

# Cornerways 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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Cornerways Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cornerways Surgery on 12 April 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.
- Risks to patients were assessed and well managed. However, the practice needed to improve arrangements for the storage of controlled medicines and ensure appropriate recruitment checks were undertaken for new staff. The practice had a risk assessment relating to the appropriateness of storage of emergency equipment in site, however this was found to be insufficient for patients' needs.
- 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. However not all staff had training in key areas with the exception of information governance training.

- 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.
- Patients said they found it very 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that the practice are able to immediately respond to the needs of a person who becomes seriously ill by installing a defibrillator and oxygen on-site.
- Ensure all staff have received either a disclosure and barring service check (DBS) or an associated risk assessment.

- Put arrangements in place for the safe management of medicines.

The area where the provider should make improvement is:

Ensure all staff have received up to date training in key areas including information governance.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses and when things went wrong reviews and investigations were thorough and lessons learned were communicated to support improvement. Patients received a verbal and written apology.
- The practice were unable to immediately respond to the needs of a person who becomes seriously ill as they did not have a defibrillator and oxygen on-site.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, not all staff had had appropriate checks undertaken with the Disclosure and Barring Service (DBS).
- The practice did not have arrangements in place for the safe management of medicines.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, not all staff had undertaken up to date training on information governance.
- 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.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



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

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.
- Patients said they found it very 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 easy to understand and evidence 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 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

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.
- Older patients were allocated their own named GP.
- Meetings with other healthcare professionals from the community and the local hospital took place on a fortnightly basis to develop care plans for older patients with complex health needs in order to prevent avoidable, unplanned hospital admission.

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 diabetes practice nurse held a weekly diabetes clinic alongside the diabetes nurse specialist which prevented these patients from having to attend hospital and enabled the practice deliver a more specialist service to these patients.
- Performance for diabetes related indicators was better than or similar to the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 75% which was the similar to the CCG average of 80% and the national average of 78%.
- 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.
- The practice's uptake for the cervical screening programme was 91%, which was significantly better than the clinical commissioning group (CCG) average of 83% and the national average of 82%.
- Urgent appointments were available from 8am which meant that babies and young children could always be seen on the same day.
- The premises were suitable for children and babies.

The practice told us that midwives and health visitors attended the practice to speak with clinical staff if when they had concerns about patients.

## **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.
- The practice promoted different aspects of health promotion on its notice boards and in a folder in the waiting room. This included information about alcohol awareness, tinnitus, cancer, stroke, exercise and asthma.

**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.
- The practice offered longer appointments for patients with a learning disability.

**Good**





# Summary of findings

- 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.

## 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).

- 100% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was better than the CCG average of 92% and the national average of 90%.
- 84% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the clinical commissioning group (CCG) average of 82% and the national average of 84%.
- 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 January 2016. The results showed the practice was performing better than or in line with local and national averages. 231 survey forms were distributed and 128 were returned. This represented 3% of the practice's patient list. The results were significantly better than the local and the national averages:

- 100% of patients found it easy to get through to this practice by phone which compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the 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 CCG average of 81% and the 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 47 comment cards which were all exceptionally positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients also commented positively about the appointments systems which they felt suited their needs. There was particular praise for the daily urgent appointments system.

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

## Areas for improvement

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

The areas where the provider must make improvement are:

- Ensure that the practice are able to immediately respond to the needs of a person who becomes seriously ill by installing a defibrillator and oxygen on-site.
- Ensure all staff have received either a disclosure and barring service check (DBS) or an associated risk assessment.

- Put arrangements in place for the safe management of medicines.

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

The area where the provider should make improvement is:

Ensure all staff have received up to date training in key areas including information governance.

# Cornerways Surgery

## 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.

## Background to Cornerways Surgery

Cornerways Surgery is located in George V Avenue in Worthing, East Sussex. The practice provides services for approximately 3,901 patients living within the Worthing area. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is one between the practice and NHS England where elements of the contract such as opening times are standard. The practice has a relatively large numbers of people aged 65 and older compared to the national average. Deprivation amongst children and older people is significantly lower than the local and national averages.

As well as a team of two GP partners (both male), the practice also employs two practice nurses (working one whole time nurse between them). A practice manager is employed and there is a team of receptionists and administrative clerks.

The practice is open between 8am and 6.30pm on weekdays and appointments are available from 8am to 12pm and from 1pm to 5pm on Mondays, Wednesdays, Thursdays and Fridays and from 8am to 12pm on Tuesdays. The practice has a reciprocal agreement with another local practice who takes calls and urgent appointments from Cornerways Surgery patients on Tuesday afternoons. A GP is on call until 6.30pm on weekdays for urgent appointments and there are phone appointments available

with GPs throughout the day according to patient need. The practice operates an urgent need clinic between 8am and 8.30am and 4.15pm and 5pm on weekdays when patients with urgent medical problems can attend without booking an appointment and wait to be seen. Routine appointments are bookable up to two months in advance. Patients are able to book appointments by phone, online or in person.

Patients are provided with information on how to access the duty GP or the out of hour's service by calling the practice or by referring to its website.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; family planning; and surgical procedures.

## 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 12 April 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff (the practice manager, GP, nursing, pharmacy and administrative team) and spoke with patients who used the service.
- 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, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient attended the practice for a vaccine which was administered by the practice nurse. After the patient had left the practice the nurse realised the vaccine had not been correctly mixed. The nurse discussed the issue with the GP and the practice manager and the patient received an apology and explanation of what had happened and was asked to attend for the vaccine to be administered correctly. As a result of this the practice revised its procedures which ensured that nurses double checked vaccines were correctly administered before the patient arrived in the room and then again before administration. We saw that the outcome and learning was discussed and shared in a practice meeting.

### 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 and practice nurses were trained to child protection or child safeguarding level three and all non-clinical staff were trained to level one.
- A notice in the waiting room advised patients that chaperones were available if required and all staff who acted as chaperones were trained accordingly. However the although receptionists regularly acted as chaperones, they had not received a Disclosure and Barring Service (DBS) check. (DBS The day after our inspection the practice responded sent us confirmation that they had applied for DBS checks for these staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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.
- 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

# Are services safe?

clinical conditions. He/she 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) however, these were not stored securely in a cupboard to which there was restricted access. There were arrangements in place for the destruction of controlled drugs.
- We reviewed personnel files for two practices nurses and a receptionist and found proof of identification, references, qualifications and registration with the appropriate professional body to be appropriate and undertaken prior to employment. However, the practice had not undertaken a DBS check for one of the practice nurses in order to check they were suitable for the role.

## 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 basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator or oxygen on available on the premises. They showed us risk assessments relating to these items and stated that as the practice was only ten minutes' drive from the nearest accident and emergency service they would rely on the emergency services for emergency situations requiring these items. The risk assessment also stated that as the practice shared premises with private residents there was a safety issue relating to the storage of combustible gases such as oxygen. There was a nebuliser on site which would be used until the arrival of the emergency services. However, this was found to be insufficient as the practice were not able to immediately respond to the needs of a person who becomes seriously ill.
- 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 95.1% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were better than or similar to the local and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 75% compared to a clinical commissioning group (CCG) average of 80% and a national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 98% compared with a CCG average of 91% and a national average of 88%.
- Performance for mental health related indicators was better than or similar to the national average. For example, 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a CCG average of 90%

and a national average of 88%. 100% of those patients had had their alcohol consumption recorded in the preceding 12 months compared with the CCG average of 92% and the national average of 90%.

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 92% which was similar to the CCG average of 91% and the national average of 90%.
- The exception reporting was in line with national averages apart from patients with atrial fibrillation (18% compared with 12% for the CCG and 11% nationally) and peripheral arterial disease (16% compared with 9% for the CCG and 6% nationally). The practice explained that this was due to patient preference for having their follow up with the hospital consultant for these conditions rather than at the practice. (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).

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action was taken as a result of an audit on antibiotic prescribing. The initial cycle found that GPs had occasionally prescribed antibiotics outside of the clinical guidelines. The second cycle of the audit showed an improvement with the adherence to clinical guidelines being 100%. The results of the audit were discussed by the GPs following each cycle.

### 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.



# Are services effective?

## (for example, treatment is effective)

- The practice held a record of role-specific training and updating for relevant staff.
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. However, staff had not had information governance training. (Information Governance is the way in which healthcare providers handle information about people and is important in relation to security and confidentiality of patients' personal information). The practice informed us that this would be rectified and booked for all staff as soon as possible. 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.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- 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, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available through a nurse led clinic at the practice.

The practice's uptake for the cervical screening programme was 91%, which was better than the clinical commissioning group (CCG) average of 83% 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 percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years was 78%, which was



## Are services effective?

(for example, treatment is effective)

better than the CCG average of 72% and the national average of 72%. The percentage of patients between the ages 60 and 69 years old of who had bowel screening in the preceding 30 months was 64%, which was in line with the CCG average of 63% and the national average of 58%. 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 the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100% and five year olds from 92% to 100%.

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 47 patient Care Quality Commission comment cards we received were exceptionally 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 also commented positively about the appointments systems which they felt suited their needs. There was particular praise for the daily urgent appointments system.

We spoke with two members of the virtual 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 above average or in line with clinical commissioning group (CCG) and national averages 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 to the CCG average of 89% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful which is significantly better than the CCG average of 88% and the national average of 87%.

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

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% 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%.
- 82% 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:

## Are services caring?

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

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. 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 72 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them on a notice board and in a folder in the waiting area.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The reception staff explained that if patients were hard of hearing they spoke clearly or wrote things down to enable effective communication with these patients.

### Access to the service

The practice was open between 8am and 6.30pm on weekdays and appointments were available from 8am to 12pm and from 1pm to 5pm on Mondays, Wednesdays, Thursdays and Fridays and from 8am to 12pm on Tuesdays. The practice had a reciprocal agreement with another local practice who took calls and urgent appointments from Cornerways Surgery patients on Tuesday afternoons. A GP was on call until 6.30pm on weekdays for urgent appointments and there were phone appointments available with GPs throughout the day according to patient need. The practice operated an urgent need clinic between 8am and 8.30am and 4.15pm and 5pm on weekdays when patients could attend without booking an appointment and wait to be seen. Routine appointments were bookable up to two months in advance. Patients were able to book appointments by phone, online or in person.

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

- 83% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 76% and the national average of 78%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.

People told us on the day of the inspection that they were always able to get appointments when they needed them and were particularly positive about this aspect of the service.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 in a leaflet in the waiting area.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. The practice held a thorough discussion of all complaints and lessons were learnt 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. For example, a patient complained that she had attended the practice for a blood test, as requested by the GP but told by the reception team that she was not registered to have one at that time. The practice made a verbal and written apology to the patient and discussed the complaint in the practice meeting. The outcome was that if reception staff were unsure whether patients should be attending clinics they should speak with the relevant GP or practice nurse.

# 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 statement of purpose which was displayed in the waiting areas and on the website 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 online and in paper form.
- 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. This was with the exception of the safe management of medicines, arrangements in place to take appropriate action if there is a clinical or medical emergency and appropriate procedures to ensure that newly recruited staff and staff who acted as chaperones were of good character.

### 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 and also held daily discussions in the reception area before and after surgery.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice held regular off site training days and an annual team building day which was popular among staff.

### 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 virtual patient participation group (PPG) and through surveys and complaints received. Staff told us they were proud of high level of positive feedback received through patient surveys.

# Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, staff suggested the practice install anti-glare screens on the windows as the sun shone into the reception area and one of the clinic rooms causing them

to become hot and making it difficult to see computer screens clearly. This suggestion was listened to and the practice had recently installed anti-glare screens which were proving to be very effective.

## 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.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have arrangements in place to ensure the safe management of medicines. High risk medicines were not stored securely.</p> <p>and</p> <p>The provider must have appropriate arrangements in place to take appropriate action if there is a clinical or medical emergency.</p> <p>Regulation 12, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The provider was unable to demonstrate that appropriate procedures were in place to ensure that newly recruited staff and staff who acted as chaperones were of good character as specified in Schedule 3.</p> <p>Regulation 19(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>