new PPG which would meet regularly and carry out patient surveys and submit proposals for improvements to the practice management team.

## **Continuous improvement.**

The practice team was forward thinking and had started to implement a focus on continuous learning and

improvement. The practice was being supported by Integrated Medical Holdings (IMH) who were providing back office functions and clinical support. IMH provided us with a comprehensive plan of how they were intending to work at the practice and the new practice manager had been recruited by IMH to introduce improvements at the practice which we saw had started with an action plan and Practice Continuous Professional Development Plan Jan 2016 - Dec 2017.

## 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>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> <p>The practice did not fully Investigate significant incidents thoroughly doing all that is reasonably practicable to mitigate and such risks and ensure learning points were properly dealt with and communicated to staff.</p> <p>The practice did not have a legionella risk assessment.</p> <p>The practice should ensure all patients had a named GP, those requiring it had a personalised care plan or structured annual review to check that their health and care needs were being met.</p> <p>This was in breach of regulation 12(1) (2) (a) (b) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Providers must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service.</p> <p>The provider was unable to produce written evidence of clinical audits taking place in the practice.</p> <p>The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.</p>

This section is primarily information for the provider

## Requirement notices

This was in breach of regulation 17(1), 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Not all staff had received regular appraisal.

This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.