

# Dr R Baghdjian & Dr Marcus Jacobs Surgery

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr R Baghdjian and Dr Marcus Jacobs Surgery on 6 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 and an effective system in place for reporting and recording significant events.
- Risks to patients were mostly assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. In most cases staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients were highly positive about their experiences at the practice. They 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

# Summary of findings

- The practice offered an extended hours clinic on a Sunday for those patients who could not attend during normal working hours. This, along with the way the practice had designed its appointment system assured us that any patient requesting an appointment the same day would have access to one.

The areas where the provider should make improvement are:

- Action plans should be documented following infection prevention and control audits and include details of action taken as a result of audit findings.
- The planned training for staff should be completed, for example training around ECG tests for the health care assistant and vaccination update training for nurse practitioner.

- The newly updated scanning and read coding protocol should be embedded into practice and an audit process initiated to ensure clinicians have sight of all necessary correspondence.
- The content of policies and procedures should be updated routinely to reflect current guidance and legislation.
- The prescription logging system should be extended to ensure the location of all blank scrips is recorded.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. Staff demonstrated awareness of changes to protocols as a result of significant events.
- When things went wrong patients received support, truthful information, and an appropriate apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were mostly assessed and well managed. While there were some gaps around the completion of workplace safety risk assessments, the practice confirmed immediately after the inspection that these were being undertaken.
- We noted the most recent infection control audit that had been completed did not document any actions taken to address issues identified.
- While there was a system in place to log blank hand written prescription pads, it was not comprehensive enough to account for the scripts stored in the nurse practitioner's consultation room.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However we did note that in some cases formalised role specific training or update training had not been undertaken. The practice assured us this was being addressed.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- We identified risks in the practice's process of managing incoming mail. The practice acted immediately to formalise its processes through the implementation of a revised protocol although the introduction of an associated audit process would provide a further safeguard and assurance of compliance with the protocol.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients told us they were consistently highly satisfied with their care and said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. They told us an attitude whereby nothing was too much trouble was exhibited by both clinical and non-clinical staff.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered an extended hours clinic on a Sunday for working patients who could not attend during normal opening hours.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice prioritised patient access to appointments and took pride in the fact that patients requiring a same day appointment would not be turned away.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# 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. However, verbal complaints were not formally recorded. Recording complaints made verbally in addition to written complaints would facilitate more effective trend analysis and maximise learning outcomes as a result.
- The practice offered an anticoagulation service where patients' bloods were tested and their anticoagulant medicine reviewed and dose changed as required. This meant they did not need to attend a hospital specialist anticoagulant clinic.

## Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice prioritised ensuring good access for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity. However, we noted that some policies contained out of date information despite having been reviewed by the practice recently.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was evidence of continuous learning and improvement.

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.

- 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 liaised with staff in the treatment room housed in the building and operated by community staff to facilitate mutually convenient appointments for patients, therefore reducing the need for multiple trips to the health centre.
- The practice held regular palliative care multidisciplinary meetings to ensure the needs of patients nearing the end of life were being met.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's QOF results for diabetes indicators were higher than local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered an anticoagulation service where patients' bloods were tested and their anticoagulant medicine reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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 higher than local and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## **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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were offered each Sunday for those patients who could not attend during normal working hours.

**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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Good**





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 89% compared to the CCG average of 91% and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 98% compared to the CCG average of 94% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was generally performing above local and national averages. A total of 301 survey forms were distributed and 115 were returned. This represented a response rate of 38% and was 2% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the local average of 70% and national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 81% and national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the local average of 87% and national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 83% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Cards described a highly responsive and caring service offered by both clinical and non-clinical staff, with patients being made to feel at ease.

We spoke with four patients during the inspection. All four patients said they were highly satisfied with the care they received and thought staff were extremely approachable, committed and caring. Patients shared their personal experiences of the treatment offered by the GPs which exemplified their highly caring nature.

## Areas for improvement

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

The areas where the provider should make improvement are:

- Action plans should be documented following infection prevention and control audits and include details of action taken as a result of audit findings.
- The planned training for staff should be completed, for example training around ECG tests for the health care assistant and vaccination update training for nurse practitioner.
- The newly updated scanning and read coding protocol should be embedded into practice and an audit process initiated to ensure clinicians have sight of all necessary correspondence.
- The content of policies and procedures should be updated routinely to reflect current guidance and legislation.
- Prescription logging system should be extended to ensure the location of all blank scrips is recorded.

## Outstanding practice

We saw one area of outstanding practice:

- The practice offered an extended hours clinic on a Sunday for those patients who could not attend during normal working hours. This, along with the

way the practice had designed its appointment system assured us that any patient requesting an appointment the same day would have access to one.

# Dr R Baghdjian & Dr Marcus Jacobs 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 second CQC inspector.

## Background to Dr R Baghdjian & Dr Marcus Jacobs Surgery

Dr R Baghdjian and Dr Marcus Jacobs Surgery is situated in Chorley Health Centre (Collinson Avenue, Chorley, PR7 2TH) which is a purpose built health centre building owned by the local hospital trust. There is a car park on site and a ramp to facilitate access for patients with mobility difficulties.

The practice is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG) and delivers primary medical services to a patient population of 5175 patients via a general medical services contract with NHS England.

The average life expectancy of the practice population is slightly below the local and national averages (81 years for females, compared to the local average of 82 and national average of 83 years, 77 years for males, compared to the local average of 78 and national average of 79 years).

The age distribution of the practice's patient population is broadly in line with local and national averages. The

proportion of patients who experience a long standing health condition is slightly above the local and national averages (59.5%, compared to the local average of 55.9% and national average of 54%).

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by two GP partners (both male). The practice also employs an advanced nurse practitioner, a practice nurse and health care assistant (all female). Clinical staff are supported by a practice manager and a team of reception and administration staff. The practice also teaches fourth year medical students.

The practice is open between 8am and 6.30pm Monday to Friday, and between 10am and 2pm on a Sunday for extended hours appointments. Surgeries are offered between 8.30am and 11.50am each morning and 4pm until 5.40pm each afternoon from Monday to Friday, while Sunday appointments are offered between 10am and 1.35pm.

Outside normal surgery hours, patients are advised to contact the out of hour's service by dialling 111 and provided locally by the provider GoToDoc.

## 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

# Detailed findings

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 6 January 2017. During our visit we:

- Spoke with a range of staff including the GPs, advanced nurse practitioner, health care assistant, practice manager, reception and administration staff and spoke with patients who used the service.
- Observed how staff interacted with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support as necessary, truthful information, an appropriate apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an urgent prescription request not being processed in a timely manner, the practice updated the procedure to include a note being placed on the clinician's appointment screen to ensure any allocated tasks were not missed. As well as viewing meeting minutes confirming this change to procedure had been discussed, the staff we spoke to during the visit demonstrated they were aware of this change.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP

partners was the practice's lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, and the practice nurse was trained to level 2.

- 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 (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 advanced nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the practice manager if she had concerns around infection control issues. The IPC lead told us they were unsure whether there was a contact at the CCG with whom to liaise if there were queries and to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. However, we did note that the IPC lead informed us she had not received any IPC training since commencing her role at the practice in August 2015. The practice's training matrix indicated e-learning training had been completed by the lead in August 2016. We were told annual infection control audits were undertaken. However during the inspection the IPC lead informed us that while the last audit was completed in February 2016, the document could not be located. Following the inspection the practice provided a copy of the audit completed on 28 January 2016. However, we noted the audit did not include an action plan to document what had been done to address issues identified. For example, the audit indicated that there was no hand gel sanitiser available in staff toilets, but did not document whether this had been addressed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

## Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. We did note that systems had not been thoroughly implemented in all cases however. For example, practice records did not identify that the advanced nurse practitioner held a small number of blank prescription forms in the consultation room.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. The nurse received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- We reviewed three 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.
- During the visit we did note that the practice's health care assistant was not included on a medical indemnity scheme. The practice took immediate action with regards to this and provided evidence that cover was in place by the following working day.

### Monitoring risks to patients

Risks to patients were mostly assessed and well managed.

- There were procedures in place for monitoring and managing most risks to patient and staff safety. There was a health and safety policy available with a poster in the staff kitchen which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella

(Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted that other health and safety risk assessments relating to the premises and working environment had not been completed, but the practice confirmed following the visit that these were being undertaken.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff received annual basic life support training and there were emergency medicines available in the treatment room. Non clinical staff, including the healthcare assistant received basic life support training on a three-yearly basis. Following the inspection the practice confirmed to us that they had initiated discussions with a neighbouring practice to facilitate more frequent training for non-clinical staff around this topic.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. We noted that the practice did not hold stock of hydrocortisone (medicine to reduce inflammation and irritation) nor rectal diazepam (medicine to control seizures). The decision not to hold these medicines had not been formally risk assessed. The practice confirmed following the visit that these medicines had been sourced and were now held on site.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

## Are services safe?

or building damage. The plan included emergency contact numbers for staff as well as details of alternative accommodation should the practice premises become unusable.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### 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 100% of the total number of points available, with an exception reporting rate of 7.3% for the clinical domains (compared to the local average of 10.7% and national average of 9.8%) (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 2015/16 showed:

- Performance for diabetes related indicators was higher than the local and national averages. For example:
  - The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 86% compared to the clinical commissioning group (CCG) average of 82% and national average of 78%.
  - The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 87%, compared to the CCG average of 80% and national average of 78%.

- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 82% compared to the CCG and national averages of 80%.
- Performance for mental health related indicators was also generally higher than the local and national averages. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 98% compared to the CCG average of 94% and national average of 89%.
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 98% compared to the CCG average of 94% and national average of 89%.
  - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 89% compared to the CCG average of 91% and national average of 84%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 86% compared to the CCG average of 85% and national average of 83%.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 86%, compared to the CCG average of 78% and national average of 76%.

There was evidence of quality improvement including clinical audit.

- In addition to audits driven by the local medicines management team, we noted there had been two recent clinical audits completed where the improvements made were implemented and monitored. One of these demonstrated improved care for patients with a raised platelet count in their blood (a raised platelet count could indicate an increased risk of



# Are services effective?

## (for example, treatment is effective)

the presence of a solid tumour). As a result of the audit the practice had increased the proportion of patients receiving appropriate care from 26% in September 2015 to 86% in October 2016.

- The practice participated in local audits, national benchmarking and accreditation.
- The practice had not documented a formal audit plan which would help ensure audits were completed to full cycles and provide oversight and effective planning of quality improvement work undertaken.

Information about patients' outcomes was used to make improvements. For example the practice showed us an audit completed that had looked at inappropriate accident and emergency attendances; on gathering this information the practice was able to ensure patients were given appropriate information as to the healthcare service they needed to access.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This facilitated shadowing opportunities with more experienced colleagues to allow them to build confidence in their new role.
- 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. However, the healthcare assistant carried out electrocardiogram (ECG) tests having had only informal in-house training. No formal training course had been attended to ensure they had the skills to complete this task. The practice confirmed that an external provider interpreted the results obtained by the healthcare assistant from these tests, and so felt the risks were mitigated. Additional, specific training for this role would mitigate the risk of, for example, incorrectly positioned sensors, further. The practice advised following the inspection that they were in the process of sourcing such training for the healthcare assistant.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by

access to on line resources and discussion at practice meetings. However, we did note that there was no evidence of attendance at a training update course for one of the nurses who administered flu vaccines. The nurse confirmed to us that she was overdue an update for this area of work. The practice confirmed they would look to ensure this member of staff was booked onto the next available course.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We did note that the system employed by the practice for dealing with incoming mail presented a risk that clinical staff may not have sight of all documentation they would need to provide appropriate care and treatment. A member of non-clinical staff triaged all incoming mail but at the time of inspection the activity was not supported by a comprehensive protocol and the practice did not conduct quality control work to ensure documentation was consistently flagged up to clinicians. The practice updated the scanning and read coding protocol document immediately following the visit to include a more specific description of the documents which needed to be passed to clinical staff and the practice indicated that training would be sourced for the administrative staff member who triaged the documents. It would be beneficial for the practice to also implement an audit process around incoming mail as a safety net to ensure key clinical information is not overlooked.

# Are services effective?

## (for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service.
- A podiatrist was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend

for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available and by opportunistically offering to screen patients when they attended for other appointments. 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 uptake of breast and bowel cancer screens amongst the practice patient population was lower than local and national averages (the percentage of females aged between 50 and 70 who had been screened for breast cancer in the last three years was 60%, compared to the local average of 71% and national average of 72%. The percentage of patients aged between 60 and 69 screened for bowel cancer in the last two and a half years was 54%, compared to the local average of 59% and national average of 58%). The practice was not aware of this at the time of our inspection. However, immediately following our visit the practice provided evidence that information leaflets had been produced to promote these screening tests with patients and we were told that reception staff had been made aware to highlight the availability of screening to patients.

Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. For example childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% which resulted in an uptake score of 9.8 (compared to the national average of 9.1). The practice achieved a 100% uptake of the MMR dose 1 vaccination and a 97% uptake for MMR dose 2 given to 5 year olds, compared to the CCG averages of 98% and 90% and national averages of 94% and 88% respectively.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 36 patient Care Quality Commission comment cards we received were consistently and strongly 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.

We spoke with four patients, two of whom were members of the patient participation group (PPG). They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us of the highly personalised care offered by the GPs and described an attitude whereby nothing was too much trouble exhibited by both clinical and non-clinical staff.

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 and nurses and staff attitude. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 89% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 92% and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to or higher than 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 89% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 85% and national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 88% and national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception and corridor areas informing patients this service was available.
- Information leaflets were available in easy read format.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 116 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered an extended hours clinic on a Sunday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice emphasised their commitment to not turning patients away and through its appointment records was able to demonstrate that patients requiring a same day appointment were guaranteed to be seen.
- The practice liaised with staff in the treatment room housed in the building to facilitate mutually convenient appointments for patients, therefore reducing the need for multiple trips to the health centre.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- All practice facilities were on the ground floor so access was facilitated for those patients experiencing mobility difficulties.
- Patients who registered their mobile telephone number with the practice received text message reminders for their appointments and were able to cancel appointments via text message.
- The practice offered an anticoagulation service where patients' bloods were tested and their anticoagulant medicine reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, and between 10am and 2pm on a Sunday for extended hours appointments. Surgeries were offered between 8.30am and 11.50am each morning and 4pm until 5.40pm each afternoon from Monday to Friday, while Sunday appointments were offered between 10am and 1.35pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. On the day of our inspection, urgent appointments remained available on the day. The next pre-bookable routine appointment was in four working days' time.

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

- 80% of patients were satisfied with the practice's opening hours compared to the local average of 79% and national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the local average of 70% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

The GPs told us they had a very low home visit request rate, but would always visit a patient in their own home should they request it. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, for example there was a leaflet explaining the process on the front of the reception desk.

We looked at the two complaints received by the practice in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint

relating to appointments running behind schedule and patients not being informed of the delay, improvements were introduced that included reception staff routinely advising patients of any changes to appointment times and displaying the length of delay on the self check-in screen.

We were told by the practice that verbal complaints were not formally recorded. Recording complaints made verbally in addition to written complaints would facilitate more effective trend analysis and maximise learning outcomes as a result.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality patient centred care and promote good outcomes for people accessing the service. Patients' ease of access to the service was prioritised. Staff demonstrated they knew and understood the values of the practice and their responsibilities in relation to it. The practice had not produced a formal strategy and supporting business plans to document the vision and values and ensure they were regularly monitored.

### Governance arrangements

There was evidence of an overarching governance framework which supported the delivery of good quality care. We did note some gaps however in the systems implemented by the practice:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, we did note that some policies, marked as recently reviewed, contained information which was not up to date. For example the practice's recruitment policy indicated it was last reviewed in August 2016, yet made reference to a criminal records background check and the independent safeguarding authority barred list which have not existed since 2012 and have since been replaced by Disclosure and Barring Service checks.
- We saw that clinical and internal audit was used to monitor quality and to make improvements. The practice had not documented a formal audit plan which would help ensure audits were completed to full cycles and provide oversight and effective planning of quality improvement work undertaken.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However at the time of the visit these were not fully comprehensive, for example they omitted assessment of risk relating to workplace health and safety.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care, facilitating good access for patients. Staff told us the partners were approachable and always took the time to listen to all members of staff.

We did note that there was scope for the practice to maximise networking and shared learning opportunities amongst peers in the local area. For example the practice manager did not attend local practice manager forum meetings.

The provider was aware of ensured compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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 it gave affected people support, truthful information and an appropriate apology.

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

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

The GP partners acknowledged they had not engaged in a formal succession planning process and were aware this was something they needed to undertake in order to ensure continuity of care for the patients.

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

# Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was largely a 'virtual' group, contacted by email, although the members of the group we spoke with confirmed face to face meetings did happen on occasion and they hoped these meetings would become more regular in the future. The PPG members told us that the practice was very responsive to patient feedback. The practice had responded to previous patient feedback around difficulties getting through by telephone by employing an additional receptionist and implementing a call divert system during busy times. Also in response to patient feedback about privacy at the reception desk, the practice had put up signs requesting queuing patients allow space so conversations with staff could not be overheard. The patients we spoke to felt this had proved effective.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

management. Staff told us they felt involved and engaged to improve how the practice was run. Staff were able to give us specific, positive examples of how management and the GP partners had responded immediately to staff feedback, for example around managing appointment bookings and workload.

## Continuous improvement

The CCG facilitated monthly protected education time sessions. The GP partners told us they only tended to attend approximately two of these sessions each year as they were not comfortable closing the practice and hindering patient's access to the service on such a regular basis.

The practice team was forward thinking and proactive in its approach to ensure patient access was maximised. For example, on becoming aware of the increased demand for urgent, on the day appointments, the practice had employed the advanced nurse practitioner to help cater for this demand and had tailored the practice's appointment system to ensure anybody needing an appointment on the day would get one.

The practice had also recently facilitated one of the administration staff taking on additional responsibility as a health care assistant.