

# Bognor Medical Centre

## 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

<b>Overall rating for this service</b>	<b>Requires improvement</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Requires improvement</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Requires improvement</b>	

# 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 Bognor Medical Centre on 11 February 2016. Overall the practice is rated as requires improvement.

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

- The practice had appropriate safeguarding processes in place, however not all administrative staff had attended safeguarding training.
- The practice had taken action to develop a patient participation group (PPG) however this was with limited success in relation to the practice actively encouraging and receiving feedback about the quality of care and the overall involvement of patients.
- 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.
- The practice had a system of alerts for patients with whom there were safeguarding concerns which meant that patients were known to the practice, however they did not have an internal safeguarding register in place.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively

# Summary of findings

sought feedback from staff and patients, which it acted on however action plans were not always clear for all areas of lower than average satisfaction. For example, in terms of patient feedback relating to patient consultations and feeling involved in their care.

- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had produced patient information in a variety of relevant language formats to meet the needs of their large number of patients from Eastern Europe.

The areas where the provider must make improvement are:

- Ensure that all staff, including administrative staff have received training in relation to safeguarding both adults and children.
- Ensure there is a robust plan in place to develop the practice patient participation group

The areas where the provider should make improvements are:

- Ensure they hold safeguarding information in one place in the form of a register.
- Ensure action relating to infection control audits includes timely completion dates and monitoring of action taken.

- Review feedback from patients relating to patient consultations and involvement in their care and take appropriate action to improve satisfaction in these areas.
- Continue to address issues relating to patients satisfaction with opening times and telephone access and monitor changes in relation to this.
- Address patient concerns relating to access to appointments and their preferred GP.
- Review QOF exception reporting and take action to ensure this is aligned to local and national reporting rates.
- Take action to improve the uptake of cervical screening and ensure the practice holds records relating to this.
- Take action to improve the seasonal flu vaccination rates for patients over 65 and those in clinical risk groups.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the practice did not hold information about patients where there was a safeguarding concern in the form of an internal safeguarding register.
- Risks to patients were generally assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff had the skills, knowledge and experience to deliver effective care and treatment, however not all administrative or reception staff had received safeguarding training.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. However, the practice achieved high levels of satisfaction in terms of having confidence and trust in GPs and nursing staff.

Good



# Summary of findings

- Patients we spoke with 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example they worked closely with the CCG and other practices to improve proactive care services for patients in the locality.
- Patients said they sometimes found it difficult to make an appointment with a named GP, although patients we spoke with told us urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice did not proactively seek feedback from patients. The practice had acted on areas of low patient satisfaction in the past but had not continued to engage with patients and ask for their feedback. The practice had made an attempt to recruit a virtual patient participation group, however this had been unsuccessful and it was unclear how the practice intended to ensure improvements in this area.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Requires improvement



# Summary of findings

- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- 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 provider was rated as requires improvement. The provider was rated as good for safe, caring and responsive and requires improvement for effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 offered regular health checks for older people as well as vaccines for flu, pneumonia and shingles.

Requires improvement



### People with long term conditions

The provider was rated as requires improvement. The provider was rated as good for safe, caring and responsive and requires improvement for effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice provided enhanced services in areas of chronic disease management such as diabetes, asthma, chronic obstructive pulmonary disease and coronary heart disease.
- Performance for diabetes related indicators was similar to the CCG (96.5%) and higher than national (89.2%) average at 96.5%.
- 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.

Requires improvement



# Summary of findings

## Families, children and young people

The provider was rated as requires improvement. The provider was rated as good for safe, caring and responsive and requires improvement for effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 74.8% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months.
- 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 80%, which was lower when compared to the CCG average of 98.8% and the national average of 97.6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses with the use of shared space for the purpose of routine childhood examinations and developmental assessments within the practice.

Requires improvement



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

The provider was rated as requires improvement. The provider was rated as good for safe, caring and responsive and requires improvement for effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 66% of the practice population were of working age.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Saturday morning appointments were available for patients unable to attend during normal working hours.

Requires improvement



# Summary of findings

## People whose circumstances may make them vulnerable

The provider was rated as requires improvement. The provider was rated as good for safe, caring and responsive and requires improvement for effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice used a risk stratification tool and was able to refer patients to the proactive care service to promote health and wellbeing.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Requires improvement



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

The provider was rated as requires improvement. The provider was rated as good for safe, caring and responsive and requires improvement for effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 72.2% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to 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.
- 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.

Requires improvement



# Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing somewhat below local and national averages. 295 survey forms were distributed and 101 were returned. This represented 1% of the practice's patient list.

- 49% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 72% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79% national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were generally positive about the standard of care received. For example, a patient told us about an experience when feeling unwell, describing staff as 'unbelievably kind and a credit to the medical profession', others stated that staff were friendly and that they felt involved in their care. Three of the 17 stated they had experienced some difficulties getting appointments.

We spoke with patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. We viewed results of the practice Friends and Family Test (FFT) which is used to measure overall satisfaction with the practice. 86% of participants stated they would recommend the practice to friends and family.

## Areas for improvement

### Action the service MUST take to improve

- Ensure that all staff, including administrative staff have received training in relation to safeguarding both adults and children.
- Ensure there is a robust plan in place to develop the practice patient participation group.

### Action the service SHOULD take to improve

- Ensure they hold safeguarding information in one place in the form of a register.
- Ensure action relating to infection control audits includes timely completion dates and monitoring of action taken.
- Review feedback from patients relating to patient consultations and involvement in their care and take appropriate action to improve satisfaction in these areas.

- Continue to address issues relating to patients satisfaction with opening times and telephone access and monitor changes in relation to this.
- Address patient concerns relating to access to appointments and their preferred GP.
- Review QOF exception reporting and take action to ensure this is aligned to local and national reporting rates.
- Take action to improve the uptake of cervical screening and ensure the practice holds records relating to this.
- Take action to improve the seasonal flu vaccination rates for patients over 65 and those in clinical risk groups.

# Bognor Medical Centre

## 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 and a practice manager specialist adviser.

## Background to Bognor Medical Centre

Bognor Medical Centre provided general medical services to people living and working in Bognor.

The practice has four partner GPs (male and female). There are eight practice nurses, one of whom is an advanced nurse practitioner and another nurse prescriber. There are two healthcare assistants and a team of administration/reception staff. There are approximately 9050 registered patients.

The practice was open between 08.00am and 6.30pm Monday to Friday. Appointments were from 08.45am to 12.30pm every morning and 1.30pm to 6.00pm daily. Extended surgery hours were offered between 09.00am and 1.30pm on a Saturday morning for pre-bookable appointments. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, smoking cessation and weight management support.

Services are provided from:

Bognor Medical Centre

The Bognor Regis Health Centre,

Bognor Regis,

West Sussex

PO21 1UT

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider via NHS (111).

The practice population has a higher than average proportion of patients over the age of 65. They have a higher number of patients with a long standing health condition and those with health related problems in daily life. They have higher levels of employment and more patients claiming disability allowance. The practice have a high percentage of patients who are foreign nationals (24%).

## 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

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 11 February 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the practice manager and administrative staff and we spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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 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, we saw that an incident where a patient had been unwell in the waiting area leading to staff providing emergency support while waiting for an ambulance had been discussed as part of the practice significant event analysis systems.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice did not have an internal safeguarding register although we saw that they had a register of 'current issues' where safeguarding concerns were recorded and there was a system of alert flags on the electronic record system. Staff demonstrated they understood their

responsibilities and had clinical staff had received training relevant to their role. However not all administrative staff had attended safeguarding training. GPs and nurses were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check) or a risk assessment relating to the role. (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. However, the action plan we viewed did not have timely completion dates recorded.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

## Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

place for all the different staffing groups to ensure that enough staff were on duty, for example nursing staff worked a rota system to ensure adequate cover every day and would cover for each other when necessary.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, however not all partners and key staff had a copy of this off site.

# 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.5% of the total number of points available, with 19.3% exception reporting. Exception reporting was 10% above the national average and 5% above the CCG average. Practice staff told us this was due to a high population of patients (24%) from Eastern Europe who received certain aspects of their care and treatment in their home countries. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG (96.5%) and higher than national (89.2%) average at 96.5%.
- The percentage of patients with hypertension having regular blood pressure tests was somewhat worse compared to the CCG (89.5%) and national average (90.5%) at 80.3%.

- Performance for mental health related indicators was similar to the CCG (95.7%) and national (92.8) average at 100% (net of exceptions which was higher than average).

QOF indicators for cervical screening showed that the practice was performing below average. The practice had a system in place for following up patients who had not attended which included the nursing staff phoning them to discuss. The practice staff told us a number of women would go to their doctor in their home country for health screening. They told us they had discussed this issue as a practice and had considered asking patients to bring their results in so that the practice had a record of them.

Clinical audits demonstrated quality improvement.

- We viewed five clinical audits that had been completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored or where plans were in place to repeat the audit cycle in the next few months. However it was not evident that a programme of continuous clinical and internal audit was in place and was used to monitor quality and to make improvements.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the exploration of prescribing and care planning for patients with chronic obstructive pulmonary disease (COPD) with a view to identifying gaps and improving care.

### Effective staffing

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

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

# Are services effective?

## (for example, treatment is effective)

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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, not all staff had received safeguarding training.

### Coordinating patient care and information sharing

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

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

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

### 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and young people. Patients were then signposted to the relevant service.
- A dietician was available through referral and smoking cessation advice was available from a healthcare assistant.

The practice's uptake for the cervical screening programme was 80%, which was lower when compared to the CCG average of 98.8% and the national average of 97.6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. For example, the practice had a high Polish population so had accessed literature in Polish to give to patients. We saw that the practice had discussed the issues with low uptake of cervical screening and had identified a particular issue where Polish patients had been going home for screening and the practice did not have a record of results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 93% to 99% and five year olds from 84% to 91%.

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

Flu vaccination rates for the over 65s were 68.4% (73.24% nationally), and at risk groups 44% (52% nationally). These were also slightly lower when compared to 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 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 and we viewed a sign to this effect in the waiting area.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients we spoke with also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. However, the practice was somewhat below average for its satisfaction scores on consultations with GPs and nurses although overall the practice scored well in terms of the trust and confidence patients had in both GPs and nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 79% said the GP gave them enough time (CCG average 87%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)

- 98% said they had confidence and trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%)
- 77% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 81% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 83% said they found the receptionists at the practice helpful (CCG average 88%, national average 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 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 slightly lower than local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% , national average 82%)
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 92% , national average 92%)

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. We also saw that the practice had sourced a literature in different languages to meet the needs of the high Eastern European population.

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

## Are services caring?

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.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice is involved in the local proactive care project and other local primary and community care collaboratives.

- The practice offered pre-booked GP appointments on a Saturday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had translated a number of patient information leaflets to Eastern European languages in response to the large number of Eastern European patients registered at the practice.
- The practice provides support to a holiday village and a number of nursing and care homes in the area.

### Access to the service

The practice was open between 08.00am and 6.30pm Monday to Friday. Appointments were from 08.45am to 12.30pm every morning and 1.30pm to 6.00pm daily. Extended surgery hours were offered between 09.00am and 1.30pm on a Saturday morning for pre-bookable appointments. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 49% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 38% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

The practice was aware of the issues with patients concerns about accessing the service and had undertaken a number of initiatives to improve the situation. This included extending telephone lines, increasing the number of staff answering the phones during peak times and promoting the use of online services. They had also engaged with the local CCG and NHS England to address issues around GP coverage and staffing within the practice at a time when patient numbers were increasing.

People told us on the day of the inspection that getting appointments could sometimes be difficult. For example of the six patients we spoke to one told us they struggled to get pre-booked appointments in advance and one told us they rarely got to see the same GP. Three of the patients we spoke to told us they didn't have any difficulty getting appointments. All of the patients we spoke with told us they were able to get appointments on the day when they needed them.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system e.g. via a summary leaflet and information on the practice website.

We looked at eleven complaints received in the last 12 months and found that these were satisfactorily handled in a timely way and that all complaints were discussed within the partners meetings and with relevant staff so that lessons could be learnt and action was taken so as to improve the quality of care. For example, we saw that one

## Are services responsive to people's needs? (for example, to feedback?)

complaint included a patient's concern about the content of a letter received over a weekend. This complaint was discussed among staff with a view to being mindful of information sent out by letter and allowing patient's the opportunity to discuss concerns as a result.

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

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

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- The practice undertook regular clinical and internal audit and there was evidence of some quality monitoring, however it was not evident that a programme of continuous clinical and internal audit was in place and was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice was aware of feedback from patients, the public and staff and had taken action to respond to areas where improvements were needed, for example in relation to patient access to appointments. For example;

- The practice had undertaken annual patient surveys and had identified issues with patients getting through to the practice by phone and booking with the GP of their choice. The practice had responded to this by adding more staff to answer the phones during busy times and by raising awareness of online booking services.
- The practice tried to recruit to a virtual patient participation group (PPG) with limited success and only a few volunteers. They had not held any meetings at the time of our inspection although we saw that how to take the group forward and generate interest had informed

# Are services well-led?

Requires improvement 

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

discussions at practice meetings. It was unclear how the practice intended to ensure improvements in this area. The practice had acted on areas of low patient satisfaction in the past but had not continued to engage with patients and ask for their feedback.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

There was a strong 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. For example they were part of a 'test and learn' pilot within the CCG where they worked collaboratively with four other practices to share resources and work together.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:**

The provider had failed to 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.

This was in breach of regulation 17 (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**How the regulation was not being met:**

The provider had failed to ensure that persons employed by the service provider had received such appropriate training as is necessary to enable them to carry out the duties they are employed to perform.

This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.