

# Dr VMM Blackburn & Partners

## 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 Dr VMM Blackburn & Partners on 7 July 2016. 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. However although evidence was seen of actions taken there was no evidence that lessons were shared widely enough to support improvement.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. However, we saw that although were actions taken there was no evidence that lessons were shared widely enough to support improvement.
- Patients said they found it easy to make an appointment with a named GP, although the wait for these was sometimes two weeks or more. Urgent appointments were always 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 had been proactive in working collaboratively with the clinical commissioning group and midwifery services to develop a clinical pathway that identified, assessed and managed patients at risk of perinatal mental health problems. Once identified, a patient focussed, individualised care plan was developed in collaboration with the midwife. A local consultant psychiatrist with a special interest in post-natal depression was involved where appropriate. Evidence was seen from practice clinical notes that this had led to healthy pregnancies pre and post-natal for a number of at risk patients.

The areas where the provider should make improvements are:

- To ensure lessons learnt from complaints and significant events are shared widely enough to support improvement in quality of care.
- The practice should improve the identification of patients who are also carers.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. However there was no evidence that lessons were shared widely enough to support improvement.
- When things went wrong patients 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 in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed most 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. Changes to guidelines were discussed at practice meetings and delivery of care for patients amended as appropriate.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. The practice were proactive in supporting staff to acquire and maintain skills required to deliver high quality care.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example a GP had worked with the clinical commissioning group, midwifery services and hospital specialists to develop a clinical pathway designed to identify, assess and manage patients at risk of perinatal depression.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice comparable to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The number of carers identified by the practice was below the local and national averages. However the practice told us of the actions it was taking to improve this.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had worked with the community on health related projects including healthy eating and art projects for the socially isolated.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, early morning nurse appointments were available in response to requests from working patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Feedback from patients reported that access to a named GP was not always available quickly, although urgent appointments were always available the same day.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. However although evidence was seen of actions taken, there was no evidence that lessons were shared widely enough to support improvement.

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.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.

# 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.
- A named GP was responsible for the care of older patients in a nursing home and conducted fortnightly visits. Health reviews on all these patients were carried out six monthly.
- The practice piloted a social prescribing scheme prior to it being implemented county wide. Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.

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 percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) was 90% which was the same as the local average and higher than the national average of 88%.
- 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.

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 relatively high 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.
- All young people aged under 16 requesting contraception were always seen on the day. A full Gillick competency assessment was carried out to determine ability to consent to treatment without the need for parental consent.
- The practice's uptake for the cervical screening programme was 84%, compared to the local average of 85% and the national average of 82%.
- 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. For example, the practice had worked effectively with midwives and hospital specialists to identify assess and manage patients at risk of perinatal depression

## **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.
- Early morning appointments were available for both nurses and GPs to meet the needs of those patients who were working.

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 homeless people, travellers and those with a learning disability.

Good





# Summary of findings

- 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.
- 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.
- The practice worked with the local community to support vulnerable patients. For example, a project entitled Shades of Green involved education at the local children's centre and learning disability groups, regarding healthy food options. The groups then grew produce in the garden on the practice premises. The practice also hosted art projects for the socially isolated.

## 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 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 performing in line or above local and national averages. Of the 247 survey forms that were distributed 112 were returned. This represented a 45% response rate compared to a national average of 38% and 1.9% of the practice population.

- 87% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 83% and a national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried which was the same as the clinical commissioning group (CCG) average of 84% and above the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group (CCG) average of 89% and a national average of 85%.
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the clinical commissioning group (CCG) average of 84% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were positive about the standard of care received. Common themes were that all the staff were approachable and professional and staff went out of their way to be helpful.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

- To ensure lessons learnt from complaints and significant events are shared widely enough to support improvement in quality of care.
- The practice should improve the identification of patients who are also carers.

## Outstanding practice

We saw one area of outstanding practice:

- The practice had been proactive in working collaboratively with the clinical commissioning group and midwifery services to develop a clinical pathway that identified, assessed and managed patients at risk of perinatal mental health problems. Once identified, a patient focussed, individualised care plan was developed in collaboration with the midwife. A local consultant psychiatrist with a special interest in post-natal depression was involved where appropriate. Evidence was seen from practice clinical notes that this had led to healthy pregnancies pre and post-natal for a number of at risk patients.

# Dr VMM Blackburn & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and a practice manager specialist advisor.

## Background to Dr VMM Blackburn & Partners

Dr VMM Blackburn & Partners, known locally as High Street Medical Centre is located in the centre of Stonehouse, near to Stroud, a market town in Gloucestershire, and has good transport links. The practice has a slightly higher than average patient population in the 50 to 80 years age group and lower than average in the 10 to 30 years age group. The practice is part of the Gloucestershire Clinical Commissioning Group and has approximately 6,000 patients. The area the practice serves is urban and semi-rural and has relatively low numbers of patients from different cultural backgrounds. The practice area is in the low to mid-range for deprivation nationally, however there are pockets of high range deprivation within the practice boundaries.

The practice is managed by three GP partners (one female and two male) and supported by two practice nurses, one healthcare assistant and an administrative team led by the practice manager.

The practice is open between 7.30am and 6.30pm Monday to Friday. Reception is open from 7.30am to receive patients attending early morning appointments. Telephone lines are transferred from the out of hours service at 8am. GP appointments are available between 9am and 11am every morning and 4pm to 6pm every afternoon. Nurse

appointments are available from 7.30am to 12pm every morning and 1pm to 5.30pm every afternoon. Extended hours appointments are offered from 7.30am each morning. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for patients that needed them.

When the practice is closed patients are advised, via the practice website that all calls will be directed to the out of hours service. Out of hours services are provided by South West Ambulance Service (SWAST).

The practice has a General Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

Dr VMM Blackburn & Partners is registered to provide services from the following location:

31 High Street

Stonehouse

Gloucestershire

GL10 2NG

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of Dr VMM Blackburn & Partners.

## 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 7 July 2016. During our visit we:

- Spoke with a range of staff including; three GPs, three nurses, the practice manager and three members of the administrative team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### 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 reasonable support, truthful information and a written apology. We also saw evidence that these were discussed at practice meetings. However although evidence was seen of actions taken, there was no evidence that lessons were shared widely enough to support improvement.

### 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.
- 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 practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, for example an audit showed that clinical waste bags were not being labelled. Improved processes were implemented and we saw evidence on the day of the inspection that clinical waste bags were labelled correctly.
- 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). 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Mentorship and support was received from the medical staff for this extended role. Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation (A PGD is a written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health care assistants were trained to administer vaccines and medicines against a patient specific prescription (a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis) or direction from a prescriber.

## Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 96.7% of the total number of points available. The practice's exception rating was 6% which was lower than the local average of 10% and the national average of 9%. (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).

Data for QOF from 03/2014 to 04/2015 showed:

- Performance for diabetes related indicators was lower than local and national averages. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (2014 to 2015) was 67% compared to a local average of 81% and a national average of 78%.
- Performance for mental health related indicators was similar to the local and above national average. The percentage of patients with a serious mental illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 90% compared to a local average of 93% and a national average of 88%.

The practice was aware of the low scores for diabetes which made it an outlier for the clinical targets. The practice

had undergone significant changes in clinical staffing over the past year, a nurse who had previously had expertise and led on diabetes had left and the nurse appointed, required training and support in order to fulfil this role. During this transition period the nurse had been supported and mentored by the local diabetic specialist nurse, which the practice had self-funded. The practice nurse has received ongoing mentorship by a GP and we saw that the clinical care received by patients who had received an annual review, was in line with guidelines.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits; national benchmarking, accreditation and peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included: an audit showed that only 76% of women had received a six week check following insertion of a contraceptive device. Improvements were made to the recall system and patient counselling regarding the importance of the six week check. A follow up audit showed 94% of patients had received an appropriate check.

Information about patients' outcomes was used to make improvements such as; the practice had found that only 70% of patients, on a specific high risk medicine, had not attended for blood monitoring tests as recommended by guidelines. Following improvements to ensure the system for recall and repeat prescribing were more robust, results showed 90% of patients had attended for blood test monitoring.

### 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 covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

# Are services effective?

## (for example, treatment is effective)

example, for those reviewing patients with long-term conditions. The nurse lead for respiratory conditions had undertaken diplomas in asthma and Chronic Obstructive Pulmonary Disease (a chronic lung condition). An accredited course on lung function testing was also being undertaken. The practice was supportive in ensuring update study days could also be attended by their staff.

- Two monthly lunchtime education sessions are delivered by GPs. These were initiated in response to the practice being identified as having high antibiotic prescribing compared to other local practices. Topics had included sinusitis and acute bronchitis. This had contributed to a reduction in volumes of antibiotics prescribed by almost 50% and bringing the practice in line with other practices in the local area.
- 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 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.
- 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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- A GP within the practice had expertise in perinatal depression. The GP had been proactive in working collaboratively with the CCG and midwifery services to develop a clinical pathway that identified, assessed and managed patients at risk of post-natal depression. We spoke with a midwife on the day of the inspection who confirmed that implementing the clinical pathway had led to improved communication. This had improved the health of patients at risk of developing perinatal depression. For example, a patient who was identified as at risk was flagged and a meeting held to develop a patient focussed individualised care plan. Collaborative working with a consultant psychiatrist with a special interest in post-natal depression, the midwife and the practice, had led to a healthy pregnancy pre and post-natal for the patient.

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. All young people aged under 16 requesting contraception were booked in with the GP who was the safeguarding lead. A full Gillick competency assessment was carried out. Gillick competency is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.



# Are services effective?

(for example, treatment is effective)

- 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. For example, we saw that the practice had worked collaboratively with the next of kin, the nursing home and the hospital specialist to make a clinical decision that was in the best interests of a patient.
- 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. 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 and smoking and alcohol cessation.
- Patients were signposted to the relevant service, for example the prescription for exercise scheme and tokens for access to three months of free slimming world classes. The practice was also a hub for the local food bank tokens scheme.

The practice's uptake for the cervical screening programme was 84%, compared to the local average of 85% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme

by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice also encouraged its patients to attend national screening programmes. For bowel cancer, 61% of eligible patients had been screened compared to local average 63% and the national average of 58%. For breast cancer, 80% of the eligible patients had received screening compared to a CCG average of 77% and a national average of 72%. 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.

Childhood immunisation rates for vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for vaccines given to under two year olds ranged from 72% to 100%, compared to a local average of 83% to 98% and five year olds from 87% to 97% compared to the local average of 92% to 97%.

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 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However several commented that although urgent appointments were easy to get, booking a routine appointment could mean a two week wait. Two cards commented that the length of appointments were too short.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 89% 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 97% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The previous GP survey published in January 2016 showed the practice to be below local and national averages. The practice had recognised this and the improvements made by the practice has shown a significant improvement in patient responses in the report published in July 2016.

## Are services caring?

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

- Staff told us that translation services would be available for patients who did not have English as a first language, however on the day of the inspection all patients registered had English as their first language.
- 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.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 44 patients as

carers (0.76% of the practice list). This was below local and national averages. The practice had recognised this and had taken steps to improve identification of carers. A dedicated carer's notice board was visible in the waiting room, new patient questionnaires invited patients to register themselves as a carer and practice staff were being more proactive in identifying carers opportunistically. The practice had appointed a carers coordinator in order to progress this work further and improve the support provided for carers. 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. 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 had worked with the CCG to pilot the social prescribing scheme prior to it being implemented county wide. Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.

- The practice offered appointments from 9am Monday to Friday for working patients who could not attend during normal opening hours. Nurse appointments had been introduced from 7.30am Monday to Friday. This was in response to requests for nursing appointments to be available outside working hours.
- The practice participated in a CCG led initiative scheme called Choice Plus which allowed additional emergency slots to be available for patients to be seen at an alternative local centre. The appointments were triaged at the practice and available under strict criteria and this resulted in greater emergency appointment availability for patients.
- 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.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities and baby changing facilities as well as notices to inform mothers that they were welcome to breast feed.
- The practice worked closely with the local community. Several projects had been implemented working collaboratively with a community organiser to develop health related projects amongst vulnerable people. For example, a project entitled Shades of Green involved education at the local children's centre and learning disability groups regarding healthy food options. The

groups then grew produce in the garden on the practice premises which anyone from the community were welcome to pick. The practice also hosted art projects for the socially isolated and displayed the finished work in the waiting room.

### Access to the service

The practice was open between 7.30am and 6.30pm Monday to Friday. Reception opened from 7.30am to receive patients attending early morning appointments. Telephone lines were transferred from the out of hour's service at 8am. GP appointments were available between 9am and 11am every morning and 4pm to 6pm every afternoon. Nurse appointments were available from 7.30am to 12pm every morning and 1pm to 5.50pm every afternoon. 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.

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.

- 84% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) of 78% and the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG of 83% and the national average of 73%.
- People told us on the day of the inspection that they were able to get urgent 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.

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.

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

- 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, for example on the practice website and a leaflet was given to all new patients registering with the practice.
- We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. However although evidence was seen of actions taken there was no evidence that lessons were shared widely enough to support improvement.

# 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 staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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. 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 in place 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. The practice had systems in place 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 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.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG operated online, however the practice was in the process of also arranging meetings with the PPG on a regular basis. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, it was fed back to the practice that more information would be appreciated from the practice. The practice in response installed a screen in the waiting room and improved notice boards as well as a staff pictorial board.
- The practice had gathered feedback from staff through staff away days and 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. For example,

# Are services well-led?

Good 

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

the nursing team asked that the appointment system be changed so that some appointments were only available to be booked on the day, to relieve time stresses and clinics running late. The practice was happy to implement this. Staff told us they felt involved and engaged to improve how the practice was run.

## 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. For example:

- Following analysis of public health data across the four local practices it was recognised that there were several cohorts of high admission rates. Funding has been applied for and tailored to meet the needs of the areas highlighted. This funding will facilitate the appointment of a dementia health care assistant, a respiratory nurse to work with high risk patients and a pharmacy advisor to work with the cluster of practices in order to address these areas.
- The four local practices had recognised that resource intensive work could be made more efficient by sharing resources. For example, all four practices provide triage services. A pilot scheme to combine telephone triage services between the practices is hoped to create improved efficiency for patients and practices, as more time for planned work will be available whilst simultaneously delivering an effective service for unplanned care.