

# Torcross Medical Centre

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Torcross Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Torcross Medical Centre on 20 June 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the National GP Patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients reported high levels of satisfaction with the service and 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.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvements are:

- To develop a more structured approach to clinical audit and include two cycle audits.
- Ensure that the immunisation status of clinical staff is updated regularly.
- Continue to support the PPG in recruiting members and developing the group.
- Continue to develop and progress succession planning.

# Summary of findings

**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



- We saw there was an effective system for reporting and recording significant events and that this had been implemented; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to the Clinical Commissioning Group (CCG) and national averages. For example, for 2016/17 the practice had achieved 99% of the total points available, compared to the CCG and national averages of 94% and 95% respectively. Exception reporting for the practice was 4% which was below the CCG average of 9% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects).
- Staff were aware of and had access to national and local guidance online and demonstrated that they used this.
- There was evidence of clinical audits which demonstrated quality improvement, cost effectiveness and reflection. For example, they regularly carried out searches to ensure patients had attended for review of long term conditions and that relevant blood tests had been carried out and actioned. However, these were single cycle audits and the practice would benefit from more structured two cycle audits. The most recent two cycle audit had been carried out in 2014/15.

# Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment.
- 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.
- End of life care was coordinated and involved other services.

## 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 higher than others for all aspects of care.
- We reviewed survey information which showed that an above average number of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. For example, 94% of patients said their GP treated them with care and concern compared to the CCG average of 81% and national average of 82%.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- All staff had comprehensive knowledge of the practice population and their specific needs and provided examples of how they were able to tailor their service to meet their needs.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. There were long serving members of staff who had significant knowledge of the patients and their families and were able to offer assistance and understanding regarding specific needs.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- All patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care. Patients commented specifically on the benefit they found in this. They told us it made them feel confident as the GP knew them well and the details of their problems and health issues. Urgent appointments were available the same day.

# Summary of findings

- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and we looked at the two complaints that had been received in the last year. These demonstrated that the practice responded quickly to issues raised and had investigated and involved the patients appropriately. 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 vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had two partners who shared responsibility for leadership and direction. Staff reported that they felt supported by the GPs and practice manager. The practice had policies and procedures to govern activity and held regular meetings of clinical staff.
- There were arrangements to monitor and improve quality and identify risk through risk assessments and regular review.
- Staff had received inductions and annual performance reviews. The practice workforce was small and staff told us the practice manager communicated daily with them and kept them up to date with any issues occurring within the practice. Formal practice meetings involving all staff together were less frequent although clinical meetings took place monthly.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. Members of the patient participation group (PPG) told us the practice engaged with them and was responsive to their suggestions. The group had experienced difficulty in recruiting members but were working with the practice to increase this. This work was ongoing and required further development.
- There was a focus on continuous learning and improvement at all levels. Staff had access to protected learning sessions and eLearning.

# 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

Good



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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. The practice had engaged in use of a system which allowed information to be shared with all agencies involved in patients at the end of life.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

### People with long term conditions

Good



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

- The nurse was responsible for long-term disease management and worked closely with the GPs to identify and refer patients at risk of hospital admission.
- Outcomes for patients with long term conditions were higher than the CCG and national averages in all conditions. For example:
  - 85% of patients with diabetes, on the register, had a blood pressure reading of the recommended level or less, compared to the CCG and national average of 78%.
  - 87% of patients with diabetes, on the register, had blood cholesterol levels within the recommended range compared to the CCG and national average of 80%.

# Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The practice provided urgent appointments for any patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

## Families, children and young people

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

- The GPs had a broad knowledge of patients and their families and those who were at risk and contacted families of children who had attended accident and emergency (A&E) frequently.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Rates for childhood immunisation rates were high with 100% of children receiving all recommended immunisations at the age of five years compared to the CCG and national averages of 95% and 88% respectively.
- The practice worked with midwives and health visitors when necessary to support this population group. The GPs saw patients during pregnancy to maintain a good relationship with families and promoted immunisation and child and maternal health.
- The practice had achieved a cervical screening uptake rate of 81% which was the same as the CCG and national average.

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).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these

Good





# Summary of findings

were accessible, flexible and offered continuity of care. The practice was part of a GP Alliance which provided extended hours appointments from four other locations within the area from Monday to Friday between 6.30pm and 9.30pm and on Saturdays from 9am until 12 midday and Sundays from 10.30am until 1.30pm.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice encouraged patients to take up breast and bowel screening and the uptake rates were 72% and 56% respectively, which were comparable with the CCG and national rates.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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).

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG and national averages of 81% and 84% respectively. We noted that no patients had been exception reported from this group.

Good



# Summary of findings

- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The National GP Patient survey results were published in July 2016. The results showed the practice was performing above the local and national averages. There had been 251 survey forms distributed and 96 returned. This represented 4% of the practice's patient list and was a response rate of 38% which was the same as the national rate.

- 87% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our visit. We received 44 comment cards which were all positive about the standard of care received. Patients frequently commented on the high standard of care they received and highlighted their appreciation of the caring and attentive staff at the practice.

We spoke with six patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us they felt well cared for by the GPs who always gave them sufficient time during their consultation, listened to their concerns and treated them appropriately.

## Areas for improvement

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

- To develop a more structured approach to clinical audit and include two cycle audits.
- Ensure that the immunisation status of clinical staff is updated regularly.
- Continue to support the PPG in recruiting members and developing the group.
- Continue to develop and progress succession planning.

# Torcross Medical Centre

## Detailed findings

### Our inspection team

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

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

## Background to Torcross Medical Centre

Torcross Medical Centre is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 2,300 patients living in Wyken, Walsgrave and surrounding areas of Coventry. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from a two storey building which has a ramp for disabled access to the entrance. The reception area has sufficient space to allow access for patients using mobility aids.

The practice population has a higher than average number of patients aged 45 to 85. National data indicates that the area is one that does not experience high levels of deprivation. The practice population is predominantly made up of patients of white British ethnic origin.

There are two male GP partners and a part time salaried female GP. The practice employs one practice nurse and practice manager, who are supported by three reception/administration staff.

The practice offers a range of services including minor surgery, long term condition monitoring, cervical cytology and child health services.

The practice is open on Monday, Tuesday, Wednesday and Friday from 8.30am until 12pm and 3.30pm until 6.30pm and on Thursday from 8.30am until 12pm. On Thursday afternoons when the practice is closed, arrangements are in place for patients calling the practice to be directed to the ambulance service who field the calls and contact the GP on call. Extended hours appointments are offered via the GP Alliance and patients can access these at four locations across the area from Monday to Friday between 6.30pm and 9.30pm, Saturday from 9am until 12pm and Sunday from 10.30am until 1.30pm. When the practice is closed services are provided by the local out of hours provider via NHS 111.

## 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 inspecting, we reviewed a range of information we hold about the practice and asked other organisations such as the local CCG to share what they knew. We carried out an announced inspection on 20 June 2017. During our inspection we:

# Detailed findings

- Spoke with a range of staff including the GPs, nurse, practice manager, administration and reception staff and spoke with patients who used the service.
- Observed how patients staff assisted patients in the reception area and talked with carers and family members.
- Reviewed a sample of the treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 for reporting and recording significant events.

- The practice manager investigated all incidents in the practice and escalated any actions necessary. Staff told us they would inform the practice manager of any incidents and there was a recording form available. 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).
- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice manager had a system in place to record the actions taken following receipt of patient safety alerts and staff had signed to state they had seen these and what action had been taken. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice manager told us these were put on the agenda if there were any to be discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice changed their procedure for dealing with shared care arrangements to ensure the practice manager was aware and could follow up any issues promptly.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Both GP partners were the lead members of staff for safeguarding and staff were aware of this.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level three.
- Notices in the treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check or a risk assessment had been carried out. (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. There were cleaning schedules and monitoring systems in place and patients reported that they always found good levels of hygiene in the practice.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and the nurse had received infection control training and had an update arranged for July 2017. We saw an IPC audits had been 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for

## Are services safe?

safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and we saw that these had been signed by the nurse and GP.

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We noted that one of the GPs did not have an up to date Hepatitis B status, however, we saw that the practice had recently completed a risk assessment and identified this and arranged to address it.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and staff were all aware of the fire procedures and could explain these to us. Staff had all received up to date fire training with the exception of the practice nurse who was scheduled to carry this out in June 2017.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We saw records to show that this had been carried out in August 2016
- The practice had a variety of other risk assessments 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).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. There was also an alert button in the reception area.
- All staff had received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises with adult masks. A first aid kit 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 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and accessed these online. The senior GP was a member of the local prescribing committee which kept clinicians informed of local and national changes in medicines.

- The practice had systems 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. We saw that the practice had carried out searches and made changes in patients' treatment as a result of changes in NICE guidance. For example they had carried out audits for the last three years regarding osteoporosis and made changes in medicines as necessary.

### 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 from 2016/17 where the practice had achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. The overall clinical exception rate was 4% compared to the CCG and national average of 9% and 10% respectively. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF or other national clinical targets. Data from 2016/17 showed:

- Performance for diabetes related indicators was higher than the CCG and national averages.

- 83% of patients with diabetes, on the register, had a blood glucose reading within the recommended levels in the last 12 months compared to the CCG average of 79% and national average of 78%.
- Performance for mental health related indicators was also higher than the CCG and national averages. For example:
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months, compared to the CCG of 86% and national average of 89%. No patients had been excepted from this group.

There was evidence of quality improvement including clinical audit:

- There had been many clinical audits commenced in last two years, although these were single cycle and represented reviews of patients care. The practice would benefit from a more planned structured approach which included two cycle audits. However, we saw evidence that the reviews carried out had resulted in improvements and reviews were ongoing. For example, the GP and practice manager ran frequent searches to identify patients who required review of their long term condition or who had not attended for regular necessary treatment and monitoring and contacted them to ensure appropriate care had been provided. The result of these actions were reflected in the high achievement in QOF and low exception reporting. The lead GP encouraged six monthly reviews of long term conditions and medicines.
- The practice engaged in medicines management audits which demonstrated an improvement over six months.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term



# Are services effective?

## (for example, treatment is effective)

conditions and the nurse had attended a course in chronic obstructive pulmonary disease (COPD) and was scheduled to attend additional training in heart disease in June 2017.

- The nurse administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. They demonstrated how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and update training sessions which had been undertaken earlier in 2017.
- The learning needs of staff were identified through a system of appraisals and meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, and clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. Staff reported that they found this a useful process.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules, in house training and protected learning sessions when available.

### 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 as well as the patient paper records.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We noted from discussions with staff that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice used the choose and book system for referral. The practice had also engaged in the use of a system which allowed the GPs to input information regarding patients at the end of life to allow this to be shared directly with other agencies.

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 three monthly basis when care plans were reviewed and updated for patients with complex needs. However, the GP told us that they had a comprehensive knowledge of the patients and reviewed those with complex needs more frequently.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 and smoking and alcohol cessation. Patients we spoke with told us the GPs highlighted health promotion during their consultation and directed them to information leaflets regarding certain conditions and screening. We noted there was information in the waiting area regarding cervical cytology, breast, bowel and abdominal aortic aneurysm (AAA) screening.

The practice's uptake for the cervical screening programme was 81%, which was the same as the CCG and the national average.

# Are services effective?

(for example, treatment is effective)

Childhood immunisations were carried out and in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the CCG and national averages. For example, rates for the vaccines given to under two year olds and five year olds were 100%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated encouraged uptake of the screening programme by discussing and offering the tests opportunistically if they were due. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and

breast cancer both during face to face contact and by using posters and advertising the services available in the waiting areas. Results for breast screening of females aged 50-70 years, screened for breast cancer in last 36 months were 72% which was comparable with the CCG average of 70% and national average of 73%. Screening for patients aged 60-69, screened for bowel cancer in last 30 months was 56% and was also comparable with the CCG and national averages of 57% and 58% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74 years. 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 had a regular female locum GP therefore patients could be treated by a clinician of the same sex.

All of the 44 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. Patients commented on staff by name and on the caring way they were treated when attending the practice.

We spoke with six patients who all told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national averages of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.

- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.
- 97% of patients said the nurse was good at listening to them compared with the CCG average and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 75% and the national average of 76%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% 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. Patients commented on how the GPs had helped them through difficult health issues, and how they were regularly contacted by the practice to monitor their long term condition. Patients commented that they were never rushed during their consultations and the GPs made them feel listened to and involved in their care. They told us the GPs always explained their treatment and options available to them and ensured they understood these.

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:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.

## Are services caring?

- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

### **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. For example, Age UK, Alzheimer's and domestic violence.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 74 patients as carers which represented 3% of the practice list. The GPs and staff had knowledge of all the practice population and were aware of patients who were carers. They were flexible with appointments they offered to ensure these were co-ordinated with their family commitments. Written information was available to direct carers to the various avenues of support available to them but this was limited. The practice addressed this promptly and displayed posters in reception. They had arranged a meeting with the Carer's Trust to discuss how they could provide more information and support for carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them and 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 understood its population profile and had used this understanding to meet the needs of its population:

- The practice were members of the local GP Alliance. They offered extended hours appointments via the GP Alliance at evenings and weekends.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The practice offered same day appointments for children and any patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included interpretation services and toilet facilities were suitable for those patients using mobility aids.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

### Access to the service

- The practice was open on Monday, Tuesday, Wednesday and Friday from 8.30am until 12pm and 3.30pm until 6.30pm, and on Thursday from 8.30am until 12pm. On Thursday afternoons when the practice is closed, arrangements are in place for patients calling the practice to be directed to the ambulance service who field the calls and contact the GP on call. Appointments were available during these times. Extended hours appointments were offered via the GP Alliance and patients could access these at four locations across the area from Monday to Friday between 6.30pm and 9.30pm, Saturday from 9am until 12pm and Sunday

from 10.30am until 1.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available on the day for patients that needed them.

Results from the National GP Patient survey showed that patients' satisfaction with how they could access care and treatment was in line with or higher than local and national averages with the exception of waiting to see the GP when arriving for their appointment when a higher number of patients reported a longer than 15 minute wait. However, patients we spoke with told us that whilst they were aware of this they felt assured that they were listened to and had time to discuss their health without pressure of time constraints.

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG and the national average of 73%.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 85%.
- 97% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Most of the patients we spoke with had called the practice that morning for their appointment.

The practice had a system to assess:

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

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

### Listening and learning from concerns and complaints

## Are services responsive to people's needs? (for example, to feedback?)

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was a poster displayed in the waiting area informing patients of the procedure.

We looked at two complaints received in the last 12 months and found they had been handled appropriately within the recommended timescales with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, clinical staff undertook additional familiarisation and update of local and national guidance in specific areas as an outcome of a complaint investigation.



# 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 senior partner at the practice had a long established stable patient list and had had a clear vision to deliver high quality care and promote good outcomes for patients using local knowledge of the area and comprehensive knowledge of patients and their families. They had taken a partner in 2015 and were in the process of recruiting a female salaried GP to facilitate succession planning and to continue this level of care and maintain this ethos within the practice.

The work regarding succession planning was in its developmental stage. The partners were planning the future of the practice with consideration of pending retirement of the senior partner and their extensive knowledge of patients and families.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the nurse was the infection control lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice held clinical meetings monthly. Meetings with reception staff were informally held frequently and formal meetings were four to six monthly. Staff told us that as the team was so small they had discussions daily with the practice manager on issues as they arose and were kept well informed of practice changes. They told us they could raise queries immediately and did not wait for a meeting.
- Clinical and internal audit was used to monitor quality and to make improvements and we saw how improvements had been implemented as a result. For example, patients had been called for review or tests as a result of searches and monitoring. They had also

audited and monitored prescribing in line with the CCG medicines management advisors and demonstrated improvement over time. However, we noted that planned formal two cycle audit was limited.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, there were risk assessments for health and safety, including buildings and fire and infection control audit.
- We saw evidence from significant event and complaints logs that lessons had been learned and shared with relevant staff.

### Leadership and culture

The senior partner 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 and patients and staff confirmed that this is what they experienced. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology.

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

- The practice held multi-disciplinary meetings including meetings with district nurse and community matron to monitor vulnerable patients.
- Reception staff told us the practice manager discussed issues daily in the practice but formal meetings were less frequent. We saw minutes of staff meetings that had taken place and staff told us they were always provided with these.

# Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time and felt confident and supported in doing so. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how changes and development in the practice could be introduced.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had experienced difficulties in recent months due to illness. However, we met with two members of the PPG who told us they were exploring ways with the practice of developing the group and trying to encourage members from all population groups, particularly young people. They told us the practice had been receptive to suggestions from the group and had made changes as a result. For example, they had suggested music in the reception to promote privacy when attending the reception desk. They had also asked that online booking and electronic prescribing be better advertised in the practice and we saw that these had been addressed.
- the NHS Friends and Family test, complaints and compliments received.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.