

# The New Dispensary

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The New Dispensary on 11 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events. Learning was shared with staff and external stakeholders where appropriate.
- Some risks to patients were assessed and well managed but the system for ensuring patients prescribed high risk medicines received monitoring before re-prescribing needed strengthening.
- Outcomes for patients were generally above local and national averages.
- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.

- The practice was consistently above the local and national average for QOF performance.
- Patients said they were treated with compassion and dignity, and staff were supportive and respectful in providing care, involving them in care and decisions about their treatment.
- The practice had conducted an annual review of deaths for the past three years with the aim of making improvements to the future care of patients and in the manner the patient wished throughout their palliative care.
- Patients told us they were generally able to get an appointment with a GP when they needed one, with urgent appointments available on the same day.
- The practice scheduled regular appointments for patients with mental health needs and dementia to ensure proactive care and this was reflected in the high QOF performance.

# Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns and learning from complaints was shared with staff and stakeholders.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Services were designed to meet the needs of patients.

- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

And an area the practice must improve:

- The practice must implement effective systems and processes to ensure patients being prescribed high risk medications receive monitoring in line with guidance.

**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.

- A search of the computer system using internal audit software showed that not all patients prescribed high risk medicines were being monitored in line with best practice guidelines, despite the practice having conducted audits to monitor the treatment of these patients.
- There were effective systems in place to ensure significant events were reported and recorded.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Lessons were shared internally, and externally at a local practice group, when appropriate to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.

Appropriate recruitment checks had been carried out on recently recruited staff.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages. The most recently published results showed the practice had achieved 98.1% of the total number of points available. This was 0.8% below the clinical commissioning group (CCG) average and 2.8% above the national average.
- The practice was proactive in recalling patients and had low exception rates across all indicators. For example the average exception rate was 5% which was 3% below the clinical commissioning group average and 4.8% below the national average.
- The practice prioritised the care of palliative care patients by ensuring that end of life care and recent deaths were at the forefront of staff minds. They used a white board, in a secure

Good



# Summary of findings

area of the practice, conveying up to date information to clinicians in an anonymised format. This included patients' current and future expected health needs to ensure resources were available when required.

- An audit of deaths had been completed annually for the past three years, to ensure the practice could highlight areas such as place of death to ensure patient's wishes were honoured wherever possible. The audits showed year on year improvement in patients dying in their preferred place.
- There was an ongoing programme of clinical audit within the practice. The audits undertaken demonstrated improvements in quality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Results from the national GP patient survey showed there were a number of areas where patients rated the practice higher than others locally and nationally. For example, 91% of patients said that the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- Information for patients about the services available was comprehensive, easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients told us urgent appointments were generally available the same day with the GP and that reception staff were accommodating to patients' needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs which included wheelchair access to all areas with a lowered reception area and lift to first floor and disabled parking.
- Patients could book some appointments and order repeat prescriptions online.

Good



# Summary of findings

- 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.
- The practice had organised extended hours based on patient feedback every Saturday morning for pre bookable appointments.
- Services were hosted within the practice to help meet the needs of patients including smoking cessation.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a wide range of policies and procedures to govern activity and held regular partnership/business meetings to ensure oversight and governance was effective within the practice.
- 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 through quarterly meetings led by the quality lead. Most risks had been identified, assessed and managed, however audits of high risk medicines were not effective.
- The practice had an organised, well led and structured patient participation group (PPG) which was constantly striving to ensure its membership reflected the practice population. They had sought feedback which the practice had acted on and showed great potential with future plans and engagement with patient groups such as dementia days and fairs.
- There was a long term approach to improving care provided to patients by partaking in research projects. These included research into the most effective time to take medicines and a falls prevention project through exercise.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- Care plans were shared with out of hours services and emergency services to ensure care was in line with patients' wishes and to assist in clinical decision making when the practice was closed.
- There was an 'over 90's' register to allow for regular review of care and treatment plans.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs which included nurse appointments and flu vaccines.
- A designated GP conducted telephone rounds to local care homes to allow for regular monitoring of patients.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages.

Good



### People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 92.3% which was 4.8% below the CCG average and 2.4% above the national average. The exception reporting rate for diabetes indicators was 4.6% which was below the CCG average of 10.2% and the national average of 11.6%.
- Regular medicines and pharmacy reviews were completed.
- Longer appointments and home visits were available when needed which included flu vaccines and reviews.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. Regular multidisciplinary meetings were hosted by the practice and a nurse acted as a care coordinator to ensure continuity of care for patients.

Good



# Summary of findings

## Families, children and young people

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

- Systems were in place to identify children at risk. The practice had a child safeguarding lead and staff were aware of who they were.
- There were dedicated child flu vaccine clinics organised around school hours for patient convenience.
- Immunisation rates were higher than local averaged for all standard childhood immunisations and the practice worked with health visitors to follow up children who did not attend for immunisations.
- There were child changing facilities and a room was available for breast feeding if required.
- The practice offered a full range of contraception services including coil fitting and implants.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Urgent appointments were available on a daily basis to accommodate children who were unwell.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments could be made and cancelled on line as well as management of repeat prescriptions.
- The practice offered a Saturday morning clinic for those who were unable to attend in the week.
- The practice released health information through social media and encouraged exercise through a staff and patients group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and for those who required it.

Good





# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Regular multidisciplinary meetings were hosted by the practice. In addition the practice held regular gold standard framework meetings to discuss patients on their palliative care register.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and had undergone prevent training. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- Performance for mental health related indicators was 100% which was 1.8% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 3.5% which was below the CCG average of 9.3% and the national average of 11.3%.
- The number of patients with a diagnosis of dementia who had their care reviewed in a face-to-face review in the last 12 months was 100% which was 13.4% above the local average and 16.2% above the national average. This was achieved with an exception reporting rate of 2.9%, 2.7% lower than the CCG average and 3.9% below the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia and some patients had weekly or monthly reviews timetabled.

Good



# Summary of findings

## What people who use the service say

We reviewed the results of the national GP patient survey published in July 2016. The results showed the practice was generally performing in line with local and national averages. A total of 241 survey forms were distributed and 119 were returned. This represented a response rate of 49%.

Results showed:

- 70% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 81% and the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 91% and the national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to CCG average of 90% and the national average of 85%.

- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% 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 34 completed comment cards which were all positive about the standard of care received. Patients highlighted the professional and helpful staff and said that they were always helpful and polite in meeting their needs

We spoke with five patients (in addition to two members of the patient participation group) during the inspection. Patients we spoke with told us that they were generally able to get an appointment and thought staff were friendly, committed and caring.

# The New Dispensary

## 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 advisor and a GP regional advisor.

### Background to The New Dispensary

The New Dispensary moved into a purpose built building in 2008 which offers a good level of access to both floors via a lift as well as offering disabled parking, a lowered desk and toilet facilities.

The practice provides care to a current list size of 6911 patients through a general medical services (GMS) contract. The surgery is in an area of low deprivation with levels of deprivation affecting children and older people significantly below the national average but in line with the CCG area.

The clinical team comprises of:

- Two male and two female GP partners.
- Two practice nurses, and a health care assistant (HCA)
- As a training and teaching practice there were also two speciality trainee (ST3) doctors and a foundation year two (FY2) doctor at the time of the inspection.

The clinical team is supported by a practice manager, and a team of secretarial, reception and administrative staff.

The main surgery was open from 8.30am to 6.30pm Monday to Friday although the telephone system opens at 8am. Consulting times are from 8.40am to 12.30am each

morning and 3.30pm to 5.30pm each afternoon. For patients who find it difficult to attend during normal working hours the practice offers booked appointments on Saturday mornings between 8am and 11.30am.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by South Warwickshire CCG and is accessed via 111.

### Why we carried out this inspection

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

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 January 2017. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and a range of reception and administrative 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.

# Detailed findings

- 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

The practice had systems and processes in place to enable staff to report and record incidents and significant events.

- Staff informed their manager or one of the partners of any incidents and completed a form detailing the events. Copies of the forms were available on the practice's computer system. Reported events and incidents were logged and tracked until the incident was closed. The incident recording system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- When things went wrong with care and treatment, patients were informed of what had happened and offered support, information and apologies. Affected patients were also told about actions taken to improve processes to prevent the same thing happening again.
- Incidents and significant events were discussed on a regular basis and learning was disseminated across different staffing groups. A lead GP attended a local practice group which had been set up to increase communication within the area and significant events were reviewed and learning shared at these meetings.

We reviewed 11 safety records, incident reports, safety alerts reported in the previous 12 months and minutes of meetings where these were discussed, this included complaints which had been reviewed as significant events where appropriate. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example the practice reviewed procedures when a security door lock had failed and put measures in place to reduce the likelihood of failure in the future.

### Overview of safety systems and processes

Systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. These included:

- Effective arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Policies were accessible to all staff and identified who staff should contact if they were concerned about a

patient's welfare. There was a lead GP for child and adult safeguarding and staff were aware of who they were. There was evidence of regular liaison through monthly meetings with the safeguarding administrative lead and community based staff including school nurses and health visitors to discuss children at risk.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to safeguarding level three. Lead staff were committed to ensuring their knowledge was up to date and training was well monitored to ensure adequate hours and styles of learning had been achieved.
- Patients were advised through notices in the waiting area and the clinical rooms that they could request a chaperone if required. Nursing and some reception staff acted as chaperones. All staff who acted as chaperones had been provided with face to face training for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- During our inspection we observed the practice to be clean and tidy and this aligned with the views of patients. A practice nurse was the lead for infection control within the practice. There were mechanisms in place to maintain high standards of cleanliness and hygiene. The practice had effective communication with the cleaning staff who were contracted to clean the practice. Effective cleaning schedules were in place which detailed cleaning to be undertaken daily and weekly for all areas of the practice. There were infection control protocols and policies in place and staff had received up to date training. Infection control audits were undertaken on a regular basis and improvements were made where required.
- Action was taken when updates to medicines were recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA) and patients were recalled to review their medicines when appropriate.
- There were management and procedures for ensuring vaccination and emergency medicines were in date and stored appropriately. The practice carried out regular medicines audits.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use,

## Are services safe?

however we found that prescriptions for controlled drugs were not tracked effectively. A controlled drug is a medicine controlled under the Misuse of Drugs legislation. The practice put a system in place to allow for effective monitoring of controlled drugs following our visit.

- Processes were in place for handling repeat prescriptions but the systems for ensuring patients prescribed high risk medicines received monitoring in line with best practice guidelines needed strengthening.
- The practice used QOF recall and prescription setting to oversee the safe monitoring and prescribing of high risk medicines which require regular monitoring. The practice was also able to demonstrate they had completed audits of these medicines. However, a search of the computer system using internal audit software demonstrated that not all patients were being monitored according to guidelines. For example we found that 37 patients on ACE inhibitors (ACE inhibitors are medicines used to treat high blood pressure.) (7% of patients on this medicine) had not had the required blood test within 12 months, and in one case the patient had not received any monitoring for 19 months. There were smaller numbers of affected patients on other high risk medicines where it was not clear that the provider had checked external results for blood tests before re-prescribing. However we found several cases of medicines being prescribed in two month supplies rather than the recommended monthly prescription.
- Following the inspection the practice provided evidence that they had recalled affected patients and taken steps to work to best practice.
- We reviewed three personnel files for clinical and non-clinical staff 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.

### Monitoring risks to patients

- There were procedures in place to manage and monitor risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire alarm checks. 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 other risk assessments in place to monitor safety of the premises such as legionella.
- Arrangements were in place to plan and monitor staffing levels and the mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There were effective arrangements in place to ensure there was adequate GP and nursing cover.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation rooms and treatment rooms had additional alarm buttons for ease of access which alerted staff to any emergency.
- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's pads. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff and all staff knew of their location. All the medicines we checked were in date.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. Copies were held within the practice and also kept off site by key members of staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were discussed in clinical meetings and through educational sessions. Copies were also made available through the computer system to ensure part time staff, or those on leave when an update was initially distributed, were kept up to date.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.

### 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 recently published results showed the practice had achieved 98.1% of the total number of points available. This was 0.8% below the clinical commissioning group (CCG) average and 2.8% above the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 92.3% which was 4.8% below the CCG average and 2.4% above the national average. The exception reporting rate for diabetes indicators was 4.6% which was below the CCG average of 10.2% and the national average of 11.6%.
- Performance for indicators related to hypertension was 100% which was 0.5% above the CCG average and 2.7% above the national average. The exception reporting rate for hypertension related indicators was 1.3% which was below the CCG average of 2.6% and the national averages of 3.9%.
- Performance for mental health related indicators was 100% which was 1.8% above the CCG average and 7.2%

above the national average. The exception reporting rate for mental health related indicators was 3.5% which was below the CCG average of 9.3% and the national average of 11.3%.

- The number of patients with a diagnosis of dementia who had their care reviewed in a face-to-face review in the last 12 months was 100% which was 13.4% above the local average and 16.2% below the national average. This was achieved with an exception reporting rate of 2.9%, 2.7% lower than the CCG average and 3.9% below the national average.
- Performance for asthma related indicators was 100%, which was 0.2% above the CCG average and 2.6% above the national average. This was achieved with an exception reporting rate of 1.5% which was below the CCG average of 3.9% and the national average of 7.0%.

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. During the inspection we looked at the rate of exception reporting and found it to be in line with agreed guidance.

Arrangements were in place to ensure patients were recalled for reviews of their long term conditions and medication. Patients were recalled at least three times for their reviews using a variety of contact methods including letters, telephone calls and text messages. The variety of contact methods reduced the risk of patients not receiving a reminder.

There was evidence of quality improvement including clinical audit.

- There had been 14 audits undertaken in the preceding 12 months and six were completed audits with more than one cycle. These covered areas relevant to the practice's needs and areas for development.
- We reviewed clinical audits where the improvements made had been implemented and monitored. For example the practice had undertaken an audit of patients referred for surgery with a blood pressure recorded in notes in the preceding year. Actions were put in place following the initial audit including amending the referral template and the repeated audits showed increasing numbers of blood pressure recorded.

# Are services effective?

## (for example, treatment is effective)

- Regular medicines audits were undertaken when updates were received to ensure all changes to medicines were actioned and patients recalled when appropriate.

### Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for newly appointed clinical and non-clinical staff. These covered areas such health and safety, IT, fire safety, infection control and confidentiality. Staff were well supported during their induction and probation periods with opportunities to shadow colleagues and regular reviews with their line manager.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff were encouraged and supported to develop in their roles to support the practice and to meet the needs of their patients. Staff were also supported to undertake training to broaden the scope of their roles.
- All GPs had specialist interest and were actively involved in educational training, for example minor surgery, sports injuries, female health and skin conditions. Staff knew who to refer patients to or consult for advice on relevant conditions as required.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety, and information governance. Staff had access to and made use of e-learning training modules and in-house training, however when a subject could be

taught as a team the opportunity would be taken for a team based approach and an external trainer would attend to teach the subject such as CPR and fire training.

### Coordinating patient care and information sharing

Information needed to plan and deliver care was available to staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice had undertaken annual death audits for the previous three years. This assessed end of life care in line with the gold standards framework (GSF). Year on year comparison showed an increasing number of patients registered on the GSF register and a declining number of patients who die in hospital. The practice had achieved this through:

- Formalised use of GSF meetings and register
- The creation of templates and carer support pathways
- Death notification processes to allow the prediction of deaths and achieve preferred priorities of care.

The practice prioritised the care of palliative patients by ensuring the end of life care and recent deaths were at the forefront of staffs mind. The practice used a white board, in a secure area. This provided up to date information to clinicians in an anonymised format. It indicated the patients' current and future expected health needs to ensure resources were available when required. A GP led in the oversight of the palliative and GSF registers and all patients had a named and accountable GP to provide care and support.

A specific computerised medicines template for patients receiving palliative care had been created to ensure a consistent and structured approach to care and treatment.

There was a strong emphasis on multidisciplinary working within the practice. GSF meetings with other health and social care professionals held every month. These included palliative care leads and community teams. In addition to other meetings such as safeguarding children and adult meetings.

### Consent to care and treatment



# Are services effective?

(for example, treatment is effective)

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 their capacity to consent in line with relevant guidance.
- Where a patient's capacity to consent to care or treatment was unclear clinical staff undertook assessments of mental capacity.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 83.3%, which was in line with the CCG average of 83% and above the national average of 81.4%. Reminders were offered for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates were comparable to local and national averages. For example, the practice uptake rate for breast cancer screening was 75% compared with the CCG average of 76% and the national average of 72%.
- Childhood immunisation rates for the vaccines given were above CCG averages. For example, childhood immunisation rates (2015/16) for the vaccines given up to the age of two years of age the average was 97.1%, which was above the 90% standard. For the measles, mumps and rubella (MMR) vaccine, given up to the age of five, the average was 98.6% which was above the CCG average of 97.6%.
- The GP trainees had been to the local school to deliver education on sexually transmitted infections and contraception.
- All GPs developed and took part in an 'exercise for health' scheme to inspire and active lifestyle from which a combination of staff and patients had completed a range of local half marathons and runs.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed during the inspection that members of staff were polite, friendly and helpful towards patients.

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception layout was optimised to ensure confidentiality to those patients at the reception desk, in addition to which, reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room next to reception to discuss their needs.

We received 34 completed comments cards as part of our inspection. All of the comment cards were positive about the service provided by the practice. Patients said that staff were reassuring, understanding and helpful. Patients also said they felt listened to by supportive staff and treated with dignity and respect.

We spoke with five patients in addition to two members of the patient participation group (PPG). They told us they were happy with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was consistently above average for its satisfaction scores on consultations with GPs. For example:

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.

The practice was also above local and national averages for its satisfaction scores on consultations with nurses. For example:

- 97% of patients said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

However satisfaction scores for interactions with reception staff were below local and national averages:

- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to, were made to feel at ease and well supported by all staff, who would do their best to accommodate their needs and were down to earth in their approach. They also told us they were given time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw evidence that care plans were personalised to account of the individual needs and wishes of patients.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.

## Are services caring?

- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Although patients within the practice population spoke English in a majority of cases, the practice used translation services to ensure effective communication with other patients when required and preferred to have a pre booked interpreter on site to assist in communication where possible.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient had caring responsibilities. The practice had identified 79 patients as carers which was equivalent to 1.2% of the practice list. The practice had information displayed in the waiting area and on the practice website to inform carers about the support that was available to them and to encourage them to identify themselves to practice staff; newly identified carers received a support pack containing information on how to access local services.

Staff told us that if families or carers had experienced bereavement, they were contacted by the practice by a telephone call or a visit if appropriate. Information about support available to patients who had experienced bereavement was provided where required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was working as part of a local federation to ensure efficiencies in staffing and administration and as a forum for ideas.

In addition:

- Telephone appointments were available if appropriate to meet the needs of the patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included flu vaccines and the annual reviews for patients with long term conditions.
- Extended hours appointments were available on a Saturday morning as this was when patients had said they would be most convenient.
- Appointments could be made and cancelled on line as well as management of repeat prescriptions and patients could view their own record.
- Antenatal clinics were available on site two sessions per week
- The practice became a designated 'safe place' in 2014 and any vulnerable adult or child could use the facility and staff would then make contact with family or carers if appropriate.
- The practice was a 'Dementia Friendly Aware Practice' and staff attended additional training to increase awareness.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice used text messaging to remind patients of appointments for consultations as well as flu vaccinations and clinics. Online communication was utilised through social networks and the practice website in addition to a quarterly newsletter.
- A practice nurse carried out health checks and operates as a care coordinator to ensure continuity of care to patients.

- Staff had a good understanding of how to support patients with mental health needs and dementia and some patients had weekly or monthly reviews timetabled.
- The practice reviewed and responded to comments made on the NHS Choices website.
- There were practice hosted clinics available for patients such as smoking cessation, phlebotomy and minor surgery.
- There were facilities for patients with a disability including dedicated parking, accessible toilets and a lowered reception desk. Corridors and doors were accessible to patients using wheelchairs.

### Access to the service

The main surgery was open from 8.30am to 6.30pm Monday to Friday although the telephone system opened at 8am.. Consulting times were from 8.40am to 12.30am each morning and 3.30pm to 5.30pm each afternoon. For patients who find it difficult to attend during normal working hours the practice offers booked appointments on Saturday mornings between 8am and 11.30am.

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

- 75% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 77% and the national average of 76%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

The comment cards we received and the patients told us the levels of satisfaction with access to the practice were good. Patients told us they were generally able to get appointments when they required them and that urgent appointments were always available if needed. Appointments could be booked online and up to six weeks in advance if required. A review of the appointments system demonstrated that GP or nurse appointments were available for booking in seven days' time in addition to the ones that would be released in the following morning. Routine pre-bookable appointments were available four to six weeks in advance. Telephone and home visit appointments were also available.

There were effective arrangements in place to monitor patient access to appointments. Reviews of the

# Are services responsive to people's needs?

(for example, to feedback?)

appointments system were conducted and capacity altered to meet demand. The appointment system was designed to enable the practice to plan for and cope with demands caused by summer and winter pressures.

## Listening and learning from concerns and complaints

The practice systems in place to handle 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 including posters.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to practice manager if required.

The practice had logged two complaints in the last 12 months. We reviewed these complaints, the practice provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified as a result of the complaint. The practice met with complainants and included the relevant lead to assist the complaints lead where this was required to resolve complaints.

Meetings were held regularly to review complaints and an annual review of all complaints received was undertaken. This enabled the practice to identify any themes or trends and all relevant staff were encouraged to attend. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care staff were informed of outcomes.

# 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 vision which was:
  - To constantly improve the health and wellbeing of patients by working together for them to live longer, healthier lives.
- Practice values included:
  - To respect, listen and to learn
  - To foster a culture of learning, professional development, risk awareness, involvement, togetherness and purpose.
  - To be fair, open and transparent
- The service had defined aims and objectives to support their registration with the Care Quality Commission.
- Staff were engaged with the aims and values of the practice to deliver high quality, accessible patient care.
- The partners and management team met every fortnight to discuss key business issues and the long term strategy of the practice. Succession planning had been implemented the practice manager was to retire in 18 months and options were being considered to ease the transition.

### 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. Clinical and non-clinical staff had lead roles in a range of areas such as diabetes, prescribing, human resources and recalls.
- Practice specific policies were implemented and were available to all staff. Policies were available electronically or as hard copies and staff knew how to access these.
- A comprehensive understanding of the performance of the practice was maintained. Partners attended quarterly 'buddy group' meetings to discuss practice performance with peers and allow for comparison with the opportunity to learn from colleagues. Areas covered included referrals, emergency department attendances, chronic diseases and flu uptake.

- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place to identify record and manage risks within the practice and in most cases this enabled the practice to mitigate risks.
- Management/partnership meetings were held every fortnight within the practice. This ensured that partners retained oversight of governance arrangements within the practice and achieved a balance between the clinical and business aspects involved with running the practice.

### Leadership openness and transparency

The partners and management within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical and non-clinical staff had a wide range of skills and experience. Staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management were approachable and always took the time to listen to all members of staff.

- Regular meetings were held within the practice for all staffing groups. In addition to the partnership/management meetings, there was a rolling programme of meetings including clinical meetings and wider staff meetings which involved all staff.
- As a training practice the induction was tailored to allow trainees time with every member of staff to gain an understanding of how their role, including a tutorial on finance from the practice manager to understand funding in primary care. We saw positive feedback from students and doctors about their time at the practice.
- A GP partner established and runs a monthly series of educational meetings for local young GPs to provide networking opportunities and topical education led by local consultants.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and management within the practice. Staff felt involved in discussions about how to run and develop the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

# Are services well-led?

Good 

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

requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and apologies where appropriate.
- The practice kept records of verbal interactions as well as written correspondence.

## **Practice seeks and acts on feedback from its patients, the public and staff**

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and compliments, concerns and complaints received which were discussed regularly with the PPG.
- The practice took part in a local Health watch visit as a means of external review and the opportunity was taken to promote Health watch with members of the PPG featured in a video to improve awareness.
- The PPG was well organised and structured. In existence for four years it was initially developed following a joint away day with the practice. There was oversight through minutes and governance and the group was constantly striving to have a membership reflective of its population. This had been accomplished by engaging with a young mothers group, a local school and a nursing home to good effect. We saw evidence that they

had led on improvements to the reception area, access and developing a social media network. The practice also supported the PPG in producing a quarterly newsletter.

There was a strong outlook on future potential for the group and they had a 'community orientated approach' to development, best represented by the inclusion of 19 members of the public in the annual CPR training following mandatory staff training. There was strong leadership and the group engaged with external organisations to increase awareness of PPGs for example: a Health watch visit in 2015, as well as writing an article on PPGs in general practice for the Journal of General Practice.

Meetings were held quarterly with email and social media communication in the interim periods to keep the group up to date and aware of change.

- The practice had gathered feedback from staff through meetings, appraisals, staff surveys, a staff suggestion box and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## **Management lead through learning and improvement**

- There was a long term approach to improving care provided to patients by partaking in research projects. These included research into the most effective time to take medicines and a falls prevention project through exercise.
- The practice was working with two other practices and a local charity to improve care provided to patients in residential homes or housebound patients by providing dedicated visiting service conducted by two advanced nurse practitioner at vulnerable times in their care such as following discharge. This was due to start in April 2017.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

| Regulated activity  | Regulation   |
|---|--|
| Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>Regulation 12 HSCA (RA) Regulations 2014<br>Safe care and treatment.<br><br>We found that the provider did not have effective systems and processes in place to ensure patients being prescribed high risk medicines received prescriptions and monitoring in line with best practice<br><br>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |