

# Eldene 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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
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 follow up inspection at Eldene Surgery, Collingsmead, Swindon on 19th January 2016. We carried out this inspection to check that the practice was meeting the regulations and to consider whether sufficient improvements had been made. Our previous inspection in October 2014 found breaches in the regulations relating to the safe delivery of services. There were also concerns relating to the management and leadership of the practice affecting the safe and well led domains. At the inspection in January 2016 we found the previous breaches had been addressed however other areas of concern were found. Overall the practice is rated as requires improvement.

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

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations of verbal complaints were not thorough.
- 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 difficult to make an appointment with a named GP and patients had to walk to the surgery when they could not get through on the telephone.
- Urgent appointments were available on the day they were requested but patients were sometimes seen at a neighbouring medical practice with a different provider.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Risks to patients were assessed and managed, with the exception of those relating to the premises, specifically in the management of legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Establish and operate an effective system to assess, manage and mitigate the risks identified relating to legionella.
- Ensure the security of prescriptions within the premises
- Improve the system for patient access to appointments and services.

In addition the provider should:

- Review the processes for management of all complaints.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events
- There was not a robust system for monitoring and recording verbal complaints.
- Lessons from significant events were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- Although risks to patients were assessed, the systems and processes to address these risks were not adequately implemented to ensure patients were kept safe. For example, the risk assessment completed for legionella in 2013 had identified ten high risk and five medium risk actions to follow up and monitor and only one high risk action had been completed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice could not guarantee the security of the prescriptions within the practice.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



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

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We 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 requires improvement 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs but did not provide access except for emergencies at lunchtimes. Emergency help was available via the phone answering system during the lunchtime period. On the day of the inspection it was not clear that a patient who arrived at the door when the practice was closed could get the appropriate help.
- Feedback from patients reported that access to a named GP and continuity of care was not always available, although urgent appointments were available the same day they were not always at the practice and some patients were seen at a nearby alternative medical practice.
- The practice was equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from verbal complaints had been shared with staff.

**Requires improvement**



## Are services well-led?

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

- 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

**Good**



# Summary of findings

- The practice sought feedback from staff and patients, but did not record or demonstrate a system for learning from verbal complaints. The patient participation group was active.
- The practice had a practice charter and a strategy for the future. There was a leadership structure and most staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were not managed, for example legionella.
- All staff had received inductions and had received regular performance reviews or attended staff meetings and events. Although some administrative staff felt they could not always get the training and development they required.

# 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 good for being effective, caring and well led and requires improvement for providing a safe and responsive service. 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 had a carer's coordinator who helped identify carers, provided information about support services, and facilitated flexible appointments.

**Requires improvement**



### People with long term conditions

The provider was rated as good for being effective, caring and well led and requires improvement for providing a safe and responsive service. 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 percentage of patients with a chronic lung condition (COPD) who had their level of breathlessness reviewed in the last 12 months was 98% which is higher than the national average of 90%.
- The percentage of patients with diabetes whose blood sugar level test readings were in the target range in the last 12 months was 76% which was comparable to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the 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 good for being effective, caring and well led and requires improvement for providing a safe and responsive service. 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% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months which was comparable to the national average of 75%
- The percentage of women aged 25 to 64 who had their cervical screening test performed in the last five years was 83% and comparable to the national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had an arrangement with a local child health clinic to provide urgent phone advice and urgent appointments for young children, they would be seen at the surgery or a local urgent care centre.

Requires improvement



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

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

The needs of the working age population, those recently retired and students had been considered and the practice had adjusted the services it offered to ensure these were accessible for example online appointments were available, and on line repeat prescriptions.

- The practice offered online services as well as health promotion advice and screening that reflects the needs for this age group. For example smoking cessation and a range of health information topics were available on their website.
- The practice did not offer any extended hours appointments.

Requires improvement



## People whose circumstances may make them vulnerable

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

Requires improvement



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances and those with a learning disability.
- 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.

However we did not see policies or arrangements to allow people with no fixed address to register or be seen at the practice.

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

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

- The percentage of patients with serious mental health problems who had an agreed care plan in the last 12 months was 90% and comparable to the national average of 88%.
- The percentage of patients with a serious mental health problem who had their alcohol consumption recorded in the last 12 months was 98% which was better than the national average of 90%.
- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- 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, including counselling support held at the practice.
- 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.

Requires improvement



## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line or below local and national averages. Two hundred and seventy-eight survey forms were distributed and 116 were returned. This represented 1.5% of the patient population.

- 58% found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 74% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 85% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 82% and the national average of 85%.

- 78% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 74% 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 26 comment cards which were all positive about the standard of care received. Two cards expressed they were unhappy with access to appointments.

We spoke with six patients during the inspection. Five of the patients said they were happy with the care they received and thought staff were approachable, committed and caring. One patient was not happy with the care they had received. Three of the patients told us they had walked to the surgery to get an appointment as they could not get through on the phone. Five patients said they did not feel rushed during consultations and felt they were listened to by the nursing and GP staff.

## Areas for improvement

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

The areas where the provider must make improvements are:

- Establish and operate an effective system to assess, manage and mitigate the risks identified relating to legionella.
- Ensure the security of prescriptions within the premises

- Improve the system for patient access to appointments and services.

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

In addition the provider should:

- Review the processes for management of all complaints.

# Eldene 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 and a practice manager specialist adviser.

## Background to Eldene Surgery

Eldene Surgery is a semi-rural teaching practice providing primary care services to patients resident in Swindon and the surrounding villages Monday to Friday. The practice has a patient population of just over 7,800 patients of which approximately 24% are over 65 years of age.

The building was purpose built and opened six years ago. The clinical areas for the practice patients are all on the ground floor. The building is shared with an Ophthalmology clinic run by Great Western Hospital who have a separate receptionist. The waiting room is shared by the practice patients and the ophthalmology clinic patients.

The practice has two male and two female GP partners. The male GP partners work full time and the female GP partners part time. The partners are supported by one salaried GP and one GP trainee. The GPs are supported by three nurses, a practice manager, and ten reception/administration staff.

The practice is a teaching and training practice for GPs specialising in general practice and at the time of the inspection were supporting one GP trainee and two medical students. Each GP has a lead specialist role for the practice and nursing staff have specialist interests such as respiratory disease, diabetes and infection control.

The practice has a General Medical Services (GMS) contract for the provision of primary care services. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice was open between 8.30am and 12.30pm and from 2pm to 6pm Monday to Friday. Appointments were from 8.40am to 12.20pm every morning and 3pm to 5.20pm daily. No extended surgery hours were offered. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them, although these may be with a different local practice. Between 8am to 8.30am, 12.30pm to 2pm and 6pm to 6.30pm the practice was closed but offered an answerphone message which gave an emergency phone contact which was answered by the practice and directed to a GP.

The practice had introduced on line appointments and an online repeat prescription service.

The practice opted out of the out of hours (OOH) contract. When the practice is closed from 6:30pm to 8am and at weekends the OOH cover is provided by SEQOL.

## Why we carried out this inspection

We undertook an announced follow up inspection of Eldene surgery as part of our process of following up any practices that have been previously identified with areas of concern. Eldene surgery was previously inspected in October 2014 and found to be requiring improvement in the domains of safe and well led.

# Detailed findings

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 19th January 2016.

During our visit we:

- Spoke with a range of staff including five GPs, one nurse, eight administration and reception staff and 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

When we inspected the practice in October 2014 we found that some safety concerns were not consistently monitored and that recruitment procedures were not robust, for example, the practice did not check the professional registration status of staff. Although the practice was found to be visibly clean, the practice had not completed annual infection control audits in line with national guidance.

We found the practice did not follow national guidance with regards to the management of patient group directions and GP prescription pads. There were unlocked clinical rooms throughout the day and the practice could not ensure the safety and security of the prescription pads within the building. There was no formal system to review patient safety alerts. Health and safety risk assessments of the environment, such as the Control of Substances Hazardous to Health were not undertaken. The practice had not identified the risks associated with the storage and use of liquid nitrogen.

When we inspected in January 2016 we found:

### 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 for serious adverse incidents available on the practice's computer system.
- The practice carried out reviews of the significant events which were shared across the practice.

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.

### 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding children level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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. For example, the practice had introduced new chairs which could be cleaned in the clinical rooms, and equipment and room cleaning schedules.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe relating to obtaining, prescribing, recording, handling, and storage. However the clinical rooms were not always locked when not in use. This meant the practice could not ensure the security of the prescriptions within the clinical rooms.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice worked effectively with the pharmacist at the onsite chemist and also a CCG pharmacist to review best practice.

## Are services safe?

- Prescription pads were tracked through the practice and there were systems in place to monitor their use. However clinical rooms were not locked throughout the day which meant the practice could not ensure the safety and security of prescription pads.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation; these were checked and had been appropriately signed. This demonstrated that the practice had addressed the previously identified area that required improvement.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However we noted two staff did not have a contract. The practice has addressed the previously identified area that required improvement.
- 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.
- We noted that the risk assessment completed for legionella in 2013 had identified ten high risk and five medium risk actions to follow up and monitor. The practice had only addressed one of the ten high risk and none of the five medium risk elements from their 2013 risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had completed a further risk assessment the week before our inspection.
- Arrangements were in place for planning and monitoring the number of staff and skill mix required 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, however there were times the GPs and nursing team could not cover all the patient's needs. The practice had implemented steps to address this and had arranged local support from neighbouring practices for urgent GP appointments and nursing appointments, where patients were seen at a different surgery. The practice had been short of administration staff but had recently addressed this by successful recruitment.

### Monitoring risks to patients

Risks to patients were assessed but not always well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. 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. However we found that not all risk assessments had been completed. For example the practice had a notice to define who could use liquid nitrogen (a hazardous substance used in minor surgery procedures) and warn other staff not to use it and this information had been shared at a practice meeting but there was no comprehensive risk assessment in place.

### Arrangements to deal with emergencies and major incidents

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

- 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 the practice and all staff knew of their location. All medicines were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 9.5% exception reporting which was in line with the clinical commissioning group (CCG) average of 9.8% and the national average of 9.2% (from the Health and Social care information centre). (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 January 2016 showed;

- Performance for diabetes related indicators was comparable to the CCG and national average for example;
- The percentage of patients with diabetes and high blood pressure whose blood pressure was within the target range was 75% compared to the national average of 78%.
- The percentage of patients with diabetes who had their flu vaccination was 93% compared to the CCG average of 96% and the national average of 94%.

- The percentage of patients who had the appropriate foot examinations in the last 12 months (2014 to 2015) was 81% compared to the national average of 88%.
- Performance for mental health related indicators was better than the national average, for example;
- The percentage of patients with a serious mental health problem who had an agreed care plan in the last 12 months (2014 to 2015) was 90% compared to the national average of 88%.
- The percentage of patients with a serious mental health problem who had their alcohol consumption recorded in the last 12 months (2014 to 2015) was 98% compared to the national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, four were completed audits where the improvements identified had been implemented.
- Findings were used by the practice to improve services. For example, an audit into the use of inhaler medicine for patients with asthma had indicated a positive reduction in the amount of medicine needed which demonstrated improved management of their condition and was of benefit to those patients. This audit had been completed in conjunction with the CCG pharmacist who confirmed the indicated improvement.

Information about patients' outcomes was used to make improvements, for example following an incident a GP had completed an audit looking at the dosage of paracetamol in relation to weight in young teenagers, this had led to six patients having medicines adjusted and a change in the practice procedures to ensure weight was measured before prescribing medicines in this patient group.

### 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

# Are services effective?

## (for example, treatment is effective)

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. However some of the administration staff felt they could not always get the training and development they requested. The clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included clinical team meetings and appraisals. The nursing team had a lead GP for clinical supervision and support. The GPs had facilitation and support for revalidation. 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. This demonstrated that the practice had addressed the previously identified area that required improvement.

### 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. Hospital discharge information was reviewed daily to identify patients that

may need to be followed up. 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. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the practice and a local support group.

The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 73% and the national average of 74%. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 100% compared to CCG range of 81% to 100%, and five year olds from 96% to 99% compared to the CCG range of 91% to 98%.

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

Flu vaccination rates for patients with diabetes were 93% compared to the CCG average of 96% and the national average of 94%, and for patients with a chronic lung condition were 100% compared to the CCG and national average of 97% (data from the Health and Social Care Information Centre).

Patients had access to appropriate health assessments and checks for patients with long term conditions and learning

difficulties. The practice did not routinely offer health checks for new patients and NHS health checks for people aged 40–74 but advised they would undertake these if requested by patients. 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.

Of the 26 patient Care Quality Commission comment cards we received 25 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. Two cards expressed dissatisfaction with access to appointments.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However the PPG told us patients could not always get through to the surgery by telephone or get appointments easily. 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 above average for its satisfaction scores on consultations with GPs. For example:

- 90% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

86% said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

- 86% said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 80% said the nurse treated them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 98% said they had confidence and trust in the last nurse they spoke to compared to the CCG and national average of 97%.

### 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. Four of the six patients we spoke to on the day supported these views. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed varied results relating to questions about their involvement in planning and making decisions about their care and treatment. Results were mixed when compared with local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 76% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

## Are services caring?

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

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

The practice had only identified 0.5% of the practice list as carers. The practice had a carers coordinator who identified

and flagged carers, and the cared for on the computer system. This meant these patients were offered flexible appointments and followed up with flu vaccinations. These patients were signposted to a local resource centre which offered care support for a wide range of ages and support groups. Written information was also available to direct carers to the various avenues of support available to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The GPs 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 had taken on extra patients when local practices had closed, and had adjusted their own boundary to concentrate their resources on their current practice population. The practice was in discussions with NHS England and had recently closed their list to new patients to manage demand. The list had reopened the week before our visit.

The practice had taken on a software system to improve the monitoring and reviewing of patient conditions.

- The practice did not offer any extended hours appointments.
- 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. The practice had links with local providers to support this, which meant patients were sometimes seen at a different medical centre. The practice had access to an advice service, from another provider, for young children so parents could get urgent advice if their appointment was not until later in the day.
- Patients were able to receive travel vaccinations available on the NHS, those only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.
- The practice has also adjusted their resources to increase the amount of sessions for blood tests.

### Access to the service

The practice was open between 8.30am and 12.30pm and from 2pm to 6pm Monday to Friday. Appointments were from 8.40am to 12.20pm every morning and 3pm to 5.20pm daily. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them, although these may be with a different local practice.

Between 8am to 8.30am, 12.30pm to 2pm and 6pm to 6.30pm the practice was not open but offered an answerphone message which gave an emergency phone contact which was then answered by the practice and directed to a GP. Emergency help was available via the phone answering system during the lunchtime period. On the day of the inspection it was not clear that a patient who arrived at the door when the practice was closed could get the appropriate help.

The practice had opted out of the out of hours (OOH) contract, between 6:30pm and 8am overnight and at weekends the OOH cover was provided by SEQOL a social enterprise company.

The practice had introduced on line appointment booking system and an online repeat prescription service.

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

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 58% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 49% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 58% and the national average of 59%.

Except for access by phone to speak to someone, which was in line with the local and national average.

- 82% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.

The practice have taken on board the national patient survey and have taken a number of actions to improve their response in these areas. Additional staff have been recruited by the practice so that patients will have easier telephone access and they will continue to review the impact.

Patients' told us on the day of the inspection that they were able to get urgent appointments when they needed them. However three of the six patients we spoke to said they had walked to the surgery to get an appointment as they could not get through on the phone.

# Are services responsive to people's needs?

(for example, to feedback?)

## 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. However the practice did not record verbal complaints and had an ethos to manage these at the time where possible. This meant there was no record of verbal complaints to monitor any themes or areas for learning.
- There was a designated responsible person who handled all complaints in the practice; however the practice had just taken on a new administrator to take over as the complaints lead.

- We saw that information was available to help patients understand the complaints system for example information on the website and in the waiting room.
- We noted mixed reviews on the NHS choices website, and no comments from the practice in response.

We looked at three complaints received in the last 12 months and found these were dealt with in a timely way. However the practice was only responding to written complaints and the practice was unable to provide evidence of any system in place to review the complaints for any themes or areas for learning. The system of only investigating written complaints does not address the possibility that patients can feel unable to formalise a complaint.

# 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 practice charter to treat patients as individuals with appropriate courtesy and respect. To ensure patients are seen in an emergency and by suitably qualified staff on the same day. To provide information about their services and patients health and care and promote high quality care and outcomes for patients.

Not all staff were aware of this as a mission or vision; however staff were clear they wanted to deliver good quality care to patients.

- The practice had discussed the future strategy and business plans in relation to recruitment of GPs and managing future demand but we could not see evidence of a structured plan which addressed the increasing demand on services and how to manage long term succession planning especially relating to medical personnel.

### Governance arrangements

The previous inspection in October 2014 noted that management did not always lead through learning and development. For example, audit cycles were not completed, access to staff policies and procedures was not well communicated, or policies and procedures were not up to date. The appraisal process did not provide opportunities for staff development.

On the inspection on 19th January 2016 we found:

The practice had a 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 staffing structure in place, although new administration roles had recently changed, staff were aware of their own roles and responsibilities and new staff told us they knew how to get help from their administration colleagues.
- Practice specific policies were implemented and were available to all staff on the shared computer system
- A comprehensive understanding of the performance of the practice was maintained.

- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements by the clinical team.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however these were not all well managed. For example the risks relating to legionella.

### Leadership and culture

There was a leadership structure which had named members of staff in lead roles. For example there was a nurse with lead responsibilities for infection control and one GP had lead responsibilities for safeguarding. Staff we spoke with were clear about their own roles and responsibilities.

- Staff told us the practice held regular team meetings.
- The clinical staff had a culture for open communication and were involved in discussions about how to run and develop the practice. However, not all identified opportunities to improve the service had been able to be implemented, which in the example we saw was due to staff shortages. The practice was aware of this and was actively taking steps to improve in this area.

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 or written apology.
- They kept written records of written correspondence, but did not have a system in place to record or learn from verbal complaints.

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

The practice encouraged feedback from patients through the patient participation group (PPG), the public and staff.

- The practice had gathered feedback from patients through the PPG and through surveys and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the

# Are services well-led?

Good 

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

practice management team. For example, the PPG had run two events in the last year to support the local community and provide education and social support. One event focussed on diabetes and one event on dementia which the PPG

## Continuous improvement

The partners were forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the GPs had joined the clinical commissioning group pilot scheme for pharmacist support. The GPs supported GP trainees and medical students. The GPs had an interest in research and had completed research projects.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Providers must make sure they meet the requirements of the relevant legislation to ensure the safe management of medicines, and that the provider is doing all that is reasonably practicable to mitigate risks to the health and safety of service users receiving care or treatment.</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users in relation to the management of prescription security and legionella.</p> <p>This was in breach of Regulation 12(2)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>