

# Chestnut Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chestnut Practice on 12 January 2016. The practice was rated as good for providing safe, caring, responsive and well-led services, and requires improvement for providing effective services. Overall the practice was rated as good. The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Chestnut Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive follow up inspection on 15 August 2017 to check for improvements since our previous inspection. The practice is now rated as good for providing effective, caring, responsive and well-led services, and requires improvement for providing safe services. 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. However, we noted a significant event described by staff had not been documented.
- Risks to patients were assessed and well managed, with the exception of those relating to managing safety alerts, the monitoring of patients taking lithium, and tracking blank prescription forms.
- Staff were aware of evidence based guidance. Although, some GPs were not aware of updated guidance relating to family planning.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was evidence of quality improvement activity including clinical audit.
- 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.

# Summary of findings

- Patients we spoke with 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. However, some patients told us there were delays after their appointment time to be seen. This was reflected in results from the national GP patient survey where the punctuality of appointments was rated lower than local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way to patients. For example, managing safety alerts, monitoring patients on high risk medicines, and tracking blank prescription forms.

The areas where the provider should make improvement are:

- Review the system in place to ensure all significant events are recorded and reviewed.
- Review the system in place to ensure the accuracy of fridge temperatures.
- Raise staff awareness of updated evidence based guidance.
- Review ways to improve patient satisfaction with the availability and punctuality of appointments.
- Advertise that a translation service is available to patients on request.

**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.

**Requires improvement**



- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. However, we found a significant event described by staff had not been recorded.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written or verbal apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Most risks to patients were assessed and well managed, with the exception of those relating to managing safety alerts, and the monitoring of patients taking lithium.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety. However there was no system to track blank prescription forms, or an independent fridge thermometer to ensure accuracy of fridge temperatures.
- Staff demonstrated that they understood their responsibilities and 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 most patient outcomes were in line with national averages.
- Staff were aware of evidence based guidance and standards. However, some GPs were not aware of updated family planning guidance.
- There was evidence of quality improvement activity, including clinical audits.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, providing 'out of hospital' services such as insulin initiation and asthma monitoring.
- 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.
- Patients we spoke with 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. However, some patients we spoke with and results from the national GP patient survey showed low patient satisfaction with the punctuality of appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.
- GPs and nurses who were skilled in specialist areas used their expertise to offer additional services to patients. For example, in diabetes and mental health.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- 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 lead GP visited patients in a local care on a weekly basis.
- 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 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. For example, the practice and local care services used the same electronic system which enhanced communication between providers and offered continuity of care for the patient.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, the practice ran campaigns to encourage eligible patients to have the flu, shingles and pneumococcal vaccinations.
- The practice worked collaboratively with other healthcare professionals in providing care and services to older people with complex needs. For example, utilising primary care coordinators to increase the quality in care planning and referring patients to community services.

### People with long term conditions

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

Good



- GPs and nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

# Summary of findings

- The practice had performed well on the Quality and Outcomes Framework (QOF) for managing most long-term conditions. Unpublished and unverified data indicated that overall performance for diabetes related indicators had improved from 71% in 2015/16 to 78% in 2016/17.
- The practice offered weekly diabetic clinics with a diabetes specialist nurse, and there was an e-consultation service which allowed clinicians to communicate directly with diabetic consultants.
- The practice offered a range of clinics to manage patients with long-term conditions including asthma and cardiovascular disease.
- 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.
- There were emergency processes for 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.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were comparable to CCG and national averages 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.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Good





# Summary of findings

- The practice had emergency processes for acutely ill children and young people.

## **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 were accessible, flexible and offered continuity of care. For example, extended opening hours from 7am to 8am and 6.30pm to 7pm on Tuesday and Wednesday, and pre-booked appointments in the evening and at weekends at the local primary care 'hub'.
- The practice was proactive in offering online services, including access to virtual consultations with the GPs. There was a full range of health promotion and screening that reflected the needs for this age group.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had signed up to the 'homeless' out of hospital service, aimed at people who were homeless and had difficulty accessing general practice care. A comprehensive health assessment was offered to these patients. Staff were able to recognise the challenges faced by homeless patients in terms of access and communication with the practice, and offered a supportive and flexible approach when booking appointments and reviews.
- 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.

**Good**



# Summary of findings

- 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.

## 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).

- The practice carried out advance care planning for patients living with dementia.
- The practice held a register of patients living in vulnerable circumstances including those with a mental health illness.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, the practice had signed up to the 'common complex and serious mental health' out of hospital service for monitoring and caring for patients with long-term depression and serious mental illness.
- The practice offered weekly mental health clinics with the GPs and nurse to carry out annual reviews.
- In 2015/16, 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, which was comparable to the CCG average of 86% and national average of 84%.
- In 2015/16, 90% of patients with a diagnosed psychosis had a comprehensive care plan in their records, which was comparable to the CCG and national averages of 89%.
- 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.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing in line with local and national averages for several aspects of care. Three hundred and ninety one survey forms were distributed and 113 were returned. This represented approximately 1% of the practice's patient list.

- 90% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with CCG average of 74% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 13 comment cards, 11 of which were positive and two which were partially positive, about the standard of care received. The partially positive comments referred to the punctuality of appointments and attitude of some staff.

We spoke with four patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients told us they usually had to wait up to 30 minutes after their allocated appointment time to be seen. The results from the national GP patient survey also showed patients rated the practice lower than local and national averages for punctuality of appointments.

Results from the NHS Friends and Family test showed that over the last three months, 89% of patients would recommend the service to others.

## Areas for improvement

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

- Ensure care and treatment is provided in a safe way to patients. For example, managing safety alerts, monitoring patients on high risk medicines, and tracking blank prescription forms.

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

- Review the system in place to ensure all significant events are recorded and reviewed.

- Review the system in place to ensure the accuracy of fridge temperatures.
- Raise staff awareness of updated evidence based guidance.
- Review ways to improve patient satisfaction with the availability and punctuality of appointments.
- Advertise that a translation service is available to patients on request.

# Chestnut 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.

## Background to Chestnut Practice

Chestnut Practice provides NHS primary medical services to approximately 9,000 patients living in the surrounding area of Hounslow. The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Hounslow Clinical Commissioning Group (CCG).

The practice team consists of four GP partners (one male and three female) providing 24 clinical sessions collectively. The partners are supported by a practice nurse (37 hours); a locum nurse (20 hours); a health care assistant (25 hours); a practice manager (37.5 hours); and seven receptionists / administrators.

The practice is located on the first floor of a health centre, and shares the premises with other health care providers. The premises are accessible by wheelchair.

The practice is open from 8am to 6.30pm every weekday. Pre-booked appointments are from 8.30am to 12.30pm and 2pm to 6.30pm. Extended hours appointments are available from 7am to 8am and 6.30pm to 7pm on Tuesday and Wednesday. Same day appointments are available for

patients with complex or more urgent needs. When the practice is closed, patients are advised to use the local out-of-hours provider or booked an appointment at the local 'hub' primary care service.

The practice population is characterised by average levels of income deprivation, employment rates and life expectancy. The practice has a higher percentage of patients aged 20 to 44 compared to the English average. The population is ethnically diverse.

The practice service is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; family planning services; surgical procedures; and maternity and midwifery services.

## Why we carried out this inspection

We undertook a comprehensive inspection of Chestnut Practice on 12 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing effective services, and was rated as good overall.

We issued a requirement notice to the provider in respect of staffing. The provider sent us an action plan which stated they would be compliant by 31 March 2016. The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Chestnut Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced comprehensive follow-up inspection of Chestnut Practice on 15 August 2017. This inspection was carried out to check for improvements since our previous inspection.

# Detailed findings

## 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 15 August 2017. During our visit we:

- Spoke with a range of staff including two GP partners, practice nurse, practice manager and two non-clinical staff.
- Spoke with four patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a 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.
- Visited the practice location.
- 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 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

**At our previous inspection on 12 January 2016, we rated the practice as good for providing safe services.**

**When we undertook a comprehensive follow up inspection on 15 August 2017 we found the practice required improvement for providing safe services as the practice did not have a system to ensure safety alerts were actioned, not all significant events had been recorded, there was no process to monitor blank prescriptions distributed through the practice, and the monitoring of patients taking lithium was not in line with national guidance.**

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would record incidents within the practice's log book and inform the practice manager of any incidents. There was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, whilst an example of a significant event described by staff had been acted on, it had not been recorded on the practice's template.
- From the sample of 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, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- Patient safety alerts were received by the GPs, practice nurse and the practice manager. However, these were not managed safely as there was no system to ensure action was taken and patients affected by safety alerts were reviewed. For example, a safety alert relating to women of childbearing age taking a medicine used to treat epilepsy and bipolar disorder had not been

followed up. Another alert advising monitoring of renal function in patients co-prescribed a diuretic and heart failure medicine had not been actioned. The practice did an immediate search to identify the number of patients affected by both safety alerts (five and 13 patients respectively). Following our inspection the practice outlined their plan to contact the patients affected and provide advice in line with the safety alerts.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a cervical smear sample had been rejected by the cytology department as it had been undertaken prior to the recommended three month retest period. The practice took action by investigating the incident as a significant event, notifying the patient, discussing the event at a practice meeting, and reminding reception staff to review the patient record before booking appointments. Sample takers were reminded to adhere to recommended advice from the cytology department by accessing an external database.

### 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and nurses were trained to child protection or child safeguarding level three, and all other staff level one.
- A notice at the reception desk advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

# Are services safe?

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.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC 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 assessed risks to patient safety (including obtaining, prescribing, recording, storing, and disposal). However, the systems to address some risks were not implemented well enough.

- There were processes for handling repeat prescriptions which included the review of most 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 safe prescribing. However, we found blood tests for patients taking lithium were carried out annually (four patients). This was not in line with current national guidelines which recommend blood test monitoring every three months. We made the practice aware of this and were told they would review their protocols for monitoring patients taking lithium.
- Blank prescription forms were stored in a secure area of the practice. However, there was no process to monitor them once they were distributed through the practice.
- We saw evidence that the medicine fridges' temperatures were checked daily by the nursing team. However, the fridges did not have an independent thermometer to cross-check the accuracy of the temperature reading.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been

adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, 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.

## 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.
- We were told the health centre carried out fire risk assessments and regular fire drills. There were designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- A shared defibrillator was available for use at the health centre and staff were aware of how to access this in an

## Are services safe?

emergency. We were told the surgery who stored the defibrillator were responsible for checking and maintaining the equipment, although there were no agreements in place to confirm this. There were arrangements for staff to access the defibrillator when the other surgery was closed. For example, from 7am to 8am on Tuesday and Wednesday.

- The practice had oxygen with adult and children's masks. A first aid kit and accident book were 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

**At our previous inspection on 12 January 2016, we rated the practice as requires improvement for providing effective services because non-clinical and nursing staff had not received appraisals in the last 12 months, and data showed outcomes for patients with diabetes were below the national average.**

**These arrangements had improved when we undertook a comprehensive follow up inspection on 15 August 2017. The practice is now rated as good for providing effective services.**

### Effective needs assessment

Clinicians were aware of most evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines. However, some GPs were not aware of updated family planning guidance relating to having a trained assistant present during insertion of an intrauterine contraceptive device (IUCD).

- Staff had access to guidelines from NICE and the locality and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that most of these guidelines were followed through 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 93% of the total number of points available compared with the clinical commissioning group (CCG) average and national average of 95%. Clinical exception reporting was 6% which was below the CCG average of 8% and national average of 10% (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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was lower than the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 63% compared to the CCG average of 74% and the national average of 78%. Exception reporting was 6% compared to the CCG average of 8% and the national average of 9%.

The practice were aware of this and had allocated specific areas of diabetes management, for example blood pressure, to each clinician. Unpublished data for this indicator in 2016/17 showed some improvement to 66%, with 4% exception reporting. Overall performance for diabetes related indicators had improved from 71% in 2015/16 to 78% in 2016/17.

- Performance for mental health related indicators was similar to the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the preceding 12 months was 81% compared to the CCG average of 86% and the national average 84%. Exception reporting was 32% (12 out of 38 patients) compared to the CCG average of 12% and the national average of 7%. Unpublished data for 2016/17 showed 2% exception reporting for this indicator, and 5% for clinical exception reporting.

There was evidence of quality improvement:

- Diabetes management had improved. The QOF data for 2015/16 showed overall performance for diabetes was 71%. The practice had focussed on diabetes management by monitoring monthly performance, offering weekly diabetic clinics with a diabetes specialist nurse, and communicating directly with acute diabetic consultants. Unpublished data for 2016/17 showed an improvement to 77%.
- There had been three clinical audits commenced in the last year. Two of these were completed audits where the improvements made were implemented and monitored. For example, an audit on the management of patients with diabetes looked at whether patients were receiving the recommended nine key care processes which included: foot checks; smoking status; weight check; blood pressure; eye test; urine test; and blood tests for cholesterol, kidney function, and HbA1c (glycated haemoglobin). Data from November 2016 showed 59% of patients had received the nine key care

# Are services effective?

## (for example, treatment is effective)

processes, compared with 65% in June 2017. The audit stated improvement was a result of assigning named staff members to monitor performance in key areas, ensuring timely educational referrals for patients, and reviewing data at locality meetings.

### 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, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, infection prevention and control, basic life support, the mental capacity act, chaperoning, and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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, smoking and alcohol cessation.
- The practice nurse offered smoking cessation advice and a dietician was available on the premises.

# Are services effective?

(for example, treatment is effective)

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data from 2015/16 showed uptake rates were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds averaged 89% compared to the national standard of 90%. Uptake for five year olds ranged from 79% to 95% (CCG 62% to 87%; national 88% to 94%).

The practice's uptake for the cervical screening programme for 2015/16 was 81%, which was similar to the CCG average of 78% and the national average of 81%. The practice offered telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems 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. Uptake rates for breast cancer screening from 2015/16 were comparable to CCG and national averages. For example:

- Females, 50-70, screened for breast cancer in the last 36 months was 66% compared to the CCG average of 68% and the national average of 73%.

Uptake rates for bowel cancer screening from 2015/16 were lower than the CCG and national averages. For example:

- Persons, 60-69, screened for bowel cancer within six months of invitation was 35% compared to the CCG average of 44% and the national average of 56%.

The practice were aware of this. They told us testing kits were sent to patients but the response rate was low. The practice manager was focusing on improving bowel cancer screening and had discussed this at the last patient participation group meeting to increase patient awareness. The television screen in reception also displayed health promotion information including bowel cancer screening.

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. The practice had designated clinics for diabetes, mental health, spirometry and anticoagulation.

# Are services caring?

## Our findings

**At our previous inspection on 12 January 2016, we rated the practice as good for providing caring services.**

**When we undertook a comprehensive follow up inspection on 15 August 2017 we found the practice was providing caring services and therefore remains good for providing caring services.**

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Eleven of the 13 patient Care Quality Commission (CQC) comment cards we received were positive and two were partially 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. The partially positive comments referred to the punctuality of appointments and attitude of some staff.

We spoke with four patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 84% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 91% of patients said the nurse was good at listening to them compared with the CCG average of 86% and the national average of 91%.
- 90% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

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

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.

## Are services caring?

- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 90%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 79% 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, although this service was not advertised. Patients were told about multi-lingual staff who might be able to support them.

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 121 patients as carers (1.3% of the practice list). They used this register to improve care for carers. For example, carers were offered annual health checks and the flu vaccination. Posters in the waiting area and written information was available to direct carers to the various avenues of support available to them. Carers were also invited to attend the patient participation group meetings.

Staff told us there was a bereavement protocol if families had experienced bereavement. This involved the patient's usual GP contacting the family and giving them advice on how to find a support service or offering a patient consultation at a flexible time and location to meet the family's needs. The practice also sent a condolence letter which included details of various organisations who offered guidance and support following bereavement.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 12 January 2016, we rated the practice as good for providing responsive services.**

**When we undertook a comprehensive follow up inspection on 15 August 2017 we found the practice was providing responsive services and therefore remains good for providing responsive services.**

### 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 offered extended hours from 7am to 8am and 6.30pm to 7pm on Tuesday and Wednesday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, poor mental health, carers, patients whose first language was not English and those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations were available. Online services including appointment booking, repeat prescription requests and virtual consultations (Skype) were available.
- 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.
- Same day appointments were available for acutely ill children and those patients with medical problems that required same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop. Interpretation services were available to patients on request. However, we did not see information to inform patients that this service was available.

- The practice had signed up to provide 'out of hospital' services to their patients. These included the homeless out of hospital service; insulin initiation; common complex and serious mental illness service; asthma monitoring; spirometry; and ambulatory blood pressure monitoring.
- Staff were able to recognise the challenges faced by homeless patients in terms of access and communication with the practice, and offered a supportive and flexible approach when booking appointments and reviews.
- The practice also had access to a local primary care 'hub' where patients could be seen in the evening or at the weekend. These appointments were prioritised for working patients who could not attend the practice during normal opening hours. The appointments could be remotely booked by the practice and were available for routine requests such as cervical screening and wound dressing.

### Access to the service

The practice was open from 8am to 6.30pm every weekday. Pre-booked appointments were from 8.30am to 12.30pm and 2pm to 6.30pm. Extended hours appointments were available from 7am to 8am and 6.30pm to 7pm on Tuesday and Wednesday. In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey 2017 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% 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%.
- 80% of patients said they could get through easily to the practice by phone compared with the CCG average of 69% and the national average of 71%.
- 79% 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 80% and the national average of 84%.
- 77% of patients said their last appointment was convenient compared with the CCG average of 74% and the national average of 81%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 78% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 26% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 49% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Some patients told us they had to wait over 30 minutes after their appointment time to be seen. The practice told us that reception staff would indicate if there was a delay in waiting time for appointments, however patients we spoke with did not confirm this.

The practice had a system to assess:

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

A GP would telephone the patient or carer to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available in the practice leaflet and on the website to help patients understand the complaints system.

The practice carried out an annual review of complaints which included complaints and comments received online, face-to-face, telephone and written.

We reviewed two complaints out of eight received in the last year and found they were satisfactorily handled and dealt with in a timely way, and with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, complaints about receptionists were discussed with staff to prevent reoccurrence, and receptionists were encouraged to attend the local clinical commissioning group (CCG) receptionist training. Lessons learned were shared at practice meetings.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 12 January 2016, we rated the practice as good for providing well-led services.**

**When we undertook a comprehensive follow up inspection on 15 August 2017 we found the practice was providing well-led services and therefore remains good for providing well-led services.**

### 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 reception area and staff knew and understood the values.
- The practice had a clear strategy which reflected the vision and values, however there was no supporting business plans to deliver it.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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 such as diabetes, mental health, women's health, infection prevention and control, and safeguarding.
- 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 meetings were held every three months which provided an opportunity for staff to learn about the performance of the practice.
- A programme of audits and data review was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, annual infection prevention and control audits were carried out.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. The practice did not have a practice manager in 2016. The new practice manager, who had been in post for seven months, had a good knowledge of clinical commissioning group (CCG) initiatives and how the practice was performing. Staff told us the partners and practice manager 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). The partners encouraged a culture of openness and honesty. From the sample of 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, truthful information and a verbal or written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and 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 to run and develop the practice, and the partners encouraged all members



# Are services well-led?

Good 

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

of staff to identify opportunities to improve the service delivered by the practice. The practice had a low turnover of staff, with many clinical and non-clinical staff working there for over 25 years.

## 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 did not meet in 2016 due to the absence of a practice manager, however they met once in 2017 and had planned to meet again in three months time.
- the NHS Friends and Family test (FFT), complaints and compliments received. For example, a review of comments from the FFT 2016 showed patients were dissatisfied with telephone access to the practice, stating they were unable to get through, were cut off or received an engaged tone when calling. The practice sourced a new telephone system in March 2017 that allowed calls to be placed in a queue and advised callers of their position in the queue. The practice planned to carry out a survey in September 2017 to review patient feedback in response to telephone access.

- 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.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice was part of a clinical commissioning group (CCG) scheme to improve outcomes for patients in the area. A primary care coordinator provided administrative support to staff to enhance and improve pro-active care, prevention and self-care for patients including at risk groups, over 65s, patients with long-term conditions and those receiving health and social care support from multiple providers.
- We were told the practice were involved in a televised health documentary to share a successful case study of a patient who received care and treatment from the practice for diabetes.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate the risks to the health and safety of patients receiving care and treatment. In particular:</p> <p>There was no system in place to manage and act on safety alerts.</p> <p>The protocols for monitoring patients taking lithium was not in line with national guidance.</p> <p>There was no system to ensure prescriptions were tracked once distributed through the practice.</p> <p>Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>