

# First Care Practice

## 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

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



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 First Care Practice on 11 October 2016. Overall the practice is rated as requires improvement.

Specifically, we found the practice as good for safe, effective and well led and requires improvement for caring and responsive. It was requires improvement for providing services for; older people, people with long-term conditions, families, children and young people, working age people, people whose circumstances make them vulnerable and people experiencing poor mental health.

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.
- 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.
- Some arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs, however, patient feedback was that they could not always get an appointment with a GP of their choice. Two permanent GPs, left the practice during the past 12 months, within a few months of each other. The practice's current clinical team consist of one male GP, four GP locums (3 male and 1 female). The GPs are supported by a clinical team consisting of one nurse practitioner, one practice nurse, one community nurse matron, three health care assistants and one notes summariser.
- Two of the seven patients we spoke with on the day of the inspection said they were treated with compassion, dignity and respect; however, they felt that not all changes made in the practice were communicated to patients.

# Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care, for example, access to a named GP, involving patients in decisions about their care and being able to get through to the surgery by phone.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice sought feedback from staff and patients; however, two of the seven patients we spoke with on the day of the inspection felt that their concerns were not always acted on by the practice.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Improve the arrangements in place for planning and monitoring the number of staff and the staffing mix.

The areas where the provider should make improvement are:

- Improve patient experience, including but not limited to; involving patients in decisions about their care, telephone access to the practice, access to a named GP of their choice and explaining tests and results as identified in the GP Patient survey (July 2016).
- Review arrangements in place to ensure that patients with caring responsibilities are identified, so their needs are identified and can be met.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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.
- Some arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs, however, patient feedback was that there was lack of continuity of care for patients as there was only one permanent GP working at the practice.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the local and national average for diabetes and mental health.
- 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.
- 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 requires improvement for providing caring services, as there are areas where improvements should be made.

Requires improvement



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care, for example, explaining results of tests and treatments and involving patients in decisions about their care.
- Less than 1% of patients at the practice had been identified as carers.
- Two of the seven patients we spoke with on the day of the inspection said they were treated with compassion, dignity and respect; however, they felt that not all changes made in the practice were communicated to them.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment, however, they felt that not all changes made in the practice were communicated to patients.
- 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 requires improvement 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. For example, patients with severe mental health issues received regular support through the CCG pulse team.
- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care, for example, telephone access to the practice and access to a GP of their choice.
- Feedback from two of the seven patients we spoke with on the day of the inspection indicated that they could not always get appointment with a GP of their choice, although urgent appointments were usually available on 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.

**Requires improvement**



## Are services well-led?

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

**Good**



# Summary of findings

- The practice had a vision and strategy to deliver 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 that supported the delivery of the strategy and good quality care. However, there was lack of continuity of care for patients. Some arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs, however, as there was only one permanent GP working at the practice, other appointments were covered by various locum GPs.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a 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 provider was rated as requires improvement for Caring and Responsive. These ratings applied to all patients including this population group:

- 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.
- These patients had a named GP and were offered an annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had invested in handheld electrical devices for staff, patients and individuals who worked within the local community. They had encouraged elderly patients to use these to access online surveys, use skype for appointments with a GP, request medicines and review results.

Requires improvement



### People with long term conditions

The provider was rated as requires improvement for Caring and Responsive. These ratings applied to all patients including this population group:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 78% of patients diagnosed with asthma had an asthma review in the last 12 months; this was comparable to the local average of 76% and national average of 75%.
- Performance for diabetes related indicators was comparable to the local and national average, for instance:
- 76% of patients with diabetes on the register had their cholesterol recorded as well controlled (local average 75%, national average 77%).
- 84% of patients with diabetes on the register had a recorded foot examination and risk classification (local average 85%, national average 88%).
- Longer appointments and home visits were available when needed and patients had a named GP.

Requires improvement



# Summary of findings

- All these patients were offered an annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided an anti-coagulation clinic for patients with long-term conditions.

## Families, children and young people

The provider was rated as requires improvement for Caring and Responsive. These ratings applied to all patients including this population group:

- 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.
- 84% of women aged 25-64 had it recorded on their notes that a cervical screening test has been performed in the preceding five years; this was comparable to the local average of 84% and 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 and health visitors.
- The practice worked with Hounslow One You to inform overweight children what services are available.
- The practice informs new patients of how they can access local baby clinics and family planning services.
- The practice sends relevant patients a link detailing which fertility tests are available and what the requirements were to be referred to a fertility clinic. They were also sent information as to how they could self-refer to the hospital.
- Pregnant patients were provided with a pregnancy pack detailing information regarding their pregnancy.

Requires improvement



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

The provider was rated as requires improvement for Caring and Responsive. These ratings applied to all patients including this population group:

Requires improvement





# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours were offered between 6:30pm and 8:00pm Monday to Friday and 9:00am to 3:00pm Saturday and Sunday.
- The practice offered telephone and skype appointments.

## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for Caring and Responsive. These ratings applied to all patients including this population group:

- 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.
- 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 is currently working with Healthwatch on an Emerging Community's project to inform patients from minority backgrounds of how and when to access their services.

Requires improvement



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

The provider was rated as requires improvement for safety caring and responsive. These ratings applied to all patients including this population group:

- Performance for mental health related indicators was comparable to the local and national average:
  - 86% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months (local average 84%, national average 84%).

Requires improvement



# Summary of findings

- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months (local average 88%, national average 88%).
- 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.
- The practice had developed a Facebook page dedicated to pregnant patients offering them support with prenatal mental health.

# 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 below the local and national average for some aspects of care. Three hundred and sixty nine survey forms were distributed and 66 were returned. This represented 0.66% of the practice's patient list.

Results from the national GP patient survey showed some patients rated the practice below the local and national average relating to appointments and access to nurses and GPs. For example:

- 60% found it easy to get through to the surgery by phone, (local average 78%, national 73%).
- 72% were able to get an appointment to see or speak to someone the last time they tried, (local average 80%, national average 85%).

- 65% described the overall experience of their GP surgery as fairly good or very good, (local average 85%, national average 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards all of which were positive about the standard of care they received.

We spoke with seven patients during the inspection. Five patients were positive about the standard of care they received. Two patients said that the issue they had with the service was that changes were not always communicated to patients, for example, patients were not informed when the former GP partner left the practice.

# First Care Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

## Background to First Care Practice

First Care Practice provides primary medical services in Hounslow to approximately 10,100 patients. The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The practice operates from the ground floor of a purpose built building. There is stepped and ramp access to the ground floor waiting area and reception desk. The practice has eight consulting rooms.

The practice clinical team consist of one male GP, four GP locums (3 male and 1 female). The GPs are supported by a clinical team consisting of one nurse practitioner, one practice nurse, one community nurse matron, three HCAs, one notes summariser, one practice manager and other non-clinical staff. In addition, the practice is currently training three physician associates, one pharmacy assistant and a senior nurse.

The practice offers a minimum of 22 GP sessions per week.

The practice is open between 7:50am and 8:00pm Monday to Friday. Appointments are available between 7:50am and 8pm Monday to Friday. Extended hours are offered between 6:30pm to 8:00pm Monday to Friday and 9:00am to 3:00pm Saturday and Sunday.

When the practice is closed, patients can call NHS 111 in an emergency or a local out of hours service.

The practice is registered with the Care Quality Commission to provide the regulated activities of; maternity and midwifery service, treatment of disease, disorder or injury, family planning, diagnostic and screening procedures 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 11 October 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff three GPs, one practice nurse, one health care assistant, one practice manager and one receptionist.
- Spoke with seven patients.
- Spoke with one patient participation group member.
- 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 seven 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's urine sample had been left in the reception area with no instructions on the sample to confirm why the test was requested. The incident was dealt with in line with the practice significant event policy; it was recorded, investigated, responded to and discussed at the next team meeting. The practice as a result of the incident provided refresher training to staff at all levels to confirm how to request and process patient samples.

### 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 the practice nurse were trained to child protection or child safeguarding level 3 and the health care assistant was trained to level 2. All non-clinical staff were trained to child protection or child safeguarding level 1.

- 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. For example, the practice replaced the bins with peddle operated bins.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on

## Are services safe?

the premises (PSDs are written instructions 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). The nurse had also qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment of permanent, contract and locum staff. 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. 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).
- Some arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs, however, patient feedback was that there was lack of continuity of care for patients as there was only one permanent GP working at the practice. The practice had since the departure of two GP partners, recruited four GP locums (3 male and 1 female). The GPs were supported by a clinical team consisting of; one nurse practitioner, one practice nurse, one community nurse matron, three HCA's, one note summariser, one practice manager and other non-clinical staff. In addition, the practice is currently training three physician associates, one pharmacy assistant and a senior nurse.

### 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 that 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 - 2016 showed:

- Performance for diabetes related indicators was comparable to the local and national average, for instance:
- 76% of patients with diabetes on the register had their cholesterol recorded as well controlled (local average 75%, national average 77%).
- 84% of patients with diabetes on the register had a recorded foot examination and risk classification (local average 85%, national average 88%).
  - The percentage of patients with hypertension having regular blood pressure tests was comparable to the local and national average:

- 82% of patients with hypertension had a blood pressure reading of 150/90mmHg or less (local average 81%, national average 84%).
- Performance for mental health related indicators was comparable to the local and national average:
  - 86% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months (local average 84%, national average 84%).
  - 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months (local average 88%, national average 88%).

Clinical audits demonstrated quality improvement.

There had been two clinical audits undertaken within the last two years, both of which were completed audits where the improvements made were implemented and monitored. For example, an audit looked at referrals for female patients suffering from post-natal depression. The practice as part of the audit monitored the number of new mums on their register against the number of new mums referred for assistance with post-natal depression. The result of the audit showed that not all patients requiring support were referred during the first cycle. However, there was notable improvement during the second cycle, after implementation of the recommendations. The practice implemented a system of calling all new mums in for an early review to determine whether they required a referral for post-natal depression.

### 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 example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had



# Are services effective?

## (for example, treatment is effective)

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, 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.

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 alcohol cessation were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to the local average. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 39% to 85% (local 42% to 89%).

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.

Five patients were positive about the standard of care they received. Two patients said that the issue they had with the service was that changes were not always communicated to patients, for example, patients were not informed when the former GP partner left the practice.

We spoke with one member of the patient participation group (PPG). They 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 below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% said the GP was good at listening to them (local average 84%, national average 88%).
- 74% said the GP gave them enough time (local average 81%, national average 86%).
- 74% said the last nurse they spoke to was good at treating them with care and concern (local average 85%, national average 91%).

### 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.

These views were not always reflected in the results from the national GP patient survey which showed the practice was below the local and national average regarding patients involvement in planning and making decisions about their care and treatment, for example:

- 69% said the last GP they saw was good at explaining tests and treatments, (local average 82%, national average 86%).
- 59% said the last GP they saw was good at involving them in decisions about their care (local average 80%, national average 82%).
- 74% said the last nurse they saw was good at explaining tests and treatments (local average 85%, national average 90%).

The practice in response to the results of the GP patient survey conducted their own patient survey to determine why patients rated them below the local and national average for several aspects of care. The practice acknowledged that a key issue was that there communication with patients had reduced over time. Following the results of their own patient survey the practice told us they had improved communication with patients having made several changes, for example they had started an ad hoc early morning commuters clinic (based on patient demand) as patients said they preferred early morning appointments instead of late evening appointments.

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

- 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

## Are services caring?

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's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers (0.25% of the practice list). The practice used their register to improve care for carers, for example

carers were offered flexible appointment times and the seasonal influenza vaccine. Written information was available to direct them to the various avenues of support available.

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

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. For example, patients with severe mental health issues received regular support through the CCG pulse team.

- On a daily basis, the GP's at the practice triage both telephone and walk-in appointment requests.
- The GPs collectively provide a minimum of 22 clinical sessions a week.
- When the practice is closed patients can call NHS 111 in an emergency or a local out of hour's service.
- 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, a hearing loop and translation services available.
- All doors to clinical rooms at the practice had numbers in braille for patients who were blind or had limited vision. The practice also had wheelchairs available for patients with mobility issues.

### Access to the service

- The practice is open between 7:50am and 8:00pm Monday to Friday. Extended hours are offered between 6:30pm to 8:00pm Monday to Friday and 9:00am to 3:00pm Saturday and Sunday.
- In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available on the same day 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 below the local and national averages, however, the satisfaction score was above the local and national average with regards to the practice opening hours. For example:

- 79% of patients were satisfied with the practice's opening hours (local average 74%, national average 78%).
- 60% patients said they could get through easily to the surgery by phone (local average 74%, national average 78%).
- 27% patients said they always or almost always see or speak to the GP they prefer (local average 54%, national average 59%).

The practice carried out their own patient survey to help them understand patient's responses in the national GP patient survey. The practice identified from this survey communication was a key issue and worked to improve how they communicated with patients. They also provided ad hoc early morning commuters clinic in response to patient demand.

### 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, posters were displayed in the waiting area and leaflets were available for patients at the reception desk.

We looked at 24 complaints received in the last 12 months and found that 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 reception staff were not very friendly. The complaint was dealt with in line with the practice policy; it was investigated, responded to and discussed at the next team meeting. The practice apologised to the patient and rolled out further customer service training for all reception staff.

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

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and 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. However, there was lack of continuity of care for patients. Some arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs, however, as there was only one permanent GP working at the practice, other appointments were covered by four locum GP's.

### Leadership and culture

On the day of inspection the GP demonstrated they had the experience to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP was 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 GP 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 GP 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. However, not all recommendations made by patients were implemented:

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice developed a monthly newsletter for patients so they could communicate changes within the practice.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

# Are services well-led?

Good 

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

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.

- The majority of patients said they were treated with compassion, dignity and respect; however, they felt that not all changes made in the practice were communicated to patients. For example, patients were not informed why there was only one permanent GP working at the practice and other appointments were covered by various locum GPs.

## 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, the practice was piloting the 'Community Access Planning' project. The aim of the project was to work with other local services to review the needs of the local community and provide bespoke facilities, enabling the practice to signpost patients to relevant support services.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The registered person did not have a process in place to implement and act upon patient feedback.</li></ul> <p>This was in breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>