

# Estover Surgery

## 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?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Estover Surgery on 4 November 2015. 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 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.

The areas where the provider must make improvements are:

- Extend Mental Capacity Act training to all clinical staff.
- Consider patient records being accessed by unsupervised staff out of hours and the risk of breaches of confidentiality.
- Establish a patient participation group.
- Ensure checks for locum GP staff are consistently recorded.
- Ensure there is monitoring to establish that appropriate action is taken when the cold storage of medicines temperatures exceed safe ranges.

In addition the provider should:

# Summary of findings

- Clarify the identification of safeguarding lead clinician(s) in the practice.
- Review the emergency call/panic button system and arrangements in the practice.
- Establish a system for regularly reviewing fire system record keeping.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- 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.
- The practice understood their responsibility to raise concerns regarding patient safeguarding and were aware of indicators of abuse.
- There were some gaps in mandatory staff safeguarding training.
- Recruitment checks for permanent staff was robust, however this was inconsistently recorded for locum GPs.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed that the practice was performing in line compared to neighbouring practices in the Clinical Commissioning Group. For example in the uptake of the women's cervical smear screening, for childhood vaccinations, for flu vaccinations and carers needs assessments.
- Data showed patient outcomes were at or above average for the locality.
- 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 people's needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Views of external stakeholders were very positive and aligned with our findings.
- Data showed that patients rated the practice higher than 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.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- People can access appointments and services in a way and at a time that suits them. For example there were extended opening hours on evening per week and a drop in GP clinic on two mornings a week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice listened to comments made by patients to improve services. For example offering a greater number of pre-bookable appointments.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- 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.

Good



## Are services well-led?

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

- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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
- The practice sought feedback from staff and patients, which it acted on. However, there was no patient participation group .
- There was a strong focus on continuous learning and improvement at all levels.

Requires improvement



# Summary of findings

- It had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. For example, it was not clear who was the lead for safeguarding at the practice.
- Staff had received inductions and had received regular performance reviews or attended staff meetings and events.
- The practice had ineffective systems for checking that records of fire safety and cold medicine management were in order.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



- The practice offered personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable with local CCG and national averages, for example in the percentage of older patients with a fragility fracture who are currently treated with an appropriate bone-sparing agent.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable with the CCG and national averages.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.
- Patients aged 75 and older had a named GP within the practice. They could, however, book to see either of the GP partners.

### People with long term conditions

Good



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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice encouraged patient self-management. For example, patients with a chronic lung disease (chronic obstructive respiratory disease) were assessed and supplied a home rescue pack (containing steroids and anti-biotics) to keep so they could start taking them immediately if chest symptoms present.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. For example, the practice was part of the C card scheme. This allows teenage patients to obtain condoms by registering and using their C Card at the reception desk. In this way they do not have to make an appointment or explain their reason for visiting the practice, which they may find embarrassing.
- The latest published figures for the percentage of women aged 25 – 64 whose notes record that a cervical screening test had been performed in the last 5 years was 90.18% compared to the national average of 88.18%.
- Appointments were available outside of school hours; the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors. The health visiting team shared on-site premises with the practice.

## 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).

Good



- 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.
- Appointments could be booked up to six weeks in advance.
- There were evening appointments every Wednesday.
- The nursing team held flexible appointments so that working people could be seen earlier than normal clinic times if these patients requested this.
- Repeat prescriptions could be requested on-line.

## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- It offered longer appointments for people with a learning disability and carried out annual health checks for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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 people experiencing poor mental health (including people with dementia).

- 83.33% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was in line with the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It 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 people 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 July 2015. The results showed the practice was performing in line with or better than local and national averages. 298 survey forms were distributed and 116 were returned.

- 92% found it easy to get through to this practice by phone compared to a CCG average of 84.4% and a national average of 73.3%.
- 95.2% found the receptionists at this practice helpful (CCG average 90.5%, national average 86.8%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 91%, national average 85.2%).
- 95.1% said the last appointment they got was convenient (CCG average 95.1%, national average 91.8%).
- 86% described their experience of making an appointment as good (CCG average 83.3%, national average 73.3%).

- 65.4% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71.2%, national average 64.8%).

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 positive about the standard of care received. Twenty five of the 28 patient CQC 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. One comment card said they had experienced difficulty in making an appointment and two cards commented upon a perceived negative attitude of practice staff.

We spoke with two patients during the inspection. Both patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

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

- Extend Mental Capacity Act training to all clinical staff.
- Consider patient records being accessed by unsupervised staff out of hours and the risk of breaches of confidentiality.
- Establish a patient participation group.
- Ensure checks for locum GP staff are consistently recorded.
- Ensure there is monitoring to establish that appropriate action is taken when the cold storage of medicines temperatures exceed safe ranges.

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

- Clarify the identification of safeguarding lead clinician(s) in the practice.
- Review the emergency call/panic button system and arrangements in the practice.
- Establish a system for regularly reviewing fire system record keeping.

# Estover Surgery

## Detailed findings

### Our inspection team

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

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

## Background to Estover Surgery

Estover Surgery is a GP practice providing primary care services for people living in suburbs around the city of Plymouth. The premises are a single storey building, which was purpose built and is accessible for people who are wheelchair users.

Estover Surgery has two partner GPs, (one female and one male) one practice nurse, one healthcare assistant, four receptionists who also undertook administrative duties, and a practice manager. It had 2004 people registered as patients on the day of the inspection visit who received care and treatment including chronic disease management, child immunisation, travel vaccines, phlebotomy (the process of taking blood), family planning and minor surgical procedures.

Estover Surgery is a teaching practice, where medical students observe GP clinics. Estover Surgery shares its premises with another GP surgery. The staff told us that people were given a practice leaflet about both surgeries to enable them to make a choice about which surgery to join. The staff also said that people could change surgeries if this was their preference.

The practice was open between 8.30am – 6pm Monday to Friday. Appointments times varied each day but were

generally from 8.30am until 1pm and from 3:30pm to 6pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Extended hours surgeries are offered on Wednesday evenings until 7:45pm.

When the practice is closed there is a telephone service to a NHS out of hours provider.

The practice was last inspected on the 9 January 2014. At this 2014 inspection we judged that people who used the service, staff and visitors were not always provided with furnishings and equipment that was suitable and/or safe for its purpose. We asked the practice to develop an action plan to improve seating for patients in the waiting area to meet the needs of patients who may have difficulty rising from a chair due to mobility restrictions. We checked that the practice had made these changes. The practice now has suitable additional seating that is designed to assist such patients.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

For example:

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 November 2015. During our visit we:

- Spoke with all practice staff on duty on the day of the inspection (the practice manager, one GP partner, a Health Care Assistant and two reception/administration staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks 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 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. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had noticed a potential medicine prescribing error and had taken swift action to liaise and implement improved communication with a community pharmacy as a result. When there was an oversight in making a referral to a secondary care team, timely amendments were made to the practice protocol for making referrals to ensure a similar incident was not repeated. Learning from incidents was shared with the whole staff team.

When there were unintended or unexpected safety incidents, people had 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 systems, processes and practices in place to keep people 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 outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff told us they would report concerns to either of the GPs and were aware of situations that would lead them to report concerns. It was not clear who the lead member of staff for safeguarding was at the practice. The practice manager said this would be discussed with the GPs and communicated to the staff team. We were told the practice had not made any safeguarding referrals. Staff

demonstrated they understood their responsibilities. The practice manager had identified that some staff needed safeguarding training and there was an action plan in place to ensure all staff had received training relevant to their role, for example GPs were booked into a course to be trained to child safeguarding level three. We followed this up after the inspection to ensure the training had taken place.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling and security). One of the two medicines fridges at the practice had been running at a temperature above the recommended range for four weeks, although the higher temperature range would not detrimentally effect the type of medicines that were currently stored in this fridge. This was because the medicines in the fridge did not require re-refrigeration. We spoke with the practice manager who said a temperature range guide would be added to the daily fridge temperature recording sheet to ensure that action was taken promptly in the future. We were also told that fridge temperature recordings and a review of the appropriate storage of medicines would be discussed in the next weekly team meeting.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

## Are services safe?

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 vaccines. The practice health care assistant described the process of thorough clinical supervisions they undertook after being trained to administer vaccines.

- People could send in repeat prescriptions via email, in person or by post. These were not

accepted over the telephone. We found that a log was maintained of all the prescriptions

that came into the surgery and a system in place to alert the practice staff if a prescription

needed re-authorisation, that is, a review by a GP to ensure the person should continue to

take the medicine. Repeat prescriptions were signed daily by the GPs and there was a

48 hours turn around.

- We reviewed personnel files for two newly appointed permanent staff and found that 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. However, there was inconsistent recording of checks taken for locum GP staff. We checked that the locum GP scheduled to work the afternoon of the inspection had appropriate checks and were satisfied of this. The practice manager told us they would work through the locum GP recruitment file to ensure it was documented fully for each locum attending the practice where required checks had been made.

### Monitoring risks to patients

Risks to patients were assessed.

- There were procedures in place for monitoring and managing risks to patient and staff safety, which was managed by the lease holder for the building and completed by outside contractors. For example, risk assessments to monitor safety of the premises such as

control of substances hazardous to health and legionella. The practice carried out regular fire drills. However, the practice had not taken steps to assure themselves that safety checks to the fire system and fire equipment record keeping had been completed. The practice manager told us they would implement a system of inspecting the fire safety records completed on their behalf on a monthly basis from now on. Following the inspection the practice manager wrote to us confirming that records had been checked for November 2015 and were in order.

- We saw stickers on electrical equipment showing that equipment had been checked in the last twelve months to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was working properly.
- 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 using locum GP staff to cover a GPs annual leave.

### Arrangements to deal with emergencies and major incidents

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

- There was an emergency call system/panic buttons for staff. However, there appeared to be confusion regarding the location and use of the emergency call system. Staff told us they felt confident that in an emergency staff could be summoned for assistance and gave recent examples of when this had happened. However, there is a risk to staff and patients if not all staff are aware of the location of the emergency call system. The practice manager said this would be raised at the next weekly staff meeting and the system reviewed.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were not stored in the same

## Are services safe?

location as the emergency equipment. However, this was rectified during the inspection to prevent delays during a real emergency. There was also a first aid kit and accident book available.

- 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 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 peoples' needs. Staff clinical governance meetings were held quarterly.
- 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 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). QoF was used appropriately. The most recent figures for 2013-14 showed some lower than average results in the mental health domain; for recording smoking, alcohol consumption and care plans, when compared to local Clinical Commissioning Group (CCG) and national averages. The practice informed us that they had difficulty engaging with some of these patients and thought that some may have changed address.

The data for the specific blood test used to determine average blood sugar levels in patients with diabetes also showed results that were below the local and national average. The duty GP informed us that steps had been taken to address this, including referring diabetic patients to the hospital for insulin initiation.

- The percentage of patients with hypertension having regular blood pressure tests was 79.89%, which was slightly below the CCG and national average of 83.11%.
- The dementia diagnosis rate was comparable to the CCG and national average.

Clinical audits demonstrated quality improvement.

- The practice sent us examples of six clinical audits completed in the last two years, each of these were completed audits where the improvements made were implemented and monitored. One audit was a repeat audit for anti-psychotic medicines use for people with dementia, showing that the practice was implementing an audit cycle where results were compared between years to monitor performance.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing inter-uterine contraceptive use, to ensure patients had the best device that gave long lasting contraceptive benefits, to minimise the inconvenience for the patient of contraception device refitting.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- 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 these 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 the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: fire procedures, basic life support and information governance awareness. Not all staff had received safeguarding training, although this was booked to take place within the next eight weeks. Staff had access to and made use of e-learning training modules, external and in-house training.

### Coordinating patient care and information sharing



# Are services effective?

## (for example, treatment is effective)

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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient 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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

### 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, although not all clinical staff had training in the Mental Capacity Act 2005.
- We spoke with a local care home who had patients registered with the practice. They told us that issues affecting mental capacity for patients were assessed in conjunction with the visiting GP and that this included referrals made by the GP to support services such as Independent Mental Capacity Act advisors to support people with decision making.

### Health promotion and prevention

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

- These included patients in the last twelve 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.
- Health visitor, dietician and podiatry services were available on the premises.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 90.18%, which was better than the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were better than the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were between 81.8% and 100% and for five year olds ranged from 93.8% to 100%. Flu vaccination rates for the over 65s were 75.56%, and at risk groups 57.85%. These were also above national averages.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 was a notice on the reception desk to this effect.

Twenty-five of the 28 patient CQC 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. One comment card said they had experienced difficulty in making an appointment and two cards commented upon a perceived negative attitude of practice staff. Before the inspection visit we were contacted by a member of the public alleging that Friends and Family survey questionnaires at the practice were being completed by practice staff to give favourable results. We examined Friends and Family comments at the practice and saw no evidence that this was the case. Where comments in these questionnaires were critical the practice team discussed these in staff meetings to find ways of improving services for patients.

The surgery did not have a patient participation group. Such a group would act as a voice for patients at the surgery.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with doctors and nurses indicated:

- 88% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 88.6%.

- 99.4% said the GP gave them enough time (CCG average 94.5%, national average 91.9%).
- 94.5% said they had confidence and trust in the last GP they saw (CCG average 97.2%, national average 95.2%)
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 89.7%, national average 85.1%).
- 99.4% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4%).
- 95.2% said they found the receptionists at the practice helpful (CCG average 90.5%, national average 86.8%)

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

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

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

- 89.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.4% and national average of 86.0%.
- 95.5% said the last GP they saw was good at involving them in decisions about their care (CCG average 88%, national average 84.8%)

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

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

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered open clinics on Tuesday and Thursday mornings from 8:30am until all patients were seen.
- There was an evening clinic on Wednesday evenings until 7.45pm.
- Patients could opt for a telephone consultation with a duty GP, if this was more convenient for them.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were accessible facilities for disabled patients, hearing loop and translation services available.
- A GP visited two local care homes and a sheltered housing scheme at regular times each week to review the health and care needs of patients living there.

### Access to the service

The practice was open between 8.30am – 6pm Monday to Friday. Appointments times varied each day but were generally from 8.30am until 1pm and from 3:30pm to 6pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally better when compared to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 86.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.6% and national average of 74.9%.
- 92% of patients said they could get through easily to the surgery by phone (CCG average 84.4%, national average 73.3%).
- 86% of patients described their experience of making an appointment as good (CCG average 83.3%, national average 73.3%).
- 65.4% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 71.2%, national average 64.8%).

### 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, for example the practice leaflet and posters displayed in the patient waiting areas.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency when dealing with the complaint.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice ethos in this small practice was to be friendly. The practice had a mission statement which was on the website and in the practice leaflet. It stated: 'We aim to provide a high standard of medical care in a friendly and professional manner.' Staff verbalised the statement in terms of liking to 'go a bit extra' for their patients.

### Governance arrangements

The practice had structures and procedures in place to promote good patient care:

- There was a clear staffing structure
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, not all risks had been considered. For example overseeing of the shared, leased building fire safety records, risks to breaches of patient confidentiality through access to patient records by unsupervised cleaning staff outside of normal practice opening hours. There had been no management oversight of medicine fridge optimal temperature ranges, and no action had been taken to manage the results of temperature checks.
- There was no overarching annual staff training plan and a lack of clarity as to whether staff had received or needed particular training.

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise high quality and compassionate care. Staff told us that the partners were approachable and always take the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

The staff felt supported by management.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. The practice closed twice a year for team development sessions.
- Staff said they felt respected, valued and supported, by the partners and practice manager. 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.

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

The practice valued feedback from patients, the public and staff.

- It had gathered feedback from patients through surveys and complaints received. There was no patient participant group set up to represent views of patients for improvements to the practice management team.
- The practice had also gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

The practice team was committed to being part of local pilot schemes to improve outcomes for patients in the area. For example the carers review pilot. Patients identified as carers were offered an hours appointment with a specially trained health care assistant to discuss and develop a plan to meet their emotional and health needs. This plan was reviewed 6 monthly. The practice had been part of this scheme for 18 months.

## 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
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>18.—(1)</b> Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.</p> <p>(2) Persons employed by the service provider in the provision of a regulated activity must—</p> <p>(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Not all clinical staff had received training in the Mental Capacity Act 2005.</p> <p>Regulation 18 (2) (a.)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services</p> <p><b>17.—(1)</b> Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</p> <p>(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;</p> <p>The practice had not set up a patient participation group</p> <p>17 (2) (e).</p>

## Requirement notices

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**19 - (1)** Persons employed for the purposes of carrying on a regulated activity must—

(a) be of good character,

(b) have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and

(c) be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.

(2) Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in—

(a) paragraph (1)

Recruitment checks for locum GP staff were not consistently recorded. 19 (1)(2) (a).

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**12.—(1)** Care and treatment must be provided in a safe way for service users.

(g) the proper and safe management of medicines;

The monitoring of cold medicines storage was ineffective because temperature recordings were exceeding storage ranges. 12 (g).