

# Hastings Old Town 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?	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 Hastings Old Town Surgery on 08 December 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.
- Risks to patients were assessed and well managed.
- 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.
- 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 evidence showed the practice responded quickly to issues raised.

- Patients said they found that they could make an appointment with a named GP, although not always at the time they preferred, 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.

The areas where the provider should make improvement are:

- To review and where necessary update the practice's fire risk assessment on an annual basis.
- Implement actions to mitigate any risk from legionella identified within the practice.
- Ensure that plans for all staff to have an up to date appraisal are implemented.

# Summary of findings

- Where clinically appropriate to continue to improve the systems for the identification and review of patients with a diagnosis of dementia.
- Continue to regularly monitor the maximum and minimum temperatures of all fridges containing medicines to ensure that they remain within the recommended range.

**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



- 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.
- Risks to patients were assessed and well managed although the actions identified to mitigate the risks of Legionella had not yet been completed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with 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.

Good



- Data from the national GP patient survey showed patients rated the practice similarly to 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.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was involved in several pilot schemes. This included a crisis response home care scheme where vulnerable patients at risk of hospital admission could be nursed at home for up to three days following referral.
- Patients said they found that they could make an appointment with a named GP, although not always at the time they preferred, and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care that they themselves would like to receive 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 complaints.

# Summary of findings

- 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.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- 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 had targeted patients over 75, in particular, the housebound for a comprehensive review of their health and social care needs and the development of a care plan to help avoid unnecessary admission to hospital.
- Reviews included a medicines review, installation of safety equipment, key safes and alarm buttons. Medical reviews included screening for several heart problems.
- The GPs undertook regular ward rounds at a local nursing home.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 82% (clinical commissioning group (CCG) average 80%, national average 78%).
- Patients with diabetes who required insulin could have their treatment commenced and monitored at the practice.
- 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 introduced initiation and monitoring of blood thinning medicines at the practice.

# 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 living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- As the practice had recently formed from a merger of several practices, we were unable to obtain verifiable current child immunisation rates for the new practice at the time of the inspection.
- 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 77%, which was above the CCG average of 75% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- All unwell children would be seen on the day and the practice preferentially booked school age children in to appointments after school hours.
- The practice sign posted teenagers to age appropriate counselling and sexual health services, including test yourself chlamydia packs (chlamydia is a sexually transmitted infection).

## 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.
- A full range of online facilities were available including booking appointments and ordering repeat prescriptions. The practice had a website and social media page.
- 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.
- Extended hours services were offered that included early morning appointments from 7.30am with both the nurse and healthcare assistant two days a week, evening appointments and also late evening phone calls.



# Summary of findings

- The practice was aware of the problems of accessing health care for the working population. It therefore encouraged self-monitoring and management of chronic diseases and provided telephone consultations to support these patients.
- The practice was about to embark on a nine month diabetes prevention pilot scheme targeting those patients at risk of developing diabetes.

## 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



- The practice held registers of patients living in vulnerable circumstances including those with a learning disability.
- Patients with a learning disability were offered annual health checks.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice 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.
- The practice worked closely with other agencies including social services, community nursing, mental health teams and the local hospice to review all of their vulnerable patients at regular multi-disciplinary team meetings.

## 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).

Good



- 70% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is lower than the CCG average (82%) and the national average (84%). The practice said that this had been due to difficulties in identifying and contacting all of the eligible patients following the merging of three practices.
- The percentage of patients with severe and enduring mental health problems who had a comprehensive care plan documented in the record, in the preceding 12 months was

# Summary of findings

83% (CCG average 87%, national average 89%). However the exception reporting rate was considerably lower than the local and national averages so that the number of patients receiving the intervention (81%) was higher than the CCG average (79%) and national average (78%). (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).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice hosted an in-house counselling service provided by the local mental health trust.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- For some patients the practice could offer referral for carers' breaks.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or below local and national averages. Two hundred and forty three survey forms were distributed and 105 were returned. This represented 1% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 79% and national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received, although some had comments about other aspects of the practice. One patient commented that they felt that their appointment was a bit rushed. Three patients found making an appointment difficult and one had a long time to wait to see the doctor. One patient had a problem with prescriptions. One patient commented that they found the reception staff unhelpful.

The majority of patients described the care they received as outstanding, excellent and good and patients found staff caring, helpful and felt that they were treated with dignity and respect.

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

# Hastings Old Town Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Hastings Old Town Surgery

Hastings Old Town Surgery offers general medical services to the people of the Old Town area of Hastings. There are approximately 8350 registered patients.

Hastings Old town Surgery is run by two partner GPs (one male and one female). The practice is also supported by one part time salaried GP (female) and two regular part time locum GPs (both male). Additionally there are three practice nurses, a health care assistant and a phlebotomist. The team also includes a practice manager, a back office manager and a self-employed business manager. There are four medical secretaries each with additional responsibilities and six reception staff most of whom also have some additional responsibilities.

The practice currently teaches FY2 doctors (doctors in their second year after qualifying) and medical students. One of the partners is training to be a GP trainer so that the practice can train doctors who wish to specialise in general practice.

The practice shares a building with one other GP practice and was formed from the merger of three surgeries in August 2015.

The practice runs a number of services for its patients including asthma and COPD (chronic lung disease) clinics, child immunisation, diabetes clinics, contraception

services, well person checks, weight management, smoking cessation, post-natal and eight week baby checks, new patient checks and travel health clinics. The practice runs an ear micro suction service and accepts referrals from other local GPs for this. There is a counselling service available in the building.

Services are provided from:

Roebuck House, Hastings, TN34 3EY.

The practice is run from three floors and has lift access.

The practice is open from 8.30am on Monday, Wednesday and Friday and 7.30am on Tuesday and Thursday. The surgery is shut between 1pm and 2pm. The practice closes at 6.30pm on Monday, Tuesday, Wednesday and Thursday and at 5.00pm on Friday. There is access for emergencies between 8am and 8.30pm Monday to Friday and 5.00pm to 6.30pm on Friday. Routine surgery hours are 8.30 am to 12am Monday to Friday, 2.30pm to 5.20 pm on Monday, 2.00pm to 5.20pm on Tuesday, 2.30pm to 4.30pm on Wednesday, 2.00pm to 4.20pm on Thursday and 2pm to 4pm on Friday. Extended hours appointments are offered from 7.30am to 8am on Tuesday and Thursday, from 6.30pm to 7.15pm on Monday and 6.30pm to 8pm on Tuesday and Wednesday. In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments are also available for people that need them.

When the surgery is closed patients can access out of hours care via the 111 telephone number. Urgent calls between 8am and 8.30am are put through to the duty GP.

The practice population has a higher than the national average number of patients aged over 65 although this is lower than the local average. There is slightly lower than the local and national average number aged 18 years or less. There is a slightly lower than average number of patients with a long standing health condition and slightly

# Detailed findings

higher than average number of patients with a caring responsibility for both local and national averages. The percentage of registered patients suffering deprivation (affecting both adults and children) is higher than both the local average and national average.

## Why we carried out this inspection

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

## How we carried out this inspection

Before 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 8 December 2016. During our visit we:

- Spoke with a range of staff, GPs, nurses, health care assistants, the practice manager, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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 an analysis of the 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, the blood test result texting service developed a fault. It was raised as a significant event and the service disabled. We saw that it was minuted as an issue at a staff meeting. We saw both hard and digital copies of the minutes and the email sent to all staff discussing the incident.

### 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 in files and on the practice computer. Flow charts and booklets containing relevant telephone numbers were available in each room. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's

welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible 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 relevant to their role. GPs were trained to child protection or child safeguarding level three. All other staff were trained to level two.

- A notice in the waiting room and on consultation room doors advised patients that chaperones were available if required. Two staff members acted as chaperones and were trained for the role. They had also 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 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, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service

Following the inspection of Hastings Old Town Surgery and prior to the publication of the report we inspected another location in the same building as this provider. We found that a fridge containing vaccines shared and jointly owned by the two practices but, at the time, monitored by Hastings Old Town Surgery was regularly having temperatures recorded that were above the maximum recommended readings, although no action had been taken on this.

As soon as the provider was informed the vaccines were quarantined and a meeting was held urgently by the practices. An investigation took place and an action plan was formulated. We were kept informed of the results of actions taken and the issue was resolved in an efficient and timely manner. This included all staff receiving additional training in the monitoring of the fridges and a checklist being introduced to ensure prompt action would be taken should temperatures outside the recommended range be recorded.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice last had a full fire risk assessment carried out in 2014 however the health and safety lead carried out a weekly walk around all the rooms to assess any new concerns. Fire points were checked during these assessments and the alarms were tested. All fire safety equipment had been recently checked and serviced where required and the practice had regular fire drills. There were two trained fire wardens and all staff had received fire safety training. 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). The Legionella risk assessment had been carried out by the practice. The assessment found that water temperatures were outside the required ranges in some rooms and we saw evidence that a professional engineer had been booked to carry out a further risk assessment and provide advice. A plumber had also been booked to rectify any problems relating to the water temperatures.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked regular shifts and the rota was similar each week. The majority of administrative and reception staff were multi skilled and could cover each other's roles during periods of absence.

### 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 and panic button in all the consultation and treatment rooms which alerted staff to any emergency. Staff also had a panic alarm in each room.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room and in each clinical 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 easily accessible to staff in secure areas of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. All staff had a copy of the plan.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### 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 97% of the total number of points available (clinical commissioning group (CCG) average 97% national average 95%). The practice had a clinical exception reporting rate of 8% (CCG average 10% national average of 10%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The QOF results as presented were publically available but had not yet been analysed by CQC analysts.

Data from 2015 to 2016 showed:

- Performance for diabetes related indicators was similar to the CCG and national average. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 150/90 mmHg or less was 92% (CCG average 93% national average 91%).
- Performance for mental health related indicators was lower than the CCG and national average the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in

the preceding 12 months was 83% (CCG 87%, national average 88%). However exception reporting (3%) was much lower than the CCG (11%) and national (13%) average for this indicator so that the number of patients receiving the intervention (81%) was higher than the CCG average (79%) and national average (78%).

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.

There was evidence of quality improvement including clinical audit.

- There had been multiple completed audits carried out over the past two years of which we examined five. Improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and accreditation.
- Information about patients' outcomes was used to make improvements. For example, following the practice merger an audit of the use of multiple medicines in the over 85s found that 130 patients were taking more than six medicines a day. Structured reviews were carried out and changes made to the patients' medicine regimes. At re-audit showed that the number of patients on more than six medicines had reduced to 76 (42% reduction).
- An audit of 24 patients on a pain medication which had been repeatedly prescribed over several years led to reduced and improved prescribing as a result.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Each new staff member shadowed another member of staff and were themselves shadowed by a member of staff before working alone.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.



# Are services effective?

## (for example, treatment is effective)

- 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 on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- All staff who had been employed for over a year had received appraisals within the last 15 months. Due to the resignation of the previous practice manager, the latest appraisals had been delayed by three months, but we saw that this had been raised at practice meetings and dates for the next round of appraisals had been set.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant service.
- Nursing staff offered advice on healthy eating and diet and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80%, which was similar to the CCG average of 84% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were 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.

- As the practice had recently formed from a merger of several practices, we were unable to obtain verifiable current child immunisation rates for the new practice at the time of the inspection.

## Are services effective?

(for example, treatment is effective)

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.

All of the 39 comment cards were positive about the standard of care received although one had also felt that the appointment was a bit rushed. The care was described as outstanding, excellent and good and patients found staff caring, helpful and felt that they were treated with dignity and respect although one patient found some reception staff unhelpful.

We spoke with two members of the patient participation group (PPG). They also told us they were extremely 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 mainly average or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 mostly in line with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% 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 CCG average of 83% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that telephone translation services were available for patients who did not have English as a first language and there was a poster in the waiting room informing patients of the service.

## Are services caring?

- A hearing loop was available in reception.
- Information leaflets were available.

### **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 147 patients as

carers (2% of the practice list). Patients who were carers were encouraged to register as carer and were signposted to support services for carers. There was a carer's board in the waiting room displaying advice on carers groups, the practice carer's policy and where to get help and support. 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. This call was either followed by a patient consultation and/or by giving them advice on local bereavement support services.

# 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 they had targeted three specific patient groups and developed templates which enabled reviews of patients medical and social care needs to be combined in one care plan. This helped to standardise the assessments undertaken and the care offered by each clinician. The groups targeted were:

- Sexual health 16 to 50 (and younger).
- Primary prevention, life style and screening for early diagnosis of chronic disease 40-74.
- Chronic disease monitoring and screening of vulnerable adults, in particular looking at pro-active care and rationalisation the prescriptions of patients on multiple medicines.

Additionally:

- The practice offered extended hours appointments from 7.30am to 8am on Tuesday and Thursday, from 6.30pm to 7.15pm on Monday and 6.30pm to 8pm on Tuesday and Wednesday for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or those that had several or complex concerns.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities including a lowered reception desk, baby changing facilities, a hearing loop and translation services available.
- There was a lift available in the practice.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

The practice was open from 8.30am on Monday, Wednesday and Friday and 7.30am on Tuesday and Thursday. The surgery was shut between 1pm and 2pm. The practice closed at 6.30pm on Monday, Tuesday, Wednesday and Thursday and at 5.00pm on Friday. There was access for emergencies between 8am and 8.30pm Monday to Friday and 5.00pm to 6.30pm on Friday. Routine surgery hours were 8.30 am to 12am Monday to Friday, 2.30pm to 5.20 pm on Monday, 2.00pm to 5.20pm on Tuesday, 2.30pm to 4.30pm on Wednesday, 2.00pm to 4.20pm on Thursday and 2pm to 4pm on Friday. Extended hours appointments were offered from 7.30am to 8am on Tuesday and Thursday, from 6.30pm to 7.15pm on Monday and 6.30pm to 8pm on Tuesday and Wednesday. In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments were also available for people that need them. Urgent calls between 8am and 8.30am were put through to the duty GP.

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

- 72% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 79% and national average of 76%.
- 81% of patients said they could get through easily to the practice by phone compared to the clinical commissioning group (CCG) average of 79% and 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.

The practice had a system in place to assess:

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

This was done by the receptionist taking the visit request including the symptoms that the patient was complaining of and sending a message with the details to the GP. There was a poster by the telephones alerting staff to 'red flag' symptoms that required urgent GP attention. The GP would then call the patient back prior to visiting to assess the appropriate course of action. In cases where the urgency of need was so great that it would be inappropriate for the

### Access to the service

# Are services responsive to people's needs?

(for example, to feedback?)

patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system 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 were posters and leaflets in the waiting room and also advice on the web site on how to complain.
- We looked at nine complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example a patient complained that their prescriptions were being limited by the practice. This was found to be because they had not had a recent health check. The practice responded in a timely manner, arranging for a home blood pressure reading to be provided by the patient to avoid an additional trip to the surgery.

# 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 and strategy to deliver high quality care that they themselves would like to receive for patients.

- The practice had a mission statement which was displayed in the front entrance and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. They could be accessed via the computer system and hard copies were also retained.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were 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 high quality 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 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 staff 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had carried out a recent patient survey, but had not received any negative responses. The practice particularly used PPG and patient feedback during the period following the merger in to the new practice to plan changes in clinic structure, the work force size and configuration, the booking system and waiting area facilities, (including provision of furniture).

# Are services well-led?

Good 

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

- 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. For example staff had suggested using the internal email system, which was not being utilised, for improved communication, and this was adopted. 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. Such schemes included a scheme the use of pro-active care practitioners, whereby experienced community nurses identified and assessed, with the help of the practice, vulnerable patients that needed additional help and support. Most staff members had specific areas of responsibility in addition to their normal duties and were encouraged in their professional development. The practice trained FY2 doctors, these were doctors in their second postgraduate year. They also taught medical students and one of the GPs was training to become a GP trainer, so that the practice could help train doctors who wished to specialise in general practice.