

# Dr E. Bonsell and Partners 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 Dr E. Bonsell and Partners Practice on 27 April 2016. 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 an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had been awarded a certificate by the local hospice for its long service support for the hospice patients and their families.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- 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.

We saw three areas of outstanding practice:

# Summary of findings

- The practice had purchased several blood pressure monitors and TENS machines which could be loaned to patients (a TENS machine is a small, portable device which can help to ease pain in some people with certain types of pain). Patients could therefore see whether these devices were effective before they bought them for themselves.
- The practice had developed Skype facilities for patients to consult with a GP (Skype is an application that provides video and voice call services). Although there were only a few patients who used this service, the practice was consulted by other practices and CCGs nationally on its use.
- The practice had developed its own personalised bereavement card and leaflet that gave information to relatives on services available locally and advice on dealing with bereavement. This included advice on managing different behaviours in both adults and children.

The areas where the provider must make improvement are:

- Ensure that all clinical staff are trained to the recommended level for child protection or child safeguarding.

The areas where the provider should make improvement are:

- Ensure that all emergency medication and equipment is stored in one location for easy and rapid access in the event of an emergency.
- Document actions taken as a result of infection prevention and control audits.
- Produce an overall summary of staff training from individual staff training records.

**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.

- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice clinical deputy safeguarding lead was trained to child protection or child safeguarding level three and all non-clinical staff to level one which was appropriate for their role. However, GPs were trained to level one instead of level three and nurses to level one instead of level two.
- Risks to patients were assessed and generally well managed. There were regular infection prevention and control audits, however actions taken as a result of these were not documented. The practice had up to date fire risk assessments and staff were clear on their roles and responsibilities in evacuating the building in the event of a fire. However, they had not carried out regular fire drills and the last evacuation of the building had been about three years ago.
- The practice had medicines and equipment to deal with any medical emergency however, these were stored in three different locations. Staff were aware of these locations.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Good



# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. There were comprehensive records of training for individual staff although there was no overall summary of training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had developed its own personalised bereavement card and leaflet that gave information to relatives on services available locally and advice on dealing with bereavement. This included advice on managing different behaviours in both adults and children.
- Information for patients about the services available was easy to understand and accessible. The practice provided a leaflet in 16 different languages for new patients encouraging them to bring an interpreter to their consultations.
- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice together with a neighbouring practice had purchased a nearby building and was in the process of seeking funding to develop the building into a new health centre for patients.
- 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.

Good



# Summary of findings

- The practice had developed Skype facilities for patients to consult with a GP (Skype is an application that provides video and voice call services). Although there were only a few patients who used this service, the practice was consulted by other practices and CCGs nationally on its use.
- 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.

## 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 it.
- 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 openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- The practice telephoned every patient when they were discharged from hospital to ensure that their needs were being met.
- The practice had amended signage and posters in the practice to ensure that they were as clear as possible for visually impaired patients.

Good



### People with long term conditions

The practice is rated as good for the care of people 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 higher than national averages. For example blood measurements for diabetic patients showed that 80% of patients had well controlled blood sugar levels compared with the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had purchased several blood pressure monitors and TENS machines which could be loaned to patients (a TENS machine is a small, portable device which can help to ease pain in some people with certain types of pain). Patients could therefore see whether these devices were effective before they bought them for themselves.

Good



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 62% which was lower than the CCG average of 66% and the national average of 74%. The practice demonstrated how they encouraged uptake of the screening programme by offering appointments for nervous patients to discuss cervical screening with the nurse.
- 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.
- The practice offered enhanced care for pregnant women. They were able to refer directly to the on call gynaecological team, the hospital delivery suite or to other hospital services directly, thus avoiding the need for patients to attend the hospital accident and emergency department.

Good



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

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

- The needs of 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 offered appointments with GPs in the early morning from 7.30am and evenings until 6.50pm for working patients who could not attend during normal opening hours. There were also later appointments with the nurse on Mondays and Thursdays until 6.50pm.
- The practice offered drop in clinics with the primary care assistant for taking bloods. These clinics were on Mondays at 8.30am to 10.00am and Thursdays from 7.30am to 9am.

Good





# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice had a 24 hour telephone answering machine for patients who wanted to request prescriptions. Prescriptions could also be ordered online.

## 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, travellers and those with a learning disability.
- There were longer appointments available for patients with a learning disability and for vulnerable patients. The practice made efforts to book appointments for these patients with the same GP each time.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.
- Because of a long-standing close relationship with the local hospice, the practice clinical staff were well-versed in matters relating to palliative care.

Good



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

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

- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 96% compared to the national average of 84%.
- The percentage of people with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 94% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 334 survey forms were distributed and 110 were returned. This represented 1.8% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 59% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. All of the patients commented that their care and treatment at the practice was very good and said that staff treated them very well. One card said that it was hard to get an appointment but three others said that they had found it easy.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. There were negative comments regarding the practice appointment system, specifically the appointment triage system, from three patients but others said that they found it easy to get an appointment.

## Areas for improvement

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

- Ensure that all clinical staff are trained to the recommended level for child protection or child safeguarding.

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

- Ensure that all emergency medication and equipment is stored in one location for easy and rapid access in the event of an emergency.
- Document actions taken as a result of infection prevention and control audits.
- Produce an overall summary of staff training from individual staff training records.

## Outstanding practice

- The practice had purchased several blood pressure monitors and TENS machines which could be loaned to patients (a TENS machine is a small, portable device which can help to ease pain in some people with certain types of pain). Patients could therefore see whether these devices were effective before they bought them for themselves.
- The practice had developed Skype facilities for patients to consult with a GP (Skype is an application

that provides video and voice call services). Although there were only a few patients who used this service, the practice was consulted by other practices and CCGs nationally on its use.

- The practice had developed its own personalised bereavement card and leaflet that gave information to relatives on services available locally and advice on dealing with bereavement. This included advice on managing different behaviours in both adults and children.

# Dr E. Bonsell and Partners 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, a practice manager specialist adviser and an Expert by Experience.

## Background to Dr E. Bonsell and Partners Practice

Dr E. Bonsell and Partners Practice is situated in the South Shore area of Blackpool in a built up area with good transport links. It is housed in an older purpose-built medical centre. The practice together with a neighbouring practice has plans to develop an adjacent building to provide a new health centre for its patients in the future. The practice provides services to 6108 patients.

The practice is part of the NHS Blackpool Clinical Commissioning Group (CCG) and services are provided under a Personal Medical Services Contract (PMS). There are three male GP partners. The practice also employs a nurse practitioner, two practice nurses, a primary health care assistant and a pharmacist. Non-clinical staff consisting of a business practice manager, a reception manager, a repeat prescription manager, an office manager and 13 administrative and reception staff support the practice. The practice is a teaching practice.

The practice is open between 7.30am and 7pm on Mondays, Tuesdays and Thursdays and 7.30am and 6.30pm on Wednesdays and Fridays. Appointments are from

7.30am daily with the latest appointment offered at 6.50pm. When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning 111.

The practice has a larger proportion of patients aged between 45 and 60 years of age compared to the national average. There are fewer patients aged under 18 on the practice list (16%) than the CCG average of 19% and the national average of 21%.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice caters for a higher proportion of patients experiencing a long-standing health condition (67% compared to the local average of 63% and national average of 54%). The proportion of patients who are in paid work or full time education is slightly higher (53%) than the CCG average of 52% and lower than the national average of 62%. Unemployed figures are significantly higher, 9% compared to the CCG average of 7% and the national average of 5%.

The practice provides level access to the building and is adapted to assist people with mobility problems. The building is on two floors, with all of the consulting and treatment rooms being on the ground floor.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

# Detailed findings

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 27 April 2016. During our visit we:

- Spoke with a range of staff including three GPs, the nurse practitioner, the practice pharmacist, two practice nurses, the business practice manager, the reception manager, the repeat prescription manager and two members of the practice administrative team.
- Spoke with 10 patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- 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 and there was a recording form available in the reception office. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a patient collapse in the practice patient waiting area, the staff felt that the patient's dignity had not been maintained appropriately. The staff discussed the incident and it was agreed to purchase a moveable screen which could be used for future incidents.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and there was a form for staff to report concerns in the reception office. There was a lead member of staff for safeguarding and also a clinical deputy lead. 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 on safeguarding children and vulnerable adults. The practice clinical deputy safeguarding lead was trained to child protection or child safeguarding level three and all non-clinical staff to level one which was appropriate for their role. However, GPs were trained to level one instead of level three and nurses to level one instead of level two. The practice deputy safeguarding lead met with the community health visitor monthly and there were formal safeguarding meetings every two months.

- 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 (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse practitioner 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. For example, a new treatment room couch was purchased as a result of an audit. However, these actions were not documented.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice pharmacist carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were rigorous systems in place to monitor their use. The nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. 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

## Are services safe?

medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). We found that any staff member who had not been DBS checked was risk assessed to ensure that they only worked appropriately within the practice. For example, staff with no DBS check were not allowed to chaperone patients.

### Monitoring risks to patients

Risks to patients were assessed and generally 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. The practice had up to date fire risk assessments however, they had not carried out regular fire drills. We found that all staff were clear on their roles and responsibilities in evacuating the building in the event of a fire but the last evacuation of the building had been about three years ago. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Many staff were employed on a part time basis which enabled easier cover for staff absence due to holidays or sickness.

### 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 and also panic buttons which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in a treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were in a secure area of the practice. All the medicines we checked were in date and stored securely. We noted that the defibrillator, emergency oxygen and emergency medicines were stored in three different locations which could cause a delay in responding to a medical emergency. Staff were aware of these locations.
- 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 online and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.7% of the total number of points available, with 11.3% exception reporting. (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 exception reporting was the same as the CCG average overall.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was higher than national averages. For example blood measurements for diabetic patients showed that 80% of patients had well controlled blood sugar levels compared with the national average of 78%. Figures for those patients with a record of a foot examination and risk classification were 91%, compared to the national average of 88%.
- Performance for mental health related indicators was better than the national averages. The percentage of people with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 94% compared to the national average of

88%. The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 96% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last year and several audits of patient medications. Staff told us that they planned more regular audit in the coming year.
- The practice nurse practitioner also carried out clinical audits using data from the practice computer system and that received from other services.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The GPs held weekly peer review meetings to discuss practice.
- Findings were used by the practice to improve services and figures produced by local and national agencies were used to review practice and focus on any areas where the practice was underperforming. For example, recent action taken as a result of comparisons with other local services, indicated that staff should be more proactive in recommending and delivering 'flu vaccinations to patients in the next 'flu vaccination season.

Information about patients' outcomes was used to make improvements such as identifying patients with iron deficiency anaemia using alerts on the patient clinical computer system to avoid inappropriate referrals.

### Effective staffing

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

- The practice had a six week 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 had produced its own leaflet that summarised all health and safety issues that staff needed to be aware of for every new member of staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For



# Are services effective?

## (for example, treatment is effective)

example, for those reviewing patients with long-term conditions. We saw evidence of training for practice nurses that included training in the management of respiratory disease and asthma.

- Because of a long-standing close relationship with the local hospice, the practice clinical staff were well-versed in matters relating to palliative care, thus avoiding unnecessary patient referrals in certain circumstances.
- 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. We saw evidence of training for the primary care assistant that enabled the administration of vaccinations for practice patients and evidence of mentoring and supervision for this role.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received annual training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of in-house training and external training courses. The practice used staff who had undertaken external training to cascade that training to others in the practice. Although there were comprehensive records of staff training, there was no overall summary of training for staff. We saw that training had been completed as required but this information was difficult to monitor.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals every two months when care plans were routinely reviewed and updated for patients with complex needs. The practice planned to include representatives of social services in future meetings to consider both health and social patient needs.

The practice routinely telephoned every patient when they were discharged from hospital. Staff asked patients whether they had any needs or concerns and referred to appropriate staff members or services as necessary.

### 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.
- The practice had produced its own leaflets for patients considering minor surgery or joint injections in the practice. They explained all processes and possible outcomes of the procedures to enable patients to give informed consent.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The

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

practice also identified vulnerable patients who may need extra support from the practice, for example the vulnerable elderly living at home. Patients were signposted to the relevant service when necessary.

- The practice clinicians were trained in delivering stop smoking advice and the citizen's advice bureau held a weekly clinic at the practice to advise patients on non-health related issues.

The practice's uptake for the cervical screening programme was 62% which was lower than the CCG average of 66% and 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 offering appointments for nervous patients to discuss cervical screening with the nurse and they ensured a female sample taker was available. 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. The practice also encouraged its

patients to attend national screening programmes for bowel and breast cancer screening. The practice was aware of the low figures for patient uptake of the national screening programmes and had a policy to telephone every patient who did not take up their invitation to attend screening. When contacting the patient, the practice checked that they had received their invitation for screening, encouraged them to make another appointment and gave them a contact telephone number to ring.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 98% and five year olds from 72% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There were notices in reception that told patients that if they needed to discuss a confidential issue, they could use a telephone in the waiting area to request a private discussion.

All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). 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 CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG 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 national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- All new patients to the practice were given a practice information pack including a leaflet in 16 languages that encouraged patients to bring an interpreter to their consultation.

## Are services caring?

- Staff provided us with examples where translation services had been accessed in order to deliver treatment with patient consent.

### **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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients as carers (1% of the practice list). 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 or sent them a sympathy card. This 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. The practice had developed its own personalised bereavement card and leaflet that gave information to relatives on services available locally and advice on dealing with bereavement. This included advice on managing different behaviours in both adults and children.

# 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, the practice was aware that the premises that it occupied was becoming unfit for purpose and, with a neighbouring practice, they had purchased a nearby building. The practice was in the process of seeking funding to develop the building into a new health centre for patients.

- The practice offered appointments with GPs in the early morning from 7.30am and evenings until 6.50pm for working patients who could not attend during normal opening hours. There were also later appointments with the nurse on Mondays and Thursdays until 6.50pm.
- The practice offered drop in clinics with the primary health care assistant for taking bloods. These clinics were on Mondays at 8.30am to 10.00am and Thursdays from 7.30am to 9am.
- The practice had a 24 hour telephone answering machine for patients who wanted to request prescriptions and a member of staff was available to speak to patients with prescription queries from 10am to 1pm every day. Prescriptions could also be ordered online.
- There were longer appointments available for patients with a learning disability and for vulnerable patients. The practice made efforts to book appointments for these patients with the same GP each time.
- The practice offered enhanced care for pregnant women. They were able to refer directly to the on call gynaecological team, the hospital delivery suite or to other hospital services directly, thus avoiding the need for patients to attend the hospital accident and emergency department.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The GPs also provided some ongoing home visits to vulnerable patients to check that their needs were being met.

- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice had put alerts on the computerised clinical system for vulnerable patients ensuring that they were seen as a priority.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- All of the patient consultation rooms were on the ground floor.
- The practice manager had attended a locality meeting of patient participation group (PPG) members where there had been a presentation as to the best signage to offer partially sighted patients. As a result, signage and patient information notices in the practice had been amended.
- The practice had purchased several blood pressure monitors and TENS machines which could be loaned to patients (a TENS machine is a small, portable device which can help to ease pain in some people with certain types of pain). Patients could therefore see whether these devices were effective before they bought them for themselves.

### Access to the service

The practice was open between 7.30am and 7pm on Mondays, Tuesdays and Thursdays and 7.30am and 6.30pm on Wednesdays and Fridays. Appointments were from 7.30am daily with the latest appointment offered at 6.50pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice also offered an online booking system for appointments.

The practice had a triage system. If a patient requested an urgent appointment, the practice recorded the patient request and the reason for it on the practice computer system and the nurse practitioner called the patient back. Children and vulnerable patients were prioritised. The practice aimed to call all patients back within two hours and had good procedures in place to ensure that the system was safe.

The practice had developed Skype facilities for patients to consult with a GP (Skype is an application that provides

# Are services responsive to people's needs?

(for example, to feedback?)

video and voice call services). Although there were only a few patients who used this service, the practice was consulted by other practices and CCGs nationally on its use.

The practice audited the numbers of appointments that were not attended by patients and displayed the results each month in the waiting area.

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

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 74% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Some patients did not like the practice triage system but agreed that they always saw a GP when they needed to.

## 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. There was a poster in reception telling patients how to complain and information on the practice website.

We looked at 14 complaints received in the last 12 months and found that they were all handled in a timely manner and with openness and transparency. The practice recorded both written and verbal complaints and patients were given an apology. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, the practice reviewed prescribing procedures and staff were reminded of the correct processes to follow when issuing prescriptions.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a clear statement of purpose and staff knew and understood the values.
- The practice had a premises development plan and was working towards achieving this. There was no specific business plan but staff were aware of short term goals. The practice was trying to recruit a GP to ensure that patient needs would be met in the future. The practice had provided dedicated GP services to the local hospice for over 30 years. We saw a certificate awarded to the practice by the hospice in recognition of the practice's long-standing contribution. However, because of the recent retirement of one GP, the practice had to withdraw this service and dedicate time to the practice instead. It was hoped that this service would resume following GP recruitment.

### 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. There were flowcharts and information sheets available to staff to clarify these roles and responsibilities. All clinical staff had individual specialisms within the practice and reception staff were provided with a list of these to help when booking patient appointments.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. For example, the practice used a report produced by NHS England to reflect on and improve performance.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### 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. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- 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. There was a staff social event each year. The practice also offered flexible working hours during school term time for some staff. Many of the staff in the practice had been there for over 10 years and some for over 20 years.
- Staff said they felt respected, valued and supported, particularly by the management 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.
- The reception manager office had a closed circuit television screen so that the reception area was visible if staff or patients needed additional support, for example with answering telephones at busy periods.

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

# Are services well-led?

Good 

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

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. There was a patient suggestion box situated in reception.

- The practice had gathered feedback from patients through the patient participation group (PPG), its suggestion box and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following the loss of the area available to patients to discuss confidential matters in private, the practice asked how best to manage confidential discussions in the future. It was agreed that a new telephone would be installed in reception for patients to use to contact reception when they needed this privacy.
- The practice reviewed and responded to comments from the Friends and Family Test (FFT) monthly and discussed them at practice meetings. Posters were displayed in reception to show patients what the practice had done as a result of their comments.

- The practice had gathered feedback from 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. For example, at the suggestion of the clinical staff, the practice reviewed the position of the patient sample box in reception. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was part of a local neighbourhood of practices that was involved in developing new services for patients.



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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Surgical procedures	<b>How the regulation was not being met:</b>
Treatment of disease, disorder or injury	Persons employed by the service provider did not receive appropriate training necessary to their duties. Not all clinical staff were trained to the recommended level for child protection or child safeguarding.
	This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.