

# Prospect Road Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Prospect Road Surgery on 6 July 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients whose comments we received 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

Complete an annual infection control audit.

**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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities they and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

There was however the need to develop an annual audit or overview of the infection control systems within the practice.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



# Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was 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.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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.
- Information about how to complain was available and evidence from records we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In records we reviewed we saw evidence the practice complied with these requirements.

Good



# Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged fully with the patient participation group.
- There was a focus on continuous learning, development and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients. For example, one GP has a special interest in dermatology whilst another had a special interest in gastroenterology.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.

Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The recall system was robust with chronic disease reviews being linked to patient's birthdays.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 77%, which was comparable to the local and national averages.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 71%, which was below the local and national averages.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

# Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

All these patients had a named GP and there was a system to recall patients for 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. Clinical nurse practitioners also had lead roles in this area.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. The practice had worked hard to follow up non-attenders.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics and safeguarding.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice offered a range of sexual health services where patients could get advice and treatment, for example contraception. Information and testing kits for sexually transmitted diseases were available in the practice.

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).

Good



# Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example and extended opening hours.
- 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.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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. They ensured that their care plans were updated to reflect any additional needs
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided a dedicated GP for each of the twenty four care homes they supported. A clinical practitioner had one morning per week where they visit care homes and housebound patients. The clinical practitioner carried out the chronic disease reviews during these visits.
- Monthly meetings are held to discuss the most vulnerable patients. These are attended by the GPs, clinical practitioners, district nurses and social care representatives. End of life meetings also took place with the lead McMillan Nurse.



# Summary of findings

## 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 practice carried out advance care planning for patients living with dementia.
- < >  
The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, was 73% which was below the local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- One of the GP's had training in drug and alcohol prescribing. A drug worker was available within the practice once a fortnight.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. 266 survey forms were distributed and 119 were returned. This represented 1.6% of the practice's patient list.

- 93% of patients described the overall experience of this GP practice as good compared with the CCG average of 91% and the national average of 85%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 87% and the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 11 comment cards which were all positive about the standard of care received. Comments included that staff were friendly and respectful. That patients were listened to and had their needs responded to at the right time and with the right care and treatment.

We also received 15 patient questionnaires that had been distributed and completed on the day of the inspection. This again contained very positive comment about the staff, the practice, care and treatment provided.

The Friends and Family Test (FFT) results from January to May 2017 showed of the 310 responses, 255 (82%) patients were extremely likely to recommend the practice and 35 (11%) patients were likely to.

## Areas for improvement

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

Complete an annual infection control audit.

# Prospect Road 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 Prospect Road Surgery

Prospect Road Surgery, 174 Prospect Road, Scarborough, North Yorkshire, YO12 7LB.

The premise is owned by one of the partners and a retired partner. Prospect Road Surgery is located in linked converted and extended residential properties over three floors. There are twelve consulting rooms, three treatment rooms, and two patient waiting areas, all of which are on the ground floor. There is on street parking.

The practice provides services under a General Medical Services (GMS) contract providing service to the practice population of 7,427 patients, covering patients of all ages.

The practice scored four on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice has four GP's three male and one female. There are two nurse clinical practitioners, one practice nurse, two treatment room nurses and one phlebotomist. There is a practice manager and a team of 12 administration and reception staff.

The practice is also a training practice who take 5th year medical students from Hull and York Medical School.

There are also GP's with special interests. These included one GP working at the local hospital as a practitioner in gastroenterology. A GP also provides cryotherapy treatment and also joint and soft tissues injections.

Prospect Road Surgery is open between 8am and 8.30 pm on Mondays and for the rest of the week between 8am and 6.30pm.

Out of hours cover is provided by using the 111 service provided by Vocare who have access to the patient summary care records.

## 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 6 July 2017. During our visit we:

- Spoke with a range of staff; this included two GP's, a nurse clinical practitioner, a practice nurse, the practice manager and administration staff.

# Detailed findings

- Observed how patients were being cared for in the reception area.
- Reviewed a 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.
- Reviewed patient questionnaires that had been distributed during the inspection.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system 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).
- From the sample of records we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. An annual review of all incidents was undertaken where any themes or trends were identified and discussed at clinical meetings.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. A specific significant event form was used and each incident was discussed every month at the clinical meeting. Minutes of meetings were taken.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been a delay in looking at a patient's blood thinning medication blood result. Action was taken to address this following investigation and a new system was introduced. Two staff members now look at the results and if a district nurse takes the blood they are required to complete a form that alert the practice.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. There was a lead member of staff for safeguarding.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, as were nursing staff.
- Much work had been completed in relation to safeguarding and in particular the awareness and needs of vulnerable children. New roles have been introduced within the practice which has further developed and reinforced the safeguarding work. This included the role of patient services manager and nursing service manager who had carried out multi agency work with the lead nurse from the CCG. They had utilised the Yorkshire and Humberside safeguarding standard for general practice and the undertaking of safeguarding audits. Discussion took place about the positive multi agency work that had been completed, which had promoted safety and wellbeing.
- A notice in the waiting room advised patients that chaperones were available if required. The majority of staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Reception staff cleaned all of the door handles within the practice to reduce the risk of infection each lunchtime.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. There was however the need for an annual IPC audit to be conducted.

## Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs. Discussion took place in regard to controlled drugs and the practice were going to review the need to hold stocks of these.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice manager had a building, equipment and health and maintenance timetable, which detailed frequency of check, who the contractors were and which staff were responsible for certain equipment.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. There was the need for some staff to have further training. This had already been identified by the practice manager who was in the process of arranging it.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. A full review of the appointment system had been completed and a rota system implemented that ensured enough staff were on duty to meet the needs of patients.
- Significant work had been completed in relation to staffing levels and skill mix within all areas of the practice. This had been completed by an independent review and the development of a detailed business plan. There has been a full restructuring of staff who now have more enhanced roles with greater skill mix within the practice.
- It was noted that there were blinds in areas which patients had access to which had loop cords. At the time of the inspection there was no risk assessment in relation to this. The practice manager did explain that blinds were going to be replaced, which was detailed in their business plan; however in the meantime a risk assessment was to be developed.

### Arrangements to deal with emergencies and major incidents

The practice had good arrangements 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.

## Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
  - The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
  - Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
  - One of the external fire exits was not suitable for patients who used wheelchairs. There was a notice on the door to inform patients, the situation had been risk assessed and alternative arrangements were in place.
  - Two of fire doors had recently had their means of escape change to a lock and key. The practice manager was going to review this and to check with the fire service that this was appropriate within their premises.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 – 2016 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 77% compared to the CCG average of 80% and the national average of 78%.
- Performance for mental health related indicators was similar to the CCG and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) was 90%, compared to CCG average of 93% and national average of 89%.

We looked at more recent QOF data during the inspection and saw that improvements had been made with there being a significant number of indicators with maximum points.

There was evidence of quality improvement including clinical audit and a clear commitment to audit:

- There had been several clinical audits commenced in the last two years, a number of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example a warfarin audit had been completed and was fourth cycle. Each cycle had shown increased control to the number of patients at risk and had reduced each time.

Information about patients' outcomes was used to make improvements such as patients who may be at risk of diabetes. One of the nurses had been completing some research into diabetes and identified that there could be patients at risk. As such an audit was conducted with the purpose of improving and enhancing care and aimed to consider the need for early intervention with the premise of prevention of the condition. As a result, a diabetes pathway was developed and introduced for patients at risk.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Although the practice did not use locum GP's there was appropriate systems in place for their use as well and an induction pack.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate



# Are services effective?

## (for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- All clinical staff had the training needed to complete the roles they were employed to do, for example nursing staff with lead roles in regard to long term conditions, for example diabetes and asthma.
- 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.
- Clinical staff received supervision. The nursing team were supporting by a supervising GP and all medical students had an appointed supervisor.

### 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.
- From the records we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked well 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. Information was shared between services, with patients' consent, using a shared care record. 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, more vulnerable patients or patient who were in need of end of life care.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

The district nursing service rented rooms within the practice premise. This was helpful to the practice and their patients as there was more direct contact with this service and effective information sharing. In addition, diabetic foot checks and retinal screening services visit the practice each Wednesday, which means patients are able to receive this care closer to home.

The practice had three times the national average of prevalence of patients with dementia. They had good support from the community mental health team in regard to diagnosis and drug therapy.

### 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- Through the practice's patient participation group a weight loss support group had been set up within the practice. There was a high level of interest and attendance at the group. Initial data from the weight loss support group showed positive steps taken by

# Are services effective?

(for example, treatment is effective)

patients in terms of weight loss, which was encouraging. Patient had also been given information about the local walking football, netball and rugby groups.

- Again, through the patient participation group they have regular speakers. One of the topics recently discussed was in relation to prescribed medication that perhaps could be purchased rather than prescribed. An example being, paracetamol.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 85% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year old were 90%. The practice had undertaken a review of children and young people who did not attend for their healthcare appointments and had put additional measures in place. This included increased knowledge of patient's circumstances along with very good multi agency working.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged

uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

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.

The practice had developed several information boards within the practice, which were well planned and accessible. There was copious information in relation to a range of support services available to patients within their locality and about support to lead healthy lifestyles. There were individual boards with relevant information for different patients groups. Examples included, pregnancy and childbirth, younger people support information and, dementia and mental health. There were also monthly themes information boards, with the most recent theme being the NSPCA awareness week.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 11 patient Care Quality Commission comment cards and 15 questionnaires we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients said they were always listened to and had their needs responded to at the right time and with the right care and treatment.

We spoke to the chairperson of the patient participation group (PPG). They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments cards and questionnaires highlighted that staff responded compassionately when they needed help and provided support when required. They said the staff were caring and treated them well.

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. For example:

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

- 92% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 92% 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%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 95% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 91% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings.

### 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 in line with local and national averages. For example:

## Are services caring?

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 93% and the national average of 90%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Approximately 1.5% of the practice population had Polish or Romanian as their first language. The practice had two staff who were also Romanian.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice population were carers. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. They were offered an annual flu vaccination and where appropriate an annual health check.

The practice was dementia friendly, with a number of staff having completed dementia awareness training.

Staff told us that if families had experienced bereavement, their usual GP contacted them. 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.

A strength within the practice was described as the staff's knowledge of their patients as many of the staff had worked at the practice for a long time and generations of family were registered. Staff said that this made them more aware of patients and their needs. They were able to quickly identify if there was a problem and able to respond quickly.

An example of how caring staff within the practice was shared during the inspection. A member of reception staff noticed that an older patient was tired and had no transport to get back home. They arranged a taxi for the patient and ensured they got home safe and well.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on an each day for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- There was also longer appointment available for patients with depression.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included an interpretation services. The interpretation service had been used several time as the practice had a number of temporary patients from a local language school.
- The practice was looking to introduce a hearing loop and had received a quotation for this.
- The practices new patient information pack contained information about accessible information.

There was a recent example of a patient whose first language was not English and who was in need of health care and was not registered with any practices. Two of the clinical staff employed at the practice were from the same country and quickly attended to the patient, clearly understood their needs and supported them to register. A consultation took place straight away and the patient needed immediate hospital care.

One patient gave an example of action taken following a routine review, which then led to further immediate investigations. They said this had been responded to rapidly, with care and understanding.

### Access to the service

The practice was open between 8.00 am to 8.30 pm on Mondays and 8.00 am to 6.30 pm Tuesday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The practice along with others in the CCG area had quarterly protected learning time where the practice was closed. During these times the CCG arranged phone diversions and a notice was posted on the website and the practices door ahead of time.

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

- 83% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 85% and the national average of 80%.
- 81% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 69% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 76%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 96% and the national average of 92%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.
- 48% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and

# Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

In the event of home visit requests, the reception staff take the relevant information which is passed to the duty GP who will phone the patient or arrange a visit. 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.

The practice also had a system for telephone consultations to be conducted. They also had dedicated slots for vulnerable patients with the relevant protocols in place.

## **Listening and learning from concerns and complaints**

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A copy of the complaints procedure was contained within the new patient information booklet.

We looked at the records of complaints received in the last 12 months and found these were dealt with in a timely and robust way, with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

The practice also carried out a fully annual review of the complaint they had received. This ensured that any trends or themes were identified and actioned accordingly.



# 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 care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and within the new patient information booklet. Staff knew and understood the values. They described their vision as a commitment to providing high quality patient centred services that were safe and effective.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. There was a programme of updating which had recently been reviewed and a programme was in place.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the partners and managers 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. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the records we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs and clinical staff met with health visitors to monitor vulnerable families and safeguarding concerns. All were well minuted.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners and management 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.

# Are services well-led?

Good 

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

- A member of staff had been nominated for a recent award 'apprenticeship of the year'. They and the practice were clearly very proud of this.
- They practice had implemented an annual stress survey. They also hold an annual staff event as well as celebrating birthdays.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback their patient participation group, patients and staff. It was clear that the practice took patient feedback very seriously and was looking at new and different ways to engage with their practice population.

- The practice had a very proactive patient participation group, with formal processes in place. The group comprised of 40 members. Meetings take place every three months and there was also regular communication via email and post. They felt well valued and listened to by the practice and spoke of an open culture. The group had future plans to develop and implement other support measure such as workshops to improve patient's confidence to support patients who were feeling socially isolated. An annual survey was carried out during the flu vaccination period to canvass the views of patients. As a result of previous feedback from patients the toilet area within the waiting room had been fully refurbished.
- NHS Friends and Family test, complaints and compliments received were reviewed and action taken as appropriate.

- 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. They told us that some of the strengths within the practice included teamwork, support and the approachability of the senior staff.
- A practice newsletter was also available which contained information about supporting patients to live healthier lives.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice were well aware of the challenges that general practices were facing nationally. As a result, they had commissioned work with a management consultant to review the way the practice delivered its services to patients. This was with the aim to explore ways that would increase opportunities for enhanced and local care for the patients within the practice.

The practice as part of the review had made a number of changes to the way they worked over the past 18 months. This included the staffing review and restructure, which resulted in greater skill mix and better outcomes for patients who used the service.