

# Dr Chau & Partners

## 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Chau and partners on 25 February 2016. Overall the practice is rated as good.

We rated all domains of provision of safe, effective, caring, responsive and well led as good. The rating for all six population groups was also good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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 and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- To reflect on the national patient survey feedback in regard to involving patients in decisions about their care and in explaining tests and treatments.

### 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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice positively for many aspects of care. For example 90% of respondents said the GPs were good at listening to them.
- We observed a strong patient-centred culture. There were examples of GPs undertaking welfare visits to patients in their own home when the patient had recurring physical or mental health problems.

Good



# Summary of findings

- Views of external stakeholders were very positive and aligned with our findings.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, when the CCG encouraged practices to refer to a local diet and exercise service the practice ensured patients were referred to the service when appropriate.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

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

Good



# Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice proactively sought feedback patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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 patients.

- 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.
- Care and treatment of older patients reflected current evidence-based practice. Over 2% of the practice population had agreed care plans to help avoid admission to hospital.
- Nationally reported data showed that outcomes for conditions commonly found in older patients were good. For example, the practice achieved 100% of the targets for patients diagnosed with Osteoporosis and Rheumatoid arthritis.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national average. The practice achieved 87% compared to the CCG average of 88% and national average of 89%. The practice also included more patients in these measures because their exclusion rate was 2% lower than the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 100% of the national targets for care of patients diagnosed with Asthma had been achieved compared to the national average of 97%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice achieved a rate of 92% of women eligible to take part in cervical screening compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Evening extended hours clinics were offered on two evenings per week and a Saturday clinic was held on alternate weeks.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and had completed an annual health check for 85% of these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Good



# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as good for the care of patients experiencing poor mental health (including patients living with dementia).

- The practice achieved 100% of the assessment and follow up standards for patients diagnosed with depression.
- The practice achieved 96% of the national indicators for care of patients with mental health problems compared to the CCG average of 99% and national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty six survey forms were distributed and 112 were returned equating to a return rate of just under 48%. This represented a little under 2% of the practice's patient list.

- 92% found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 77% and a national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 91% and national average 85%.
- 85% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 78% and national average 73%.
- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 83% and national average 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all very positive about the standard of care received. Patients described an excellent service from both GPs and nurses. They also referred to prompt access to appointments at convenient times and to all staff being friendly, professional and caring.

We spoke with eight patients during the inspection, including three members of the patient participation group (PPG). (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). All eight patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The practice also took part in the national friends and family recommendation test. Results from December 2014 to January 2016 showed that 410 patients had completed the survey. Of these 352 were either likely or very likely to recommend the practice to others. This was an 86% recommendation rate.

## Areas for improvement

### Action the service SHOULD take to improve

- To reflect on the national patient survey feedback in regard to involving patients in decisions about their care and in explaining tests and treatments.

# Dr Chau & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who worked with a GP specialist adviser.

## Background to Dr Chau & Partners

Dr Chau and partners are based in converted premises which have been used as a GP surgery since 1963. Changes to the internal layout of the premises have been undertaken as the number of patients registered has increased over the years. The practice currently has approximately 6550 patients registered. Of these there are a higher than average number of patients over the age of 55 and far fewer than average under the age of five.

The practice has a limited number of parking spaces available for patients. However, there is limited room for expansion of the car park. There is a bus route nearby and many patients walk to the practice. The premises have been adapted to provide access for patients who use wheelchairs or have walking difficulties. It is also accessible for parents bringing young children in pushchairs and prams to the practice. Data shows little evidence of income deprivation within the practice population.

There are three GP partners and one salaried GP at the practice. Two are male and two female. The four GPs equate to just under three and a half full time GPs. There is a part time nurse practitioner, three part time practice nurses and two health care assistants. The practice manager is supported by an assistant practice manager and a team of 11 administration and reception staff. The GPs support teaching of doctors.

The practice is a member of Wokingham Clinical Commissioning Group (CCG). (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services). Services are delivered via a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is open between 8am and 6.30pm Monday to Friday. On Monday, Wednesday and Friday a GP is on call between 6pm and 6.30pm whilst reception remains open. Extended hours clinics are held on a Tuesday and Thursday until 7.30pm and on alternate Saturday mornings from 8.30am to 11.30am. Appointments are from 8.30am to 11.30am every morning and 2.30pm to 5.30pm daily. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for patients that need them.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Westcall. The out of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

All services are provided from; The New Surgery, 18 New Wokingham Road, Crowthorne, Berkshire, RG45 6JL

## Why we carried out this inspection

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

# Detailed findings

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 February 2016. During our visit we:

- Spoke with three GPs, two practice nurses and a health care assistant. We also spoke with six members of the reception and administration team including the practice manager and assistant practice manager.
- We spoke with eight patients including three members of the PPG.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents. There was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. For example we found the practice had undertaken relevant checks of a specific piece of medical equipment following a national alert. The action taken was recorded.

Lessons were shared to make sure action was taken to improve safety in the practice. For example, when a patient experienced a medical emergency in the practice car park they were attended by one of the GPs. The event was discussed by the team and the GP involved added a checklist of the appropriate dosage to all the medicines held to deal with emergencies. We saw the dosage list held with the emergency medicines.

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

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The infection control audit for 2015 had been undertaken in conjunction with the CCG infection control lead nurse.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We reviewed the last set of audit data for the local prescribing optimisation scheme and found the practice had achieved 87% of the targets. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed four personnel files for staff who had been recruited since April 2013 when the practice became subject to regulation. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a fire risk assessment and had a record of fire drills. However, the fire risk assessment we saw on the day of inspection was not complete. The practice sent us a revised fire risk assessment within 48 working hours following the inspection. This identified all risks and set out the mitigating actions to reduce the risk of fire and ensure prompt evacuation.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. For example a member of the administration staff had been trained to cover the duties of the medical secretary when they were on holiday or absent from the practice for any other reason.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and review at clinical meetings.

### 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, from 2014/15, were 97% of the total number of points available, with 6% exception reporting compared to the national average of 9%.

(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 April 2014 to March 2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. The practice achieved 87% compared to the CCG average of 88% and national average of 89%. However, the practice rate for excepting patients from diabetes monitoring was 2% lower than the CCG average at 9% compared to 11%.
- The percentage of patients diagnosed with clinically high blood pressure who achieved the target blood pressure was 90% compared to the CCG average of 85% and national average of 84%.

- Performance for mental health related indicators was similar to the CCG and national average. The practice achieved 96% which was below the CCG average of 99% but above the national average of 93%.
- The practice had achieved 100% of the overall targets for care of patients diagnosed with Osteoporosis, Rheumatoid arthritis and heart failure.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last year, two of these were completed audits where the improvements made were implemented and monitored. The audits covered a range of topics including audits of appropriate prescribing, effective fitting of contraceptive devices and of treatment of specific diagnoses.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a first audit of prescribing antibiotics of a general rather than specific type identified 51 patients. The GPs were reminded to use more targeted antibiotics for specific diagnoses and to follow antibiotic medicine prescribing guideline. The second audit identified only 28 prescriptions for the broad based antibiotic. The practice recognised this as an improvement but also noted that a further five patients could have been prescribed a more targeted antibiotic.

Information about patients' outcomes was used to make improvements such as; training administration staff as smoking cessation counsellors. The practice rate of delivering advice to those identified as smokers was 98% compared to the national average of 96%.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had

# Are services effective?

## (for example, treatment is effective)

received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff, who had been in post for more than a year, had an appraisal within the last 12 months. Records showed that newly appointed staff had a formal performance review after three months in post.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

There were 28 patients with a learning disability registered at the practice. During the last year 24 of these patients had received a full physical health check and all of these had a written care plan.

### 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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available on site. The practice had identified 9% of their population as smokers from the 92% of the population with a smoking status recorded. (This matched the CCG recording rate and was above the 87% national average recording rate). The smoking cessation advisors had achieved a 75% quit rate during 2015.
- A visiting dietician was available on the premises.

The practice's uptake for the cervical screening programme was 91%, which was better than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The

## Are services effective? (for example, treatment is effective)

practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of eligible women patients attending breast screening in the last three years was 72% which was comparable to the national rate of 74%. The percentage of patients attending bowel screening in the last 30 months was 70% which was better than the national average of 65%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 92% which was slightly lower than the CCG averages of 90% to 95%. However, the practice had far fewer than the national average numbers of patients of this age registered. Therefore, a small number of parents declining this immunisation had significant effect on percentage achievement. For five year olds the rates were 89% to 96% which were exactly the same as the CCG average.

Flu vaccination rate for the over 65s were 80% compared to the national average of 73%. For at risk groups the rate was 64% compared to the national average of 53%. These rates were for the winter flu campaign of 2014/15.

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 PPG were involved with the practice in promoting healthier lifestyles. For example, they held a monthly walk for health and we were told approximately 20 patients took part in this activity on a regular basis.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 28 patient Care Quality Commission comment cards we received were very 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. Some of the comment cards and the patients we spoke with gave specific examples of the GPs taking extra time and effort to support patients with kind and compassionate care. For example, making welfare check house calls to patients with recurring physical and mental health problems without the patient requesting the visit. Spending extra time during consultations to ensure the patient had a full explanation of their condition and the treatment proposed. The majority of patients said they never felt rushed when seeing their GP and always felt the GPs and nurses listened to both description of symptoms and the patient's health concerns.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 86% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 88% said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

The practice, in conjunction with the PPG, provided a Christmas party for patients who lived on their own.

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

The eight patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded reasonably 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:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.

## Are services caring?

- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

The views of the eight patients we spoke with and those expressed on the 28 comment cards received did not reflect the national survey results in these areas. All 36 were positive about GPs involving them in decisions and we received three examples of GPs giving extra time to explain both the purpose of and results of medical tests.

Staff told us that translation services were available for patients who did not have English as a first language. They also told us this service was rarely used because the majority of patients had English as their first language. However, we found the practice website had a translation facility built in.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified two per cent of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, it adopted new guidelines from the CCG on referral routes for patients with arthritis. These helped patients avoid multiple appointments.

- The practice offered extended hours clinics on Tuesday and Thursday each week until 7.30pm. These benefited patients who found it difficult to attend during the customary working day.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- All consulting and treatment rooms were on the ground floor.
- The practice had introduced a baby changing facility and a secure area for patients to leave pushchairs in response to feedback.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. On Monday, Wednesday and Friday the GP was on call between 6pm and 6.30pm whilst reception remained open. Extended hours clinics were held on a Tuesday and Thursday until 7.30pm and on alternate Saturday mornings from 8.30am to 11.30am. Appointments were from 8.30am to 11.30am every morning and 2.30pm to 5.30pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 92% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and national average of 73%.
- 79% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 69% and the national average of 59%.

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information about how to complain was available in the waiting room, on the practice website and in the patients leaflet.

We looked at five complaints received in the last 12 months and found all were dealt with in a timely manner following a thorough investigation. The response to complaints were detailed and offered an apology to the patient. There had been no complaints regarding clinical matter in the last twelve months. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we also looked at the complaints from 2014. One of these related to the care of an elderly patient. The practice reacted promptly to ensure all assistance and aids the patient required were put in place. The practice team were briefed to ensure patients with multiple needs received a full assessment and all were reminded of the agencies available to provide support and assistance.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a mission statement. This included the aims to effective and efficient healthcare in a safe environment.

- The aims of the practice were displayed in the waiting areas and staff knew and understood the values of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

### Leadership and culture

The partners in the practice prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were safety incidents:

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

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

- Staff told us the practice held regular team meetings. This was confirmed by review of a range of minutes of meetings held in 2015.
- 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 in doing so and felt supported if they did.
- 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 of staff to identify opportunities to improve the service delivered by the practice. For example, a member of staff who was originally appointed to reception duties expressed an interest in expanding their role. They received training and support to do so which resulted in them undertaking a range of administration duties, including production of repeat prescriptions, and increasing their hours of work. Other members of the reception and administration staff had also enhanced their roles. They had been trained as smoking cessation counsellors.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a baby change area and a secure area for leaving pushchairs were provided in response to feedback.
- The practice had gathered feedback from staff through six monthly staff surveys, day to day discussions, staff

# Are services well-led?

Good 

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

meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example when the administration team requested greater understanding of the practice performance the GPs included a member of the administration team in the weekly clinical meetings. 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

offered development opportunities to staff and supported them in furthering their careers. For example, reception staff had extended duties in administration roles and in smoking cessation counselling.

The practice recognised they faced a challenge from a nearby potentially sizeable housing development on a local brownfield site. A meeting had been arranged with the local authority to explore potential expansion of the practice.